The good, the bad, and the better: A constructivist study of one Healthy Start Collaborative

Debra Herschberg Holder

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THE GOOD, THE BAD, AND THE BETTER:
A CONSTRUCTIVIST STUDY OF ONE HEALTHY START COLLABORATIVE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by

Debra Herschberg Holder

June 1998
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ABSTRACT

The purpose of this constructivist study was to evaluate a Healthy Start Collaborative at a Southern California elementary school to determine which areas have been successful and which need improvement. The ultimate goal of this study was to stimulate an ongoing dialogue among all the key stakeholders through which they would formulate and execute an action plan geared toward strengthening the program.

Twenty people participated in one-on-one interactive interviews with the researcher. The qualitative data collected was analyzed through the constant comparative method. Results from the interviews indicated that although there was a general feeling that the Healthy Start program at the school is beneficial to the community, numerous challenges exist. The predominant challenges were seen by the participants to be lack of synthesis between the different stakeholder groups, lack of communication, lack of service personnel, and lack of awareness and utilization of services by the community.

Various recommendations for improving the school’s Healthy Start program were provided by the participants themselves as well as the researcher. Some of these included fostering a sense of ownership in the program, expanding the Healthy Start Collaborative, increasing the number of services provided to families, and doing more community outreach.
# TABLE OF CONTENTS

ABSTRACT ................................................................. iii
LIST OF FIGURES ......................................................... vi
INTRODUCTION ............................................................. 1
  Focus of the Inquiry .................................................. 1
  Statement of Purpose ................................................. 9
METHODOLOGICAL CONSIDERATIONS .................................. 9
  Research Paradigm .................................................... 10
  Participants .......................................................... 12
    The Hermeneutic Dialectic Circle .............................. 12
  Instrumentation ...................................................... 17
  Data Collection ...................................................... 19
SUBSTANTIVE CONSIDERATIONS ........................................ 21
  Phases of the Inquiry ................................................ 21
    Interviews .......................................................... 21
    Member Checks ..................................................... 23
    Meeting 1 .......................................................... 24
    Meeting 2 .......................................................... 26
  Content Analysis ..................................................... 27
SALIENCIES ............................................................... 29
  The Researcher’s Constructions in Context ..................... 29
  Arenas of Social Work Practice .................................... 31
  Theme 1 -- What is Working ........................................ 32
    Positive Opinions of Healthy Start ............................ 33
    Positive Opinions of Personnel ................................. 34
    How the Program is Operating ................................... 35
    Funding Sources .................................................. 35
LIST OF FIGURES

Figure 1:

The Initial Hermeneutic Dialectic Circle.........13

Figure 2:

The Modified Hermeneutic Dialectic Circle.........16
INTRODUCTION

Focus of the Inquiry

Particularly in low-income areas, there are numerous families who have multiple, ongoing problems. Poverty, hunger, illiteracy, unemployment, drugs, gangs, violence, lack of adequate child care, and lack of recreational activities are some of the problems faced by many families. When the needs of such families go unmet, the effects of these problems on children can be staggering. A 1994 study in the United States revealed the following statistics:

1) every 5 seconds of the school day, a student drops out of public school;
2) every 10 seconds, a teenager becomes sexually active for the first time;
3) every 26 seconds, a baby is born to an unwed mother;
4) every 30 seconds, a baby is born into poverty;
5) every 5 minutes, a child is arrested for a violent crime;
6) every 2 hours, a child is murdered;
7) every 4 hours, a child commits suicide (Children’s Defense Fund, 1994).

Of course, not all children who face the problems listed above become part of these statistics. Nevertheless, many children from families with multiple, ongoing problems often have problems in school. These problems include excessive tardiness and absenteeism, behavioral problems,
and academic failure. To address the needs of such children and their families, several states have been forming school-linked (near a school campus) and/or school-based (on a school campus) services.

In Kentucky, the courts in 1988 mandated the Kentucky Integrated Delivery System (KIDS), which makes available on school campuses the services of social workers, mental health therapists, public health professionals, and other providers. This program was implemented without any new funding. Another statewide effort, which is funded by the Department of Human Services, is New Jersey’s School-Based Youth Services Program. Academic support, counseling, referrals to health and social services, recreation, and employment assistance is offered to students on or near junior and senior high school campuses during school days, weekends, and vacations.

Some schools in California also have a school-linked/school-based service delivery system called Healthy Start. Under the Healthy Start Support Services for Children Act of 1991, the State of California provides up to a $400,000 grant over a three-year period to selected schools that collaborate with other agencies to provide to children and their families coordinated, comprehensive, school-based and school-linked services which can support their educational, social, health, and mental health needs.

There are several reasons why money should be provided to create this type of integrated service delivery system,
as cited by the Center for the Future of Children (1992). First, despite the number of costly public support and service systems currently in existence, children's problems remain pervasive. Another reason for creating integrated services is that the current service systems often do not meet the multiple needs of families. Since most social services are crisis-oriented rather than prevention-oriented, families must wait for their problems to become overwhelming before they can receive assistance. Furthermore, since children and their parents are often separated into distinct categories under the current systems, service providers are not permitted to work together to develop a comprehensive service plan to meet the entire family's needs.

Proponents of an integrated, comprehensive service delivery system claim that it is essential to obtain input from all people involved with the welfare of the families: parents, children, educators, health care providers, mental health providers, and social service providers. Schools, having access to most children and their families, are thought by many people to be logical sites for these collaborative efforts.

Suggested key components for effective collaboration were found in much of the literature that was reviewed for this paper:

- **Family focused**, since children's needs are interconnected with the well-being of their families
• **Preventative services**, rather than merely crisis intervention, to promote healthy families (Aguirre, 1995; Clancy, 1995; Daleo, 1994; Farrow & Joe, 1992; Levy, 1991; Melaville & Blank, 1991; Rist, 1992; Shepardson, 1994; Solak, 1994; Thomas et al., 1994)

• **Restructuring of schools and social service agencies** to allow for sharing information and resources, as well as for establishing shared goals (Aguirre, 1995; Center for the Future of Children, 1992; Crowson & Boyd, 1996; Kirst, 1994; Levy, 1991; Levy & Shepardson, 1992; Rist, 1992; Shepardson, 1994)

• **Pre-arranged funding sources** to pay for all the planned services (Aguirre, 1995; Farrow & Joe, 1992; Franklin & Streeter, 1995; Kirst, 1994; Levy & Shepardson, 1992; Rist, 1992; Rosenblum et al., 1995; Shepardson, 1994; Solak, 1994)

• **Inter-agency staff development** in order for different professionals to learn about the others' skills and job requirements (Aguirre, 1995; Chavkin & Brown, 1992; Franklin & Streeter, 1995; Kirst, 1994; Levy & Shepardson, 1992; Rist, 1992; Rosenblum et al., 1995; Shepardson, 1994; Solak, 1994)

• **Parent participation** in designing and implementing the collaborative in order for them to have a sense of
ownership (Aguirre, 1995; Center for the Future of Children, 1992; Chavkin & Brown, 1992; Clancy, 1995; Franklin & Streeter, 1995; Kirst, 1994; Levy, 1991; Solak, 1994)

- **Collective management and teamwork approach** to enable the participating agencies to have a sense ownership and to prevent them from competing with one another (Aguirre, 1995; Center for the Future of Children, 1992; Chavkin & Brown, 1992; Franklin & Streeter, 1995; Kirst, 1994; Rist, 1992; Rosenblum et al., 1995; Shepardson, 1994; Solak, 1994; Thomas et al., 1994)

- **Community-by-community approach**, with broad overall guidelines, to allow community members to dictate what is needed for improvement (Aguirre, 1995; Farrow & Joe, 1992; Franklin & Streeter, 1995; Solak, 1994).

Authors of current literature are aware that forming collaboratives between schools, families, and community agencies is an enormous undertaking. Many of the articles reviewed addressed specific obstacles to true collaboration. Some critical barriers mentioned were bureaucratic procedures that guide the different agencies involved, (Bruner, 1991; Carreon & Jameson, 1993; Crowson & Boyd, 1996; Gardner, 1992; Jehl & Kirst, 1992; Melaville & Blank, 1991; Melaville, Blank, & Asayesh, 1993; Rist, 1992; Rosenblum et al., 1995; Shepardson, 1994), funding issues (Bruner, 1991; Carreon & Jameson, 1993; Crowson & Boyd, 1996; Farrow & Joe, 1992; Gardner, 1992; Melaville &
Blank, 1991; Melaville, Blank, & Asayesh, 1993), sharing information without compromising client confidentiality (Gardner, 1992; Rist, 1992), and reaching consensus on a common agenda (Bruner, 1991; Melaville & Blank, 1991; Rist, 1992).

Other roadblocks mentioned were scheduling meetings when all participants can attend (Melaville & Blank, 1991; Rosenblum et al., 1995), lacking trust of other agencies (Bruner, 1991; Crowson & Boyd, 1996; Melaville, Blank, & Asayesh, 1993; Rosenblum et al., 1995), turf issues (Crowson & Boyd, 1996; Melaville & Blank, 1991; Melaville, Blank, & Asayesh, 1993; Rosenblum et al., 1995), having professionals who were not trained from an interdisciplinary perspective (Crowson & Boyd, 1996; Melaville & Blank, 1991; Melaville, Blank, & Asayesh, 1993; Shepardson, 1994), and the lack of desire for some school districts to get involved with non-educational areas (Gardner, 1992; Morrill, 1992). Not having buy-in from the line workers was seen as yet another hurdle to interagency collaboration (Carreon & Jameson, 1993; Crowson & Boyd, 1996; Gardner, 1992). Despite all the obstacles mentioned, the authors of these articles felt confident that it is possible to develop integrated, comprehensive, school-based and school-linked services.

Holding these collaboratives accountable for the services they provide is seen as imperative by the authors of most of the articles reviewed. While Linda Rosenblum et al. concur that accountability is vital, the authors state
that these outcome goals should only be measured after an interagency collaborative program has been running smoothly for a couple of years. Since integrating school and social services is a relatively new and challenging endeavor, the authors emphasize the importance of first only measuring institutional changes that are taking place within the involved agencies (1995).

Despite the view of Rosenblum et al., the State of California expects Healthy Start programs to show increases in school attendance, academic success, self-esteem, vocational accomplishment, and family functioning. The State also expects decreases in drop-out rates and out-of-home placements for children (Solak, 1994).

In order to meet these expectations, the State of California established goals for program functioning that are to be adopted by the local collaboratives. These goals are that service systems become family focused, easily accessible, accountable for measurable improvements, comprehensive and integrated, preventive, locally controlled, and linked to school reform (Solak, 1994). The State also expects that local Healthy Start initiatives are culturally appropriate, have parental involvement in the design and implementation of the programs, include informal supports in the community, and establish a targeted, intensive case-managed service delivery system for families who meet the criteria set by the local collaborative (California Department of Education, 1996). Senate Bill 997
allows collaborating agency members to disclose to each other confidential information about shared clients for the purpose of providing coordinated, comprehensive services.

A Southern California elementary school chosen for this study was awarded the Healthy Start operational grant in 1994 for a period of three years and is currently attempting to sustain the program without the grant funding. Able to benefit from the Healthy Start program at the elementary school are its approximately 680 students and their families. Located in a racially and ethnically diverse neighborhood, students attending the school speak numerous languages, primarily English, Spanish, and Cambodian. Nearly 80% of the children who attend the school receive free or reduced-price lunch, and nearly 50% of the families receive AFDC.

Some county and local agencies that normally would work with these families at their own facilities are involved in this collaborative effort with the school district to meet families' needs at the school site. Families can choose to take advantage of the following services offered in the Healthy Start Family Resource Center: immunizations and physicals for children, health care and referrals, dental and vision care referrals, individual and family counseling, job placement assistance, translation help in Spanish and Cambodian, lice treatment shampoo, parenting classes, informational classes, referrals for basic needs, and a knitting club. The school also provides a homework clinic,
after-school child care at a reduced cost, English as a Second Language classes, computer classes, a parent library, self-esteem classes for fourth and fifth grade students, and the PeaceBuilder program. There is also a shower and laundry facilities for families to use if needed. All families who have a student enrolled in the school are eligible for these services.

**Statement of Purpose**

The State of California allows Healthy Start Collaboratives to be established and governed by the participating members of each collaborative in order to best meet the needs of the families at each school. Consequently, each Healthy Start program varies. The purpose of this constructivist research project was to evaluate a Healthy Start Collaborative at one Southern California elementary school to determine what areas have been successful, what areas need improvement, and how to better the program. The ultimate goal of this study was to stimulate an ongoing dialogue among all the key stakeholders through which they would formulate and execute an action plan geared toward strengthening the program.

**METHODOLOGICAL CONSIDERATIONS**

**Research Paradigm**

Constructivist research is based upon the belief that "...there is not a single objective reality but multiple realities of which the researcher must be aware" (Erlandson et al., 1993, pp. 11-12). A researcher using this paradigm
interviews key stakeholders in a given setting, sharing the realities, or constructions, of each participant with the others. As a result, the stakeholders begin to form shared constructions about certain issues, which can lead to changes in how they operate in their organization.

There are many reasons why constructivism was the most appropriate paradigm to use for this study. First, the concept of subjective reality that is unique to constructivism was desirable. Having key stakeholders from different professions and perspectives aided in the evaluation of the Healthy Start Collaborative. Through the hermeneutic-dialectic process found only in the constructivist paradigm, stakeholders had the opportunity to learn from others' points of view about what has and has not been successful about the program, and how to remedy the problem areas.

Because each community is different and since the State of California expects each Healthy Start Collaborative to be established and controlled by its own members, it is not considered desirable to generalize to a larger population the findings of this study, as would be expected under more traditional research paradigms. Instead, the research findings were made available to be used to improve the Healthy Start program at the site being studied. If other Healthy Start schools are interested in the data from this study, it is possible that some of the findings as well as the process can have transferability to those schools.
Since aspects of this research study included a needs assessment and an evaluation of the Healthy Start Collaborative, the constructivist method of qualitative, naturalistic data collection was advantageous. Rather than relying on data collected from a traditional program evaluation, this study provided specific subjective views and examples of what has and has not been successful. Additionally, individuals indicated what they would like to see in the future. Such valuable data can be helpful in determining the course of action for the school district to take.

Another reason the constructivist paradigm was preferable for this research study was that indeed, a main purpose of this study was to take action to improve the overall program. Constructivism, an action-oriented paradigm, fit with this important part of the study. Due to circumstances beyond the researcher’s control, as will be discussed later in this paper, an action plan for improving this Healthy Start program unfortunately was not created by the stakeholders.

Finally, an advantage of the constructivist paradigm was the expectation that the stakeholders continue to hold meetings and implement an action plan even after the researcher exited the process. Since the ultimate goal of this research project was the ongoing improvement of the school’s Healthy Start Collaborative, the constructivist notion of continuing action was befitting. Again, this was
Purposive sampling was used to choose participants for this study. Key stakeholders were selected initially based upon the researchers knowledge of who was involved in some way with the school's Healthy Start program. At the conclusion of individual interviews, the researcher asked each stakeholder if s/he were aware of other people involved with the program who held different views. This variation on snowball sampling was used in order to include in the study as many perspectives as possible.

All but two of the stakeholders asked to participate in the study were interviewed. For various reasons, a medical services supervisor and the superintendent of the school district did not participate.

The Hermeneutic Dialectic Circle

A hermeneutic dialectic circle is a means of visually depicting the stakeholders and non-human sources of data involved in a constructivist research study. According to Guba and Lincoln (1989), the circle is "...hermeneutic because it is interpretive in character, and dialectic because it represents a comparison and contrast of divergent views with a view to achieving a higher-level synthesis of them all..." (p. 149).

The people initially chosen to be part of the hermeneutic dialectic circle for this study were, in addition to others, representatives from each party that the
California State Government expected to be part of the Healthy Start Collaborative: school district personnel, families, and local and county agencies. Figure 1 illustrates the hermeneutic dialectic circle that initially was proposed for this research project.

**Figure 1**

The Initial Hermeneutic Dialectic Circle

Parents

<table>
<thead>
<tr>
<th>Agency Service Providers</th>
<th>School District Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researcher</td>
<td>Research Literature</td>
</tr>
</tbody>
</table>

The proposed circle included twenty-one participants from five stakeholder groups. It was planned that two parents who utilized Healthy Start services and two parents who did not would be asked to participate in this study. Seven stakeholders were represented in the initial category of agency service providers. These stakeholders included a counselor from a local counseling agency, the supervising doctor for the local medical school's interns, a nurse from the county Department of Public Health, a Master of Social Work intern, a volunteer from a local university, a Vocational Assessment Specialist from the county schools office, and the worker from a local case management agency.
hired to coordinate the school's Healthy Start program and
to case manage identified families.

It was proposed that eight stakeholders would be
included in the category of school district personnel. This
group originally was comprised of the district's coordinator
of grant-funded programs, the school principal and vice
principal, two classroom teachers (one who had favorable
opinions of Healthy Start and one who disliked it), the
school clerk, the Healthy Start Family Resource Center
clerk, and the Cambodian Community Liaison.

In addition to people affiliated with this particular
Healthy Start school, the researcher planned to add her own
constructions to the hermeneutic dialectic circle. As a
teacher at a different Healthy Start elementary school and
as a Master of Social Work intern at the Healthy Start
program being studied, the researcher could contribute her
constructions of the program and her strategies for
improving it. This is consistent with the constructivist
philosophy that it is impossible for a researcher to be
completely neutral and therefore should provide input for
other stakeholders to consider.

Finally, the researcher planned to inform stakeholders
of some of the constructions found in the research
literature about Healthy Start and school-linked/school-
based services in general. This information could be
utilized to substantiate what particular stakeholders were
stating and also to provide other points of view that were
not introduced by participating members of the circle.

The final hermeneutic dialectic circle was different than the one which originally was proposed. Having asked stakeholders for other viewpoints led to the inclusion of other stakeholders in this study: the district’s Assistant Superintendent of Educational Services, the district’s Director of Categorical Programs, another Master of Social Work intern at the Healthy Start site, another counselor from the local counseling agency, and the independent evaluator hired to evaluate the program’s effectiveness based upon statistical data.

Certain people initially intended to be part of this study were not actually included. The college student stopped volunteering at the site during the beginning stages of this project. As previously mentioned, the supervising doctor of the medical interns was unable to participate in the study. Due to time constraints, only two parents were interviewed, one who uses Healthy Start services and one who does not. Since no teachers were found who admitted to philosophically disagreeing with Healthy Start, the two teachers interviewed were in favor of continuing the program.

After the interviewing process began, it became apparent that the stakeholder groups needed to be reorganized, due to how people saw themselves in relation to other people associated with Healthy Start. Although members of the following categories do not necessarily hold
similar positions, some were combined so that anonymity was maintained. The new stakeholder groups were as follows: three people who work at the school district office made up the category of District Administrators; the school site administrators, teachers, and front office clerk comprised the category of School Personnel; the Healthy Start Family Resource Center clerk, coordinator/case manager, and Community Liaison became known as the category of Healthy Start Staff; the parents became a category of the same name; everyone else from outside agencies, including the researcher, was included in the category of Agency Service Providers.

In all, there were twenty-two participants representing seven stakeholder groups. The changes made to the hermeneutic dialectic circle are reflected in Figure 2.

**Figure 2**

The Modified Hermeneutic Dialectic Circle

Parents

Agency

Research

District Administrators

School Personnel

Healthy Start Staff

Researcher
The hermeneutic dialectic circle was considered complete after all of the stakeholders had been interviewed.

**Instrumentation**

In a constructivist study, a researcher is the "instrument" that gathers the data. In order to collect data that are as accurate as possible, a researcher must have what Strauss and Corbin (1990) refer to as theoretical sensitivity, "...a personal quality...[that] indicates an awareness of the subtleties of the meaning of data" (p. 41). The researcher of this study gained theoretical sensitivity from the sources that Strauss and Corbin (1990) identified: literature, professional experience, personal experience, and the analytic process (p. 42-43).

Prior to the interviewing stage of the study, this researcher began a literature review of material relevant to Healthy Start and interagency collaboration in general. As unexpected issues arose during interviews, the researcher reviewed more literature that addressed those topics. The information obtained from the research articles allowed the researcher to provide participants with constructions they might not have previously considered.

The researcher’s professional and personal experiences seemed to facilitate communication about the key issues regarding Healthy Start. As a teacher at a Healthy Start school in another district, the researcher already had knowledge about the program, and was able to provide information about the positive and negative aspects of the
Healthy Start at her own school.

As a Master of Social Work intern at the site of the study, the researcher knew many of the participants and learned the culture of the setting through prolonged engagement. Having a researcher with "insider status" possibly offered a certain level of comfort that allowed some stakeholders to be more open while being interviewed. Ironically, the knowledge that the researcher was an intern, not a permanent partner of the school's Healthy Start, perhaps made other participants feel more comfortable in being honest.

Analysis of data was an ongoing process throughout this study. After each interview, data was compared and categorized. Categories were continually renamed or restructured as more data was collected. The researcher also was able to discuss her observations on a weekly basis with her field supervisor, who was not a participant in the study. This provided the researcher with an alternative way of looking at the data from a person who was not engrossed in it.

Although not a factor described by Strauss and Corbin, this researcher also gained sensitivity from the belief that she was not the "expert" in the study as compared to the participants. Rather, the researcher maintained the conviction that constructivist research is "...a collaborative approach to investigation that seeks to engage 'subjects' as equal and full participants in the research
process" (Stringer, 1996, p. 9). The researcher attempted to uphold this ideal by respecting and valuing each participant and his/her constructions. This sensitivity toward participants helped to achieve an open, honest exchange of ideas. Many stakeholders disclosed beliefs about people connected with Healthy Start as well as the site's program itself, despite that they had previously kept this information to themselves. The researcher respected the wishes of the six participants who mentioned thoughts "off the record".

Data Collection

Twenty stakeholders were interviewed face-to-face over a six month period. It had been the intention of the researcher to audio tape the interviews of willing participants as "back up" to the comprehensive notes being taken. After doing this for the first three interviews, the researcher realized that her notes were quite complete, and that listening to a sixty to ninety minute interview on tape was not a practical use of time. Consequently, the researcher only took written notes during each of the following interviews. Participants graciously repeated any comments that the researcher was unable to record initially.

The interviews themselves typically lasted approximately one hour. (Interestingly, many participants had not anticipated that their comments about Healthy Start would require that length of time; however, these same people often exceeded the estimated time.) After explaining
the purpose of the research to each person, and having him/her sign the Informed Consent form, the researcher asked the broad question, "What issues about this school's Healthy Start are relevant to you?" Purposeful silence and probing statements such as, "Please expand on that" were used to gather more specific information. In order to get clarification or further information, more specific questions were asked regarding the topics being addressed.

As each stakeholder addressed certain issues, the researcher shared with him/her both her own and other participants' anonymous constructions about that subject. Feedback was provided about these opinions. Since numerous topics were discussed during the different interviews, the researcher typically interjected others' constructions only if the interviewee addressed that subject. If a participant had not considered an issue that was discussed by many other stakeholders, the researcher asked the person to comment about it only if it seemed relevant, considering his/her position. This approach was taken by the researcher as a way of ensuring that the results of the study were truly the opinions of the stakeholders and not overly influenced by the researcher.

After respondents discussed issues which were viewed as problem areas of Healthy Start, the researcher asked, "How can that issue be resolved?" The researcher asked this as a way of obtaining suggestions for improving the program. Some of these suggestions also were shared with the other
stakeholders in order for them to provide feedback.

Since the researcher had contact with several of the stakeholders throughout the course of the study, she had the opportunity to hear further discussion about recurrent themes that were surfacing in this study. When such instances occurred, the researcher asked the person involved if those constructions could be contributed to the study. If acceptable, the new information then was added to the database.

**SUBSTANTIVE CONSIDERATIONS**

**Phases of the Inquiry**

"Constructivism...intends neither to predict and control the ‘real’ world nor to transform it but to reconstruct the ‘world’ at the only point at which it exists: in the minds of constructors. It is the mind that is to be transformed, not the ‘real’ world" (Guba, 1990, p. 27). Consequently, the purpose of this constructivist research project was not to prove or disprove a hypothesis; rather, it was to foster communication amongst the key stakeholders involved with a particular school’s Healthy Start Collaborative, during a particular time, in order for them to evaluate the program they currently have and to improve upon its problem areas.

**Interviews**

To orient him/her to this research project, each stakeholder was told the true purpose of the study, as described in the "Statement of Purpose" section of this
paper. Each member was also advised that his/her constructions would be shared anonymously with other members for feedback. Furthermore, each individual was asked at the onset to participate in the group stakeholders’ meeting in the Spring in order to have a discussion of key issues and to establish an action plan. To reiterate these concepts, the researcher included them in the “Informed Consent” form that stakeholders were required to sign before participating in the study. (Appendix A)

As previously stated, the researcher asked each participant one broad question: “What issues regarding this school’s Healthy Start Collaborative are relevant to you?” For those people who had difficulty answering that question, the researcher reworded it as, “What do you think is important to say about this school’s Healthy Start Collaborative?”. Invariably, one of these two questions elicited an elaborate response. Except for questions for clarification, for further probing, or for feedback to others’ constructions regarding the topic being addressed, the only other question asked by the researcher was “How can that issue be resolved?” This was asked when stakeholders named particular problem areas.

The researcher had not anticipated the breadth of the responses nor the direction of them. In fact, the researcher had planned to ask some additional, more specific questions after participants finished answering the initial broad question. The questions, found in Appendix B, never
were asked. Instead, when a participant finished discussing issues that were relevant to him/her, the researcher then asked what other issues about Healthy Start s/he thought were important. Once the participant could not think of anything else to discuss, the researcher would elicit feedback about others' constructions regarding a particular issue that might be relevant to the person but that had not surfaced yet during the interview.

**Member Checks**

Unlike researchers working under a traditional research paradigm, constructivist researchers acknowledge that they, like the participants in their studies, hold certain values and thus cannot be objective. In order to ensure that each participant's constructions were being accurately represented, the researcher of this study engaged in the process of member checking. Member checks were done throughout interviews by the researcher asking a participant to repeat statements that were not completely written while taking notes. Another method of member checking was achieved by the researcher asking questions to clarify constructions. Once the researcher felt that she understood a participant’s opinion about a topic, she reflected it back, allowing the interviewee to explain further his/her construction if necessary.

Following each interview, the researcher typed the constructions of that participant into outline form. This was given to the participant, who was asked to make any
additions, deletions, or changes to the outline that s/he felt necessary. The researcher made all the corrections to the outlines that were stored in her computer, which she then used for data analysis. This process enabled the researcher to enhance the fidelity of the data.

Meeting 1

Constructivist research is a unique research paradigm in that it is truly owned by the participants in the study rather than the researcher. Consequently, the principal of the school, after learning during her interview of the Healthy Start staff's concerns about the lack of communication and cohesion with the school staff, asked the researcher to hold a meeting to discuss these issues. The principal attended the meeting and asked that the vice principal, Healthy Start coordinator, and Healthy Start clerk attend. She also requested that the researcher facilitate the meeting, which was held in October, 1997. The researcher did not add her own constructions during this meeting.

This meeting was conducted as a typical constructivist group stakeholder meeting. The researcher brought to the meeting the topics which seemed relevant to the people in attendance; these were taken from the data that had been collected during the five interviews that had been held up to that point. Consensus was reached for as many areas as possible, and solutions were addressed for each of those areas. In this particular meeting, members agreed that 1)
the Healthy Start staff and school personnel were not working together; 2) the Healthy Start staff was isolated; and 3) there was a lack of communication about needed information, roles of people connected to Healthy Start, and problems in general. Topics in which consensus was not reached were 1) leadership is lacking in Healthy Start; 2) Healthy Start staff members need to take more initiative; and 3) more services should be coordinated by the Healthy Start coordinator.

Solutions from the data were also given to the participants in the meeting. These were discussed, and more specific solutions were suggested. To address the communication and relationship problems, it was agreed that the school administrators and Healthy Start staff would make more of an effort to interact. The principal reported that she would visit the Healthy Start Family Resource Center three times per week, while the vice principal would visit it once per week. The Healthy Start coordinator planned to attend one school staff meeting per month, and the clerk stated that she would eat lunch in the staff room at least once per week. Most of these claims were maintained in the long run.

Other pledges were maintained to an extent. The Healthy Start clerk has been informing the school staff of Healthy Start issues through messages in the school bulletin and on the board in the staff room. The Healthy Start referral form was changed to make it easier and quicker for
teachers to fill out. It was also decided that the Healthy Start coordinator would write up what he had been doing so that he and an administrator could discuss his duties. The researcher does not know if this task was ever completed.

Meeting 2

As expected in constructivist research projects, this researcher planned to hold at least one meeting with all the stakeholders she interviewed in order to discuss the data that was collected and create a plan of action to improve the school’s Healthy Start program. As occurred when the first meeting was held, circumstances altered the process of this study. Rather than holding a meeting of all the stakeholders, the assistant superintendent, who had been the last person to be interviewed, requested a meeting between herself, the school’s principal, the district’s coordinator of grant-funded programs, and the researcher in order to discuss the reported findings of the study. The coordinator of grant-funded programs was sick on the day of the meeting in April, 1998, and did not attend, yet the researcher’s advisor for this study did attend.

The Assistant Superintendent of Educational Services began the meeting by addressing her concerns with the research findings. She was worried that the district would not receive the other Healthy Start grants for which they applied if the “negativity” expressed by the stakeholders was revealed to the State. Similarly, she was concerned that if the information were leaked to the media, the school
The principal was concerned that many of the people who might attend the meeting of the stakeholders who must work together on a regular basis would either not admit to what they reported during the interview (as seen in the first meeting), or would argue about issues, causing "hard feelings". She thought that there must be other, more productive ways of resolving the issues addressed by the stakeholders than to have all twenty participants meet together at one time.

The outcome of the meeting was that the stakeholder meeting would not be held. The assistant superintendent said that she, the principal, and coordinator of grant-funded programs would meet to discuss the information with which the researcher had provided them at that meeting. The assistant superintendent also reported that they would decide how to proceed with making program improvements which they perceived as necessary. The researcher offered to answer any questions or provide more information if desired.

**Content Analysis**

Consistent with the constructivist paradigm, this researcher collected and analyzed the data simultaneously. This was accomplished through a process known as the constant comparative method. The researcher followed the outline written by Lincoln and Guba (1985), who credited Glaser and Strauss as the developers of this method.

Beginning after the first interview, the researcher
identified units of data when outlining constructions on her computer for the member checking phase. For the most part, units of data represented each statement made by participants. The initials of the stakeholder who supplied each unit of data was written after his/her statement. This was done in order for the researcher to determine who and how many people commented about each issue. Often, researchers write each unit of data on index cards; to save time, this researcher opted to copy each unit of data from one computer file to another.

Units of data from the first participant were compared and placed into intuitively formed categories. If the first unit of data was similar to the next, the two were tentatively categorized together. As each unit of data was studied, the researcher determined, by noting the properties of each category, if it should go into an existing category or into a new one. The constant comparative method was continued throughout the study after every participant’s interview. Categories were added or eliminated as more data were analyzed. The researcher periodically looked at the categories without adding new data to them in order to determine what categories were similar enough to combine.

Data collection was considered complete after all the identified stakeholders had been interviewed. Before ending the analysis of the data completely, the researcher reviewed all of the categories again to determine if all data had been assigned appropriately. The final categories that had
emerged became the research findings for this study.

SALIENCIES

The Researcher’s Constructions in Context

As a teacher in an inner-city elementary school, this author has witnessed the negative effects of poverty, hunger, illiteracy, drugs, gangs, and other societal problems on students’ academic performance, physical health, mental health, and socialization skills. Since families’ problems are interconnected, it seems necessary that solutions to these problems also are interconnected. To solve such problems, the researcher thinks that it is essential to obtain input from all people involved with the welfare of families: parents, students, educators, and various county and local agency service providers. Healthy Start Collaboratives seem like the ideal way to address families’ needs in a comprehensive manner.

From having some involvement in the Healthy Start program at the school where she teaches, this researcher became interested in working full-time for a Healthy Start program prior to entering a Master of Social Work (MSW) program. She chose to do her MSW internship at a Healthy Start site in order to gain experience. This research project seemed like a logical way of learning more about the particular program; even if not conducting this study, the researcher would have talked informally to some of the people involved in order to find out what was working, what was not, and how to improve problem areas.
The researcher had no specific constructions about the particular Healthy Start under study until after she began doing her internship at the site. Prior to that time, she held the general construction that Healthy Start Collaboratives are extremely worthwhile and beneficial to families. Yet this researcher understood that school-based and school-linked programs are relatively new. Consequently, another construction she held was that not all participants in these collaboratives would have necessarily bought into the philosophy of true collaboration and thus would not demonstrate the necessary level of commitment needed for Healthy Start to reach its maximum potential. Therefore, obtaining buy-in and a sense of ownership from all members was seen by the researcher as an essential step when initially building the collaborative. Likewise, the researcher felt that support and ownership for Healthy Start should be attained from school personnel, such as site administration and teachers, who may not have a direct connection to the program but are needed in order for Healthy Start’s integration with the school to occur.

Other general constructions held by the researcher were what types of services should be provided through Healthy Start. The researcher acknowledged that her ideas for services were not exhaustive nor even the most desired by any given community. She also realized that it is not always feasible to provide all needed services due to budgetary constraints and lack of participation from certain
service providers. Finally, another of the researcher’s constructions was that nothing is perfect, thus improvement could be made at the Healthy Start involved in this study. The researcher’s specific opinions about the particular Healthy Start under study were included in the raw data that were analyzed.

Arenas of Social Work Practice

Since it is individual students and families whose needs are addressed through Healthy Start, it was expected that participants in this study would address the social work arena of direct practice. Those stakeholders who work directly with families identified, among other topics, issues relating to services that are provided or should be provided. Likewise, the parents who participated in this study addressed these issues. Many stakeholders in this study suggested more educational, health, counseling, basic needs, child care, and recreational services.

How to better serve families and how to increase the number of families utilizing the services were topics discussed by participants that fell under the community intervention arena of social work practice. Ways of improving outreach to families about services, as well as taking into account families’ cultural differences, were suggested for increasing service utilization. To better serve families, some participants named ways of improving the Healthy Start Collaborative by including more stakeholders in it, and developing a more integrated,
comprehensive service delivery system.

Administration was another social work arena that the stakeholders addressed during the course of this study. Since this particular Healthy Start Collaborative has been running for four years, this study acted as a program evaluation. Discussion of how to sustain the program now that the grant money is no longer available was another area in which the administrative level of social work practice was evident. Various ways of obtaining more funding, such as soliciting businesses and redistributing current funds, were named as ways to sustain the program. Expanding the membership of the collaborative and fostering ownership of the program were also seen as important to sustaining this Healthy Start.

Other examples of the stakeholders' administrative goals were evident in their suggestions for improving the working relationships between people. Improving communication between all parties, increasing the number of positive interactions, and establishing clear roles were some recommendations for improving the relationships between people. Increasing the effectiveness of this Healthy Start, as mentioned in the community intervention arena, was also an aspect of the social work arena of administration.

Theme 1 -- What Is Working

All of the stakeholders who participated in this study made at least one positive comment about the Healthy Start program. Some people had many good things to say about the
program at this particular school. In all, ninety-seven favorable statements were made by the participants. The highest ranking categories were the same whether based upon the number of people who commented about a given topic or the number of comments a given topic received in total. These categories, nonetheless, were not ranked in the same order. The top three categories for the theme "What is Working" were 1) positive opinions of Healthy Start (15 people, 18 comments), 2) positive opinions of personnel (13 people, 28 comments), and 3) progress (11 people, 21 comments).

Positive Opinions of Healthy Start

Of the twenty-one participants in this study, 15 people made 18 comments specifically about the benefits of Healthy Start. Some of these comments were general in nature. One person stated, "Healthy Start is a good program; programs like these should be at every school." Another person said, "Healthy Start is a wonderful bridge to bring the school and community together. It helps to improve the academic performance of a child, and the family functioning as a whole."

Other positive remarks about Healthy Start were more specific, focusing on the useful services provided through the program. While two comments included in this category named other services as well, all of the people who mentioned particular services indicated medical services as beneficial. One statement that sums up others' opinions as
well was, "Healthy Start is a good program, especially in that it provides vaccines and other medical services and referrals."

**Positive Opinions of Personnel**

Even more agreeable statements were made about personnel who are involved with Healthy Start; overall, 28 comments were expressed by 13 people. Most of these statements (21) were regarding the Healthy Start staff, particularly the coordinator/case manager and the clerk. One participant observed that

"The Healthy Start clerk and coordinator are good at finding ways to help people, either by doing it themselves or making referrals. The Healthy Start Center is a positive place because of them; they are loving, compassionate, and willing to go the extra mile for people."

Another participant noted, "The Healthy Start staff does a good job following through on referrals."

A statewide evaluation of selected Healthy Start schools between 1992 and 1995 found that having a consistent, on-site, full time Healthy Start coordinator was one of the factors which led to the positive results seen in families (Honig, 1996, p. 4). Although the coordinator of this school's program works half time, he is on campus regularly, and has formed relationships with some of the school's families.

In addition to how they interact with clients, a few
positive remarks were made about how the Healthy Start staff interacts with each other. An example of this was, “The Healthy Start Center staff get along well with each other.”

Other personnel who were praised for their contribution to Healthy Start were the public health nurse, principal, and grant writer. One participant exclaimed, “The nurse is working to full capacity!” Another stated, “The principal does a good job with Healthy Start on the administrative end.” Yet another person reported, “The district’s grant writer [coordinator of grant-funded programs] saw through the entire process of getting the Healthy Start grant and setting up partnerships with other agencies.”

**How the Program is Operating**

Generated by 9 people, there were 10 positive statements about how this Healthy Start program is operating. These comments represented a relatively wide range: from how the money allotted to Healthy Start is spent appropriately, to how the program is effectively serving families, to how families feel comfortable coming to the Healthy Start Family Resource Center since their languages are spoken there. Other remarks focused on the positive effects on Healthy Start from having had various administrators at the school and district levels, the benefits of having Healthy Start on-site, and the recent addition of more services.

**Funding Sources**

The 5 comments obtained about the funding sources for
Healthy Start were reported by 3 people. Specific funding sources were mentioned, but one comment summarized these. "Currently, the school district and [the school] have used a variety of funding sources to continue to provide some services."

Melaville, Blank, & Asayesh (1993) offer a rather complete list of funding sources and government acts under which school-linked and school-based service programs potentially can receive: Chapter I; Individuals With Disabilities Education Act; Medicaid; Early Periodic, Screening, Diagnosis, and Treatment Service; Title V of the Social Security Act Maternal and Child Health Block Grant; Title IV-E of the Social Security Act; The Family Support Act of 1988; Title XX Social Services Block Grant; The Child Care Development Block Grant; and The Alcohol, Drug Abuse, and Mental Health Block Grant (pp. 84-85).

**Outreach**

Four stakeholders produced 7 favorable statements about the outreach that is being done for the school's Healthy Start program. Five of these comments were concerning how each of the individuals helps to do outreach: two by speaking to large groups of families, two by taking family members to the Healthy Start Family Resource Center for immunizations or other needed services, and one by sending home fliers with students to inform families of Healthy Start services. One participant spontaneously declared, "The health services offered by Healthy Start are well known
throughout the community."

**Progress**

Many comments were made about various areas of progress for this Healthy Start program. Overall, 21 remarks were generated from 11 respondents. The category of progress was broken down into four sub-categories: 1) progress for the community, 2) progress for the collaborative, 3) progress for the program in general, and 4) having a coordinator.

Six participants recognized the positive effects the Healthy Start program has had on families in the school community. Three of the 6 statements on this topic described the benefits of having health care provisions on campus. One stakeholder claimed, "The public health nurse's services are utilized by about 90% of the children at [the school]." Another participant reported she had been informed that student attendance, academic achievement, and family functioning has improved since having Healthy Start at the school. That remark, along with "The mobility rate at [the school] has decreased from 88% to 26-28%", indicate that progress for the community is occurring.

The progress expressed by several participants was also evidenced in the statewide evaluation of Healthy Start schools that previously was mentioned. This evaluation showed that gains were being made for students and families who were involved with Healthy Start for two to three years. Statistically significant improvements were made in the areas of student performance (grades K-3), physical and
emotional health, the ability of families to meet their own basic needs, and parent involvement in school activities. Furthermore, the mobility rate in Healthy Start communities decreased (Honig, 1996, p. 1).

One particular person felt rather strongly that the Healthy Start Collaborative has made progress since its beginning; three other people felt some of this as well. Overall, the consensus amongst these participants was that the school district and other involved agencies were beginning to work more cooperatively to help the school’s families. This idea was summarized by the statement, “There has been increasing improvement in the area of agencies coming together to decide how responsibilities can be shared regarding the provision of services.”

One of 4 remarks summed up how, overall, the Healthy Start program has been making progress. “The Healthy Start program has been making improvements throughout its existence.” Three other people felt that once a program coordinator/case manager was hired, the program began to run more smoothly. Words such as “fragmented” and “unorganized” were used to describe the program before such a position was created. One of the participants was glad to see “...one central person who deals with all things related to Healthy Start.” Another person has noticed that since the coordinator/case manager was hired, there has been more involvement with students and their families, and more of the services provided to them has been logged into a data
base.

**Current Services**

One of the participants expressed, "Between Healthy Start and the school, there are more services provided at [the school] than at many schools." Five other stakeholders commented about the services currently being offered to families in the school community. The health clinic, individual and family counseling, basic needs referrals, social work services, job training, English as a Second Language classes, and the Homework Club were seen as important by the participants who raised the issue of current service provision. Services such as these represent what the statewide evaluation found as one factor in successful Healthy Start programs: having a mixed balance of interventions and prevention activities. Those schools that do "...were more likely to report greater decreases in student mobility rates and suspension rates [and]...greater increases in standardized test scores and parental interest in school-related activities" (Honig, 1996, p. 4).

**Theme 2 -- Problem Areas**

As with the previous theme, every stakeholder made at least one statement about one or more areas s/he believed was a problem of this particular Healthy Start program. In total, 169 comments were made about the various problem areas. Based upon the number of people who commented on certain issues, the top four problem areas were lack of synthesis (15 people), lack of communication (12 people),
lack of awareness/utilization of services (12 people), and limitations (10 people). The same categories were seen as the top problem areas when looking at the number of comments that were made about each topic, although the last two were reversed. Lack of synthesis received 36 comments and lack of communication received 31. Statements concerning limitations numbered 26, and those regarding awareness/utilization of services numbered 22.

**Lack of Synthesis**

Lack of synthesis between the different stakeholder groups was a shared feeling amongst all the groups. In addition to questioning certain groups of people’s commitment to Healthy Start, 5 participants made 7 comments about a general lack of synthesis between Healthy Start, school, and district personnel. One person described her perception of the school staff thinking of Healthy Start as a “separate entity” from the school. Another person perceived the relationship differently, stating, “The Healthy Start staff tends to isolate themselves by staying in their own building.” Regardless of one’s position on this topic, there was a general feeling among the people who addressed this lack of synthesis surrounding Healthy Start that “…there is not teamwork amongst all the key players…”.

One “key player” group, seen by some as not doing their part, were the teachers. Some of the Healthy Start staff and service providers (4 comments by 4 people) were
concerned that not many Healthy Start referrals were being made by teachers on behalf of students and their families. They felt that this was indicative that the teachers did not support the program.

Four school personnel responded to that charge, giving possible explanations as to why teachers may not be making many referrals. One person reported that prior to the hiring of a coordinator, teachers' referrals were not being handled, thus teachers stopped referring. Another school staff member cited the myriad of other teaching responsibilities as a reason, but added, "...it's unfortunate that this has been perceived as a sign of being unsupportive of the program..." Another staff member acknowledged that Healthy Start is a necessary aspect of the school, yet conceded that "...approximately 40% of the school staff views the [Healthy Start] program as separate from, rather than part of, the school."

Five remarks were made by 4 people, Healthy Start staff and service providers, about the lack of connectedness the school site administration has with Healthy Start. "Negative attitude" and "lack of support" were phrases used to describe this. One person asserted, "It seems like the school administration views Healthy Start as a burden that they would prefer not to have to deal with!"

According to the statewide evaluation of Healthy Start schools from 1992 to 1995, "collaboratives that were more successful at resolving problems with administrators, line
staff, or parents tended to be better integrated into the life of the school...". The more integrated a Healthy Start program was with the school, the more benefits resulted. It was more likely to have a larger number of and more varied services (Honig, 1996, p. 4).

Concern for the school district's perceived lack of involvement with Healthy Start was aired by some agency service providers in the form of suggestions for what people in that office should do. All suggestions for improvement were categorized under the third theme, found later in this paper. Yet one district administrator gave an explanation for this complaint. "The perceived lack of support...might stem from the need for the district to take a position on how it will handle non-educational services for the district's students."

Just as some service providers wanted to see the district administrators become more involved with Healthy Start, school and district personnel preferred agencies to become more invested in the program. One participant was upset that many of the agency officials who signed letters of support that were included in the Healthy Start grant proposal did not actually offer the services they said they would provide. This is typical under the Central Coordinating Agency Model that the district proposed as their system of case management for Healthy Start. "To set up a cross-institutional case management system...[the central coordinating agency] solicits, to bolster its
proposal, letters of support from other agencies. Upon confirmation of the grant/contract, it sets out to attract its 'paper partners' to deliver" (Center for Human Resources, Brandeis University, 1993, p. 125).

Another person noted that many of these agencies, who expect payment for working on the school campus, "...have not bought into the concept of collaborating with the school district to provide services to their clients at the school site rather than their agencies...". Yet another person was surprised that local agencies would not feel more invested in Healthy Start since it is something good for their own community.

The statewide evaluation mentioned the importance of having county agencies working with Healthy Start programs. "Collaboratives with more members from county agencies reported fewer barriers in implementing Healthy Start. They delivered more services to entire families...and...more professionalized case management" (Honig, 1996, p. 4).

Parents also were expected to take more of a role in Healthy Start. A few people expressed their desire for parents to become involved with the Collaborative. In fact, a key component of Healthy Start, by the state’s standards, is to have parental involvement in the program. Not only should this be done in the form of recognizing "family members as partners in service", but also by having families be "actively involved with the design and implementation of local Healthy Start initiatives" (California Department of
One parent attempts to be involved with Healthy Start by volunteering in the office, but once was given the impression by a school staff member that she should not be working there. Other participants offered culture as explanations for the lack of parent involvement with Healthy Start. Some respondents felt that certain cultural groups are taught in their homelands that educators are the experts and parents should not bother them. Others stated that some of the services provided at the school are not culturally sensitive.

Lack of Communication

Like the lack of synthesis category, one service provider thought that lack of communication was a multi-level problem. A district administrator reported that top administrators in the district and agencies "...do not meet to discuss how the sharing of resources could be best facilitated."

It was also apparent that there was a lack of communication taking place within the Healthy Start Family Resource Center. A Healthy Start staff member and two service providers who spend quite a bit of time in the Center each week reported their frustration with one of the Healthy Start staff members. They claimed that this person does not give them a schedule, provide direction about what to do, or accurately convey some important information.

Most of the comments in the lack of communication
category centered around the problem between Healthy Start staff and the school and/or district personnel. A majority of the statements were made by people who work on the school campus regularly. Of such comments, 8 were about how the school and district personnel, particularly the site administrators, do not communicate with the Healthy Start staff. These Healthy Start workers and one service provider mostly spoke in general terms, making comments such as, "The Healthy Start staff tries to communicate with school administrators, but they don't try to communicate back!" A more specific frustration was that "the district tells the school certain information regarding Healthy Start, but the information is not always passed from the school to us."

Despite these claims, the site administrators noted that they encourage communication. One administrator remarked that the Healthy Start staff have an open invitation to speak at school staff meetings, but rarely attend. Another administrator discussed how one Healthy Start staff person shares some good ideas with him, but does not always follow through by taking these ideas to the principal for final approval.

The school site and district administrators also noted that they never had been told by the Healthy Start staff that there was a feeling of lack of communication and lack of support. This lack of communication between stakeholders was evident regarding other issues as well. Another district administrator reported in general terms, "At this
time, the district staff does not seem aware of a problem with the Healthy Start program."

The perceived lack of communication that has continually existed at various levels of this Healthy Start program, especially between the school and Healthy Start staffs, can be explained by a communications concept known as Mutual Reward Theory. According to this theory,

"...if an individual in a working relationship perceives a discrepancy or 'imbalance' in the amount and quality of information he or she receives and the amount and quality he or she gives, the individual is less motivated to maintain the relationship" (White & Chapman, 1996, p. 55).

In addition to the perceived lack of communication which resulted in relatively poor working relationships, 4 comments were made about the lack of clarity of policies and procedures regarding Healthy Start. A service provider felt that there was "...no apparent plan for meeting Healthy Start goals." A Healthy Start staff member had a different perception, feeling that people working with Healthy Start had not even been fully informed of these goals. Another Healthy Start staff person stated, "There does not appear to be a set criteria for selecting families to do case management with." This person also added that there was no protocol on who to communicate with regarding certain issues.

Furthermore, two service providers and a Healthy Start
staff member noted that they had not been made aware of their roles on campus. One of these service providers, as well as a district administrator and school staff member, discussed the problem of people not understanding the roles of other stakeholders. According to Meenaghan et al. (1994), the type of organizational conflict participants described are known as role ambiguity, where “what is expected from certain roles is vague”, task specification, where “the specification does not meet everyone’s expectations”, and role performance, where others are unhappy about “how actors of roles actually behave” (p. 155).

Differing Views of Healthy Start

Five participants representing three different stakeholder groups brought up the issue of the school’s Healthy Start program not operating to its maximum capacity. Although 4 of these 5 people praised parts of the program, included under the category of Positive Opinions of Healthy Start, they nonetheless would prefer some improvements. One person said the program should be “expanded”. Another believed that the Healthy Start at this school “...has the potential to be so much better.” Their suggestions for improving it are written under the third theme of this paper.

Like those hoping to see the overall Healthy Start program operating differently than its current state, some people would prefer to have changes made to the case
management procedures. Yet the 7 people who addressed the issue did not interpret the definition of case management the same. This is common; as Gardner (1992) states, "Case management...is another of those terms that means different things to different agencies" (p. 93). Three service providers and a Healthy Start staff member did not believe that case management is occurring at the school. As one service provider exclaimed, "The plural of 'referral' is not case management!" Another stated that what are termed "case management" meetings between the Healthy Start clerk and coordinator/case manager, principal and/or vice principal, a social work intern, and sometimes a public health nurse, are "too infrequent and unproductive."

In researching seven California communities that have Healthy Start, Carreon and Jameson (1993) found that "many line workers are unfamiliar with case management and have difficulty knowing how to put this strategy into practice" (p. 3). Two people who were interviewed felt that case management, as defined by the researcher when asked, should not exist at the school. One service provider felt that although case management is good in theory, busy people with many responsibilities "...don't always follow through on what they agree to handle." A school staff member was not convinced that case management is necessary at the school since "...good things are already being done for families."

Regardless of these opinions, the State of California expects Healthy Start programs not only to reach families
through preventive services and informal supports, but also to "...establish criteria for determining which...individual students and families they will assist through targeted intensive case-managed services" (California Department of Education, 1996, p. 2).

**Performance of Healthy Start Staff**

Five people, from each stakeholder group except the parents, made reference to the perception that not every member of the Healthy Start staff was working to full capacity. As one person stated, "Healthy Start is not being maximized to the extent that it could with the existing staff." This was emphasized as a more widespread problem, extending to the entire Collaborative, by the person who remarked, "The Healthy Start Collaborative is not dynamic; the people are simply doing their jobs."

In addition to these general comments, 8 statements were given by 5 people, specifically naming one Healthy Start member as being ineffective. Three service providers expressed this person's lack of leadership ability; two of these three added that this person does not appear to have the skills or training needed for the job. Two other participants asserted that this person does not do a lot of work. One of these participants acknowledged that the person "...sometimes comes up with good ideas to serve the community, but rarely puts these into action."

**Limitations**

Five service providers, 1 school staff member, and 1
parent communicated that the lack of personnel or time allotted to providing services were limiting the potential of the school's Healthy Start. Six of the 14 comments were in regard to health services. Those who addressed this issue felt that the health clinic is not opened as often as it should be, and that the public health nurse does not work enough hours per week. As one participant explained, "The nurse's services are maxed out!" One respondent reported that because the nurse is given a limited number of hours on-site, she currently is not able to utilize her skills of working indepthly with families.

Other participants also described how their lack of hours limit the good that can be brought to the community. One person expressed how a few others also felt. "I'm frustrated because there's so much I'd like to do but can't because I don't have the time to do it!"

The lack of time and personnel at the school's Healthy Start is due to the restrictions of how much the district is willing to pay agencies for their personnel or how much time agencies are willing to donate in terms of their personnel working on the school campus. To combat this, "the collaborative must build incentives for doing business a new way in order to shift the culture of institutions to a more collaborative nature (Carreon & Jameson, 1993, p. 14).

Lack of time and personnel was not Healthy Start's only limitation; 12 additional statements by 7 people named others. Lack of space was reported as a problem in that
there is no room for a food closet or other services, and that the Healthy Start Family Resource Center sometimes gets too crowded on health clinic days. Another limitation cited by one Healthy Start staff person was that Healthy Start does not have a budget of its own, and that in general, not enough funding is provided by the district for the provision of services.

Another limitation which was recognized by two participants was the location of the Healthy Start Family Resource Center in relation to the rest of the school campus. One participant stated that the placement of the Center on the edge of the school grounds "...contributes to the feeling of the two being separate entities..." The other believed that this "...will make it difficult to completely bridge the gap between the staff there and the school staff."

**Fragmented/Non-Comprehensive Services**

Seven comments were made about this theme by 3 service providers and 1 Healthy Start staff member. Two of the service providers specified that there were gaps in services. All of the people who spoke on this topic agreed that the lack of a true case management system causes the services which are provided to be fragmented and uncoordinated. One person referred to the site's delivery of services as "isolated responses", while another said people are merely "putting out fires". A goal of Healthy Start, set by the state, is for sites to "...integrate
services, changing systems to meet families' needs in a holistic, rather than categorical, way (California Department of Education, 1996, p. 2). To effectively integrate services, there should be a team that is on equal terms, comprised of school staff and personnel from multiple agencies, which together can provide numerous services (Thomas et al., 1994, p. 3).

**Lack of Awareness/Utilization of Services**

Twelve people commented 22 times about how the school community which Healthy Start is intended to serve is not aware of services other than immunizations, thus the majority of the people do not use the other services. One parent commented that she has been working at the school for four years, but until she started to volunteer in the Family Resource Center this year, she had thought Healthy Start was merely a health clinic.

Likewise, the other parent who was interviewed was not aware of many of the services. She stated that she did not use any of them because "it is not clear whether people of all incomes are permitted to use Healthy Start services or if there is a maximum income allowed." When told that all families of children enrolled at the school are allowed to use Healthy Start services, she said that she might be interested in counseling services, but feels uneasy that the information disclosed might be shared with school personnel.

Only one participant felt that parents are aware of the services but choose not to use them; the others believed
that not enough outreach is being done in the community. As one participant noted, "There does not seem to be a set mechanism for informing parents of Healthy Start services." Another person remarked, "[the school's] Healthy Start has been around long enough that more outreach should have been done to make people aware of services and to have a bigger client base."

As mentioned, the small client base was noticed by most of these respondents. One person declared, "The same people typically use Healthy Start, which is not a lot!" Other possible reasons for parents not using Healthy Start services were offered: language barriers, lack of understanding of Healthy Start's role in the community, and the discomfort some parents may feel on a school campus. The Healthy Start Field Office acknowledges that "collaboratives struggle to increase parent participation with varying degrees of success" (Reed, 1996, p. 9).

**Sustainability Issues/Concerns**

Eleven remarks were stated by 6 different people. Two service providers thought that district personnel did not attempt to sustain Healthy Start until the grant money began running out. One district administrator accepted partial responsibility for this, explaining that "who is responsible for sustaining [the school's Healthy Start program] -- the district, site, or agencies -- was never clearly outlined." Nevertheless, one participant stated, "The school district wants free services and is not willing to pay for them."
Three school personnel also were concerned that the district or other funding sources will not be able to continue sustaining Healthy Start. One of them charged, “It would be a crime to give this program to families, only to take it away if funding runs out!”

The issues raised by some stakeholders about who is responsible for sustaining the Healthy Start program at this particular school also was raised by authors Farrow and Joe (1992). They charge that “many of the issues that surround the financing of school-linked services are really issues of priorities, authority, and control over resources.” They suggest that collaboratives clearly define program goals in order to organize resources around those goals (p. 57).

**Family Issues**

Five people made 9 comments about various issues affecting families in the school’s community. Two participants commented about the drug use in the area. One stated, “Substance abuse is an often overlooked problem area that definitely needs to be addressed at [the school].” Child care was another concern that a school staff member has heard from parents and teachers. A service provider has also noticed that “school children caring for younger siblings is one reason students are missing school.”

A third matter regarding families was noticed by the same service provider: some parents do not want Healthy Start involved with their families. This service provider felt that some parents believe Healthy Start is part of
Child Protective Services. The parent who was interviewed who does not allow Healthy Start to associate with her family originally became weary of the program when a service provider began working with her daughter without parental consent.

Theme 3 -- Solutions

All the stakeholders who were interviewed offered at least a few suggestions for improving the problems that they or others discussed. There were 236 statements regarding solutions made by all of the participants. As with the other themes, the top five categories under Solutions were the same whether looking at the number of respondents or the number of comments, yet were ranked differently. When examining both factors, adding more services was the first category; 16 people addressed the issue, making 67 comments about it. Other top categories were 2) increasing service utilization (16 people, 35 comments); 3) assigning responsibilities (15 people, 31 comments); 4) improving communication (12 people, 53 comments); and 5) improving sustainability (11 people, 35 comments).

Adding More Services

As mentioned, 16 participants made 67 comments about possible services that can be added to the school's Healthy Start to make the program more beneficial to the community. Most statements were made by service providers, Healthy Start staff, and one parent. Several comments also were made by two school personnel, while only one statement was
made by a district administrator. Services were sub-
categorized according to their type: educational, health,
basic needs, child care, counseling, recreation, and other.

Educational services for children and their parents
were discussed. Some participants wanted safety classes for
children as well as tutoring (not merely help with
homework). More people hoped to see educational classes for
parents. Topics included gang and drug prevention, first
aid training, nutrition, prenatal classes, parenting skills,
helping children with homework, lice prevention, child
development, substance abuse, GED preparation, and job
training. One person even suggested having a portable
designated as a "Parent Education Center" to house these
classes.

Five of the 7 people who addressed the issue of health
services felt that another public health nurse is needed or
that the current person's hours should be greatly increased.
One person offered a possibility: "By getting volunteers
from [various sources] to act as support staff for the
doctors and nurses on clinic day, nursing services could be
expanded without adding a cost!" Another person felt that
the health clinic should be opened every day of the week.
Additional health services suggested were adult health care,
on-site dental and eye care, prenatal care, and a wellness
program.

On the issue of basic needs, several participants saw
the need for food and clothing closets on the school campus.
Not necessarily wanting those on-site, one respondent wanted to see the family service agency that used to work on-site return to the campus. Another person was undecided about offering food and clothing services at the school; she understood that there is a great need in the community, but feared that "...the services will be abused by some families." One way to avoid abuse of services is through the S.H.A.R.E. program, which some participants suggested having on-site.

The need for child care was also seen by several participants; two reasons for this were addressed. One reason to have free or very low cost child care on or near the campus was a result of the recognition by some participants that children often stay home by themselves or with other young siblings. A second reason for child care at school was to make it easier for parents to come to the campus for events, classes, and meetings. As one parent said, "Any program held for parents should include child care so that more parents can attend and not have to worry about their children."

Other services that were spontaneously addressed by seven people combined were counseling and recreation. Support groups, child socialization groups, and more individual and family counseling services were suggested by some participants. Exercise classes for children and adults, organized activities for children during recess and after school, and cultural activities also were mentioned.
Other suggested services included a full-time social worker who could be a community advocate and case worker, an on-site Child Protection Services worker (or one person at the county to handle all calls from the school), free transportation for school and/or family functioning activities, and a teen clinic.

Adding these suggested services would certainly contribute to improving the Healthy Start program at this particular school since many of the gaps in services that currently exist would be filled. Nevertheless, changes in how services are delivered also would have to occur; having comprehensive, integrated services involves "...more than just the proliferation of services" (Aguirre, 1995, p. 2).

**Increasing Service Utilization**

It was expected that a by-product of providing additional services would be increased service utilization by the school community. But there were 35 more specific suggestions (made by 16 people) for increasing the number of people who use Healthy Start services at this particular school.

Improving outreach was by far the top solution for increasing service utilization; 24 statements were made by 13 participants. It was suggested that Healthy Start brochures be given to parents when they register for school and at parent conferences, sent home with children a few times a year, dropped off door-to-door, and left at local apartments and housing tracts. One parent thought that the
brochure should be expanded to include explanations of the services, the agencies that provided them, and the funding sources.

Other suggestions for outreach included advertisements on the radio, newspapers, and in stores, open houses once or twice a year, a Healthy Start presentation at well-attended school functions, and person-to-person discussions with families in the community about Healthy Start. As one participant explained, "People don't care how much you know until they know how much you care!"

Another way of increasing the number of families who use Healthy Start services was to take culture into account. For example, one participant noted that more Asian families might become involved with S.H.A.R.E. (registration for it used to be on campus, and has recently started again) if Asian food was provided in the boxes people received for their money and volunteer work. Another person felt that there should be community liaisons for other ethnic groups represented at the school, while another suggested that having a translator for each language spoken on campus might increase the number of people who actually could participate. Finally, a parent recommended that more English speaking parents might use more services if they were not required to listen to Spanish translations during meetings and classes. She continued by stating, "After a couple of meetings, people can vote to see if they want to participate in mixed-language classes."
Other suggestions for increasing service utilization were holding the same classes and programs twice a day to make sure people on different schedules can attend, and allowing all siblings to participate in services opened to the school’s children so that parents do not need to hire babysitters if they also want to attend. Additionally, it was suggested that one parent representing each cultural group be selected as a community liaison to increase parent participation in all school and Healthy Start activities.

It was good that the participants in this study were able to identify many possible solutions for increasing service utilization. Despite the agreement in most of the articles that parent involvement in school-based and school-linked service programs is important, few suggested how to increase the likelihood of their participation.

Improving Communication and Synthesis

Many suggestions also were given to solve the problems of lack of communication and synthesis between the different stakeholder groups. The 53 statements made by 12 people were broken into sub-categories: holding regular staff/collaborative meetings, establishing clear roles, increasing interactions/integration, training, and other. These various issues were discussed by four of the five stakeholder groups; parents made no statements about this subject.

Five of the 7 people who talked about holding regular meetings included 3 service providers, a Healthy Start staff
member, and a district administrator. These people felt that teachers, school administrators, Healthy Start staff, district personnel, parents, and business/agency representatives should meet together "regularly". This term varied between weekly meetings to monthly meetings. Different participants addressed different purposes for these meetings, though some agreed with each other. The topics named for discussion at the meetings were effective service provision, clarification of goals, roles, and responsibilities, problem identification, and case planning. One person felt that at least once or twice a year all parties meet "...for a long, honest discussion about their concerns."

One school staff member disagreed with the other participants entirely on the issue of meetings. This person felt that teachers "...already attend more meetings than they prefer..."; thus, having teachers involved with Healthy Start meetings would not improve the relationship between the two staffs. In response to this, a service provider suggested having yearly strategic planning weekend retreats as a way of possibly interesting more school personnel.

Another area which received quite a bit of discussion was increasing interactions and integration between the school and Healthy Start staffs. Whose responsibility for making the efforts to improve this relationship was evenly split. Suggestions for increasing positive interaction were that teachers should share ideas with Healthy Start staff
about how families could be helped, teachers should find out
more about how Healthy Start currently helps families, and
Healthy Start staff should set up a booth at Family Reading
and Math Nights. Other suggestions included visiting each
other's buildings more frequently, sharing data, and
engaging in non-formal activities such as luncheons,
cooperative fundraisers, and sports activities.

Two regular service providers and two school staff
members agreed that people need to understand what their own
roles are as well as the roles of others. As one person
stated, "Each person's job and responsibilities should be
spelled out clearly." As part of this, school personnel
wanted it to be clear to others that while Healthy Start is
viewed as important, it is not and cannot be the school
administrators' top priority.

A few participants mentioned training as an important
way of improving communication. One Healthy Start staff
member felt that people working in the Family Resource
Center need to be retrained on how to fill out paperwork
correctly. A service provider saw the need for the Healthy
Start staff to be educated by a health care provider about
the harmful effects of lice shampoo and how it should be
properly dispensed to families.

Another service provider who works regularly in the
Healthy Start Family Resource Center felt that there should
be much more training and supervision of the Healthy Start
staff and regular service providers. This same person also
saw the importance of all professionals within the school to educate each other about their specializations so that everyone would know when referrals should be made and to whom. As previously mentioned, interagency staff development was named in most of the literature reviewed as an important aspect of developing successful interagency collaboratives.

There were other general ways of improving the communication and synthesis of all parties at the school’s Health Start. Several suggestions were made for the Healthy Start staff to use the school bulletin as a way of sharing “success stories” and general information about the program with school personnel. Likewise, one school staff member agreed to delegate responsibility to ensure that the Healthy Start staff is kept abreast of goings-on at the school. Furthermore, this same person also wanted the Healthy Start staff to understand that what sometimes appears to be a lack of support on the part of the administration is often due to “...certain district policies and procedures that must be followed to accomplish certain tasks.” Another school staff person emphasized that Healthy Start staff should let all their ideas be known “...to see if it’s possible to bring them to fruition.”

Assigning Responsibilities

Fifteen participants made 31 comments regarding how particular people or groups of people should help improve this Healthy Start program. All stakeholder groups
discussed certain responsibilities that others should undertake.

Two service providers believed that it is the school district’s responsibility to hire an effective Healthy Start coordinator. Two district administrators discussed the need for top school district officials to help build relationships with top officials of local and county businesses and agencies. One of these administrators explained why this is critical: “...it is the leaders of agencies who have the decision-making power to change their relationships with the district.”

Authors Jehl and Kirst (1992) agree that “...the executive leaders of the school district must be involved from the beginning...”, and add that they “...must view themselves as equals with the other community agency executives involved in the collaborative process” (p. 99). In another article it was stated that one factor that limits the success of collaboratives is that people who attend the interagency meetings lack significant decision-making authority (Bruner, 1991, p. 15).

The third district administrator disagreed, to an extent, with her colleagues. She questioned how much responsibility districts and school sites should assume for non-educational services “...in light of all the state focus on student achievement”.

The social work interns also were mentioned as people who should be helping to build partnerships with businesses
and agencies. Two participants who brought up the issue felt that the agencies themselves should be responsible for joining forces with Healthy Start. Two others thought that agencies should share the cost of providing services on the school campus, since often the same clients are being served. One person wanted the many agencies that promised to become involved with the program when the grant proposal was written to explain why they “reneged”.

Individual service providers also were named for taking on more responsibility. One person stated that social work interns should be responsible for doing intensive case management. Another participant felt that the nurse should personally explain to parents what immunizations are needed for their children. This person stated that if parents decide not to have the shots be given at school, the nurse should write a note for the parents to bring to their own doctors, indicating which shots are needed. One service provider wished she could play a larger role in Healthy Start, but cannot since she is given limited hours to work on-site.

Other responsibilities that were discussed included the thought of one service provider that non-professionals should provide child care and transportation. A district administrator felt that parents should learn to solve some of their own problems, and with encouragement, should create a community carpool, child care co-op, and other needed services. A parent who agreed that parents should have to
“pay back” in some way for using Healthy Start services believed that they should sign a contract stating what they agree to do in exchange for the service(s), whether it be a small cash payment or a choice of various volunteer activities.

Finally, two participants named responsibilities all people should share: “express[ing] themselves honestly” and “be[ing] open to others’ suggestions rather than feeling offended by them.”

**Improving Sustainability**

Suggestions were made by 11 people for ways to sustain the school’s Healthy Start program. The 35 comments that were made about this issue were put into three sub-categories: funding, expanding the collaborative/building partnerships, and ownership.

The topic of funding received the most respondents (8) and comments (14). It was suggested by two people that the school district give a larger share of Medical reimbursement to the school as a way to increase funding for Healthy Start. Another person added that “the school district should pay for more services since they benefit from Healthy Start in that the improved attendance which results [from the program] has allowed them to receive more funding from the state.”

The three district administrators who were interviewed disagreed that the district should pay for services. One district participant remarked that only one-time
expenditures, such as facilities and hardware, should be paid to Healthy Start from the district’s general fund. A second district administrator hoped to see agencies continue providing needed health and social services after grant funding was exhausted. The third administrator declared, “New services should not require any new money but instead should involve a redirection of monies, services, and personnel, as well as include parental involvement.”

Other suggestions for increasing funding for the school’s Healthy Start program required less financial commitment on the part of the school district. One person recommended holding annual or semi-annual fundraisers to get “...pledges for time, money, and resources.” Similarly, another participant thought that someone should act as a public relations person to “...solicit money from businesses.” This same person made a further suggestion. “There can be a city or county consortium for funding where one person for the city or county raises money for all the Healthy Start programs in the area to share.”

While Farrow and Joe (1992) concur that in school-linked or school-based programs it is necessary to have funding to hire and maintain core staff members, they agree with a district administrator in the importance of mostly using “…dollars that are already invested in the service system” (p. 63). The authors propose staff reassignment, budget reallocation, decategorization, and maximizing federal funding sources as ways of financing programs like
Healthy Start (pp. 64-65). The Center for the Future of Children (1992) asserts that “each agency participating in school-linked service efforts should redirect some of its current funding to support the new collaboration” (p. 10).

Aside from funding sources, many people believed in the importance of expanding the Healthy Start Collaborative and building partnerships as a way of sustaining the program. Two of the six people who spoke on this topic wanted to see teachers and parents become part of the Collaborative. All six people agreed that businesses and agencies should play a more active role in Healthy Start, by providing services on campus, providing resources, and as one participant mentioned, creating job opportunities for the parents in the school’s community. One of the participants thought that the religious community and landlords also should become involved with Healthy Start as a way of helping the community, which would impact them as well.

One way seen to expand the Collaborative and build partnerships was to increase ownership. As one of the four respondents recognized, “In order to make Healthy Start more successful, everyone involved with it, including school personnel, service providers, and recipients of services, must feel that they have ownership of it.” Two participants believed that parental ownership of the program can be increased by having them “pay” for the services they receive by volunteering at the school or in the community.

One person asserted that it is important to educate the
various parties on how their involvement with Healthy Start benefits themselves as well as the community. This person added that to increase each party’s sense of ownership, the school’s Healthy Start Collaborative should "...reformulate a group vision, goals, roles, and procedures...[and] find ways of having inter-agency staff development, changing certain agency policies, sharing resources, and developing a 'we' agenda." It is this type of "line worker buy-in" that Gardner (1992) thinks should have taken place when the Collaborative was first started, in order to ward off potential problems (p. 93). Yet, as two participants recognized, to achieve the participation of all collaborating members in such a process, paradigm shifts would be required.

In the literature that was reviewed, building partnerships, funding, and ownership issues were linked through the term of collaboration. Melaville and Blank (1991) define collaboration:

"Instead of focusing on their individual agendas, collaborative partnerships establish common goals. In order to address problems that lie beyond any single agency's exclusive purview, but which concern them all, partners agree to pool resources, jointly plan, implement, and evaluate new services and procedures, and delegate individual responsibility for the outcomes of their joint efforts" (p. 16). Specific components of forming effective collaboratives were
addressed at the beginning of this paper.

**Ongoing Assessment**

There were 7 participants who made 15 assorted comments about ways continual program assessment should occur. One parent, replying to the comments about paying back in some way for using Healthy Start services, suggested surveying families to get their impression of the worth of a particular service. From this, she said, "...the school can decide on a charge that is reasonable."

Two people felt the need to find out from other Healthy Start programs what has helped them be successful. One person claimed that assessments already should be undertaken by the program coordinator through the computer program that is currently used to track service utilization. The coordinator should "...reflect on four or five areas of concerns each month, asking for comments on these issues at case management meetings."

Evaluating the statistical information provided by the computer program was also seen as important. Outcome measures should be examined to "...determine which interventions are working and which goals are being met." In cases when the State's and Collaborative's goals are not being met, it was suggested that new strategies for meeting them should be identified. Strategic planning on all program levels was seen as essential by one participant.

After hearing a claim from the researcher that the case management aspect of the program that was written into the
grant proposal was not occurring at the school, a district administrator felt the need to determine why this happened. This administrator also felt it important "...to evaluate the current program at [the school] to determine the future of the program." Another suggestion for looking at the future of the program included a twice-a-year community needs assessment to discern which services are and are not needed.

Evaluation of the program was seen as an essential step by most of the authors of the literature that was reviewed. Both process evaluation, such as this research project, and outcome evaluation, which looks at student and family related goals, were suggested to determine the true success of one’s program (Gomby & Larson, 1992, pp. 70-71).

DISCUSSION

Summary

With a shrinking pool of resources to serve the needs of children and their families, interagency collaboratives that provide school-based and school-linked services are likely to develop in more and more communities throughout the nation. As the literature indicates, it is not easy to establish successful collaboratives between different agencies. This research project of one Healthy Start program in Southern California demonstrated the negative effects of not adequately developing this interagency collaborative. Participants in this study named lack of cohesion, differing hopes for the program, fragmentation of
services, lack of time allotted for service providers, and lack of adequate funding as some of the problems. Additionally, lack of communication, ineffective personnel, and lack of awareness and utilization of services by the families were other problems that were addressed by the stakeholders.

Despite these difficulties, participants in this study were pleased that Healthy Start existed on the school’s campus. There was a general feeling that the program was having a positive impact on the community. In order for Healthy Start to become even more beneficial to the families of the school, the stakeholders offered numerous suggestions for improving the problems that were seen with the program. Ways of increasing interactions between people, making collaborative meetings more effective, improving outreach to families, and adding more services were some of the solutions. Others included expanding the collaborative, doing ongoing program assessment, increasing buy-in from all stakeholders, obtaining more funds, and holding people accountable for certain responsibilities.

Since school district personnel did not permit a meeting of all the stakeholders, it was not possible for the researcher to find areas of consensus amongst all the stakeholders. Nevertheless, she further analyzed the data to determine the major areas of concern for each particular stakeholder group.

Most of the comments made by district administrators
focused on solutions for improving the Healthy Start program. By the number of comments made by the three district administrators, improving communication, improving sustainability, and assigning responsibilities were the most heavily discussed categories. Overall, their main issue, whether making positive or negative statements, was sustainability.

Likewise, the comments made by the five school personnel were mostly geared toward solutions for Healthy Start’s problems. The solutions on which school personnel focused were improving communication, increasing service utilization, suggested services, and improving sustainability. They also made many comments regarding positive opinions of personnel and lack of synthesis. In looking at all the statements made by school personnel, it was clear that their overall concerns were communication/integration issues as well as the service issues of needed services and improving outreach.

The Healthy Start staff of three people made many remarks about services they would like to see added to the program. Their other top categories were lack of communication, limitations, and lack of synthesis, all which fall under the theme of problem areas. In adding up all their comments, the Healthy Start staff primarily concentrated on the topics of communication/integration and needed services.

The eight service providers, particularly those who
work in the Healthy Start Family Resource Center on a regular basis, remarked mostly about problem areas and solutions. The main categories all service providers discussed were suggested services, positive opinions of personnel, lack of awareness/utilization of services, and lack of communication. By the total number of comments made, service providers mainly spoke about service issues such as lack of service personnel, lack of awareness, needed services, and improving outreach.

The two parents also focused mostly on solutions regarding service issues. The categories they primarily discussed were lack of awareness/utilization of services, increasing service utilization, and suggested services.

As expected, by analyzing the data in this manner, it became clear that the stakeholder groups had concerns that were both similar and different. The areas on which each group focused were, in fact, predictable. The district administrators, who do not have much to do with the daily goings-on of Healthy Start, placed most emphasis on the administrative aspect of how to sustain the program. School personnel and Healthy Start staff both concentrated on communication and integration issues. Since the relationship problems are mostly between the Healthy Start staff and school personnel, it makes sense that the two groups had more to say about the issue than other stakeholder groups. School personnel and Healthy Start staff agreed that there should be improved communication and
more interaction between the two groups.

The one area of agreement between four of the five stakeholder groups was the issue of service provision. Parents at this Healthy Start site, who, on the whole, are not involved in the program in any other way than as service recipients, concentrated almost entirely on service matters. Likewise, as line workers who deal with children and their families on a daily basis, school personnel, Healthy Start staff, and service providers also were very concerned with service issues. There seemed to be consensus among these four stakeholder groups that more community outreach is needed, as are more services to fill the gaps that currently exist.

**Limitations of the Study**

Due to the time constraints of this research project, it only was possible to interview each of the participants one time. In true constructivist research, stakeholders are interviewed at least two times in order for each participant's constructions to be shared with every other person. In this study, the people who were interviewed at the beginning of the project were not privy to the constructions of those interviewed after them.

This study also was limited as a result of the decision of a school district administrator to end the project before the stakeholder meeting was held. As a consequence, participants in the study were not informed of the entire group's areas of concerns. Furthermore, the stakeholders
were not able to work together to reach consensus on the
given issues, nor could they create a plan of action to
improve upon what they perceived as problems.

Another limitation of this study, as with other
constructivist studies, was that the results cannot be
generalized to other Healthy Start sites. Although it is
possible to transfer some of the findings to other school-
based and school-linked service programs, particularly the
two schools for which this district recently received
Healthy Start funding, the data collected were the
perceptions of stakeholders at one site, under unique
circumstances.

**Suggestions for Future Research**

The myriad of services that were suggested by
participants in this study indicated, to an extent, the gaps
in services at the school. As a strong advocate of
interagency collaboration to provide school-based and
school-linked services, this researcher questioned why there
were not more county and local agencies participating with
the school's Healthy Start program. Thus, one area for
future research would be a study of agencies who are not
involved with the school's Healthy Start Collaborative to
find out why they are not involved and how a partnership
with them could be encouraged.

Similarly, the researcher became aware through the
interviews and her MSW internship that parent involvement in
this Healthy Start program is lacking. Consequently, a
study focusing on factors which limit parent involvement with Healthy Start also could be conducted. Parents in this particular school community could be interviewed, and surveys could be sent to other schools which have high parent involvement in their Healthy Start programs to find out how they were successful.

**Recommendations**

Many of the findings from this research reflected the numerous areas in which this Healthy Start program needs improvement. The following, which are in no particular order, are the researcher's recommendations for strengthening the program. Some were suggested by the participants when they provided solutions:

1. At least one meeting of all the stakeholders should be held. While not all participants might feel comfortable discussing the problem areas, it should be known to all of them what their fellow stakeholders perceived as important issues. As a collaborative program, the problems of this Healthy Start are owned by all members; it should be the responsibility and right of these members to solve their problems. Indeed, the participants in this study were rather good problem solvers, naming two-thirds more solutions than problems.

   Furthermore, the stakeholder meeting itself would be part of the problem-solving process. The two overall biggest problems perceived by the stakeholders were lack of synthesis and lack of communication. Not allowing the
meeting exacerbates these problems by continuing to keep interested parties separate from one another and denying them opportunity to have an open discussion. By having the meeting, on the other hand, stakeholders can begin to work together and communicate more openly.

2. Increase ownership. One participant in this study admitted that there was little support from school personnel for starting a Healthy Start program at the time the grant proposal was written. Since support still seems to be lacking, the first thing that should be accomplished is to increase the school personnel's sense of ownership in Healthy Start. They should be made aware of how the program will help the students, making their jobs of educating, socializing, and disciplining them easier and more successful. If they begin to see Healthy Start as an integral part of the school, perhaps teachers and administrators would be willing to participate in meetings related to Healthy Start.

Although it was not blatantly stated, it appears that top administration in the district also may lack "buy-in" to Healthy Start. Top administrators should be educated about the benefits of interagency collaboration in providing school-based and school-linked services. Once they accept the importance of it, top administrators should be asked, as the decision-makers in the district, to build partnerships with other heads of agencies in the area.

Fostering a sense of ownership also should be achieved
with agency representatives who are already members of the Collaborative, as well as those who are not yet involved with Healthy Start. These service providers should be educated as to how their participation with Healthy Start will benefit not only their respective agencies, but also their clients. By increasing feelings of ownership amongst people from agencies outside the school district, it is more likely that they will provide more needed services on-site, perhaps at no cost to the school district.

Additionally, it is essential that parents feel ownership of Healthy Start. Since they currently do not play a role in the program besides that of service recipients, it is clear that a sense of ownership is lacking. Parents should be actively encouraged to attend Healthy Start Collaborative meetings.

3. Educate all people connected to Healthy Start about the purpose of the program and expectations of the State of California. It was evident to the researcher during the interviews that many of the stakeholders were not fully aware of the purpose and goals of Healthy Start. Considering that Healthy Start is a relatively new program, that this was the first one in the district, and that the professionals involved have been focused on their own responsibilities, this lack of awareness is understandable. Yet since Healthy Start does exist at this school, all school personnel, service providers, district administrators, and parents should be informed about the key
components of Healthy Start, the goals set by the State and the local Collaborative, how the program is beneficial, and how they can help make the program better.

4. Revamp the Healthy Start Collaborative protocol. If the other recommendations are followed, there should be parents, teachers, district administrators and more agency representatives on the Healthy Start Collaborative. Having additional members and a group with an unprecedented sense of ownership, a new group vision, goals, roles, and procedures should be developed. Furthermore, the group should find ways to provide interagency staff development, change certain agency policies, and share resources. It is through this process that a more effective interagency collaborative can be built.

5. Hold weekly Family Support Team Meetings. Although it was written into the school’s Healthy Start grant proposal, the school never established a Family Support Team. When teachers or others make referrals to Healthy Start, a Family Support Team should meet to discuss the children. The team should be comprised of a school administrator, interested classroom teacher, resource specialist teacher, speech therapist, referring parties, school counselor, attendance clerk, community liaison, and any service providers from outside agencies. Together, this team can decide what interventions and preventive measures can be used for each child and his/her family.

6. Establish a case management service delivery
system. Those students and families whose needs extend beyond the scope of the Family Support Team should be approached for intensive case management services. This researcher recommends the adoption of a school-based interprofessional case management model developed by the Center for the Study and Teaching of At-Risk Students (C-STARS).

Under the C-STARS model, there is an interprofessional case management team comprised of, at minimum, a case manager, social worker, and health service professional. Any other service providers from the school or other agencies should be encouraged to provide a team member. This team carries out seven functions: 1) assessment of clients' needs; 2) developing a service plan with short- and long-term goals; 3) linking families to services not provided at the school and helping them accept them; 4) service implementation and coordination in which the various service providers working with a family are communicating regularly; 5) advocating for families within the school services or with the outside bureaucracies; 6) monitoring and evaluating families' progress and needs; and 7) mentoring, having one team member designated as the person to whom a family primarily turns (Smith, 1995, p. 3).

There are three structural components of the C-STARS model. First is the interprofessional case management team that was just discussed. The team includes the case manager, who has other functions as well and is considered a
second component of this model. The case manager is responsible for identifying at-risk students, referring them to the team, ensuring that information is collected for the purposes of referral, assessment, and evaluation, facilitating regular team meetings, coordinating and monitoring the service plans of each student or family, advocating for the families when necessary, and sustaining contact with families involved in the case management process (Smith, 1995, p. 5). The third component of the C-STARS model is the comprehensive service network. This is a network of service providers who agree to provide services to students and their families when members of the case management team lack the expertise to meet their needs (Smith, 1995, p. 5).

This type of case management system would meet the expectations of the State, and would provide higher quality services to the school's neediest families.

7. Hire a professional social worker (MSW position) as the coordinator/case manager of Healthy Start. The training that master's level social workers receive qualify them for administering human service programs, community organizing, and performing case management services. The classroom education and over 1000 hours of practical experience with clients that master of social work students must complete before graduating enable them to carry out the seven case management functions previously described.

8. Do community outreach. In order to increase the
number of families who use Healthy Start services, school and Healthy Start personnel should do much more outreach in the community. The suggestions given by participants in this study should be followed, such as advertising services on the radio, newspapers, and in stores. Brochures that further explain Healthy Start and its services should be distributed through a variety of means. Community events, with a celebratory atmosphere, should be held at least twice a year. Efforts should be made to encourage people of all cultures to participate in the school and Healthy Start.

It is the researcher's hope that the above recommendations will be followed. By implementing these recommendations, it is likely that this Healthy Start program will experience improvements in the working relationships among people, the effectiveness of the collaborating body, and the benefits to the community it serves.

**Implications for Social Work Practice**

School-based and school-linked service programs such as Healthy Start have been increasing over the last decade. Unfortunately, social workers often have been left out of the process. Master's level social workers, having been trained in direct practice (working with individuals and families) and macro practice (working with larger systems that affect individuals and families), are uniquely qualified to undertake various roles in these school-based and school-linked interagency collaboratives. To be hired
in California schools, a state which traditionally has not hired school social workers, a social worker should receive his/her license (LCSW) and may be asked by the hiring school district to earn a school counseling certificate (PPS). Meeting these specifications requires years of education; hopefully the hiring school districts would recognize such hard work with appropriate pay.

In the first decades of this century, social workers in settlement houses were one of the first groups of people to connect schools with social services and attempt to turn schools into community-based social centers for children and their families (Tyack, 1992, pp. 22-23). Social workers again should be at the forefront of the new school-based and school-linked interagency collaboratives. If carefully established to where all members of it feel ownership of the program, such collaboratives like Healthy Start truly can contribute to improving the lives of children and their families. After all, children deserve a healthy start in life!
APPENDIX A -- INFORMED CONSENT

The purpose of this study for which your involvement is being requested is to evaluate Victoria Elementary School's Healthy Start Collaborative to determine which areas have been successful and which need improvement. The ultimate goal is to utilize such information to implement a plan of action for the betterment of the program. The study is being conducted by Debra Herschberg Holder, a Master of Social Work student at California State University, San Bernardino, under the supervision of Dr. Teresa Morris.

Your participation in this study will include an individual interview, lasting approximately one hour, to discuss the issues about Victoria's Healthy Start Collaborative that are most relevant to you. Ideas from other participants will be shared with you just as your perceptions will be shared with them. After all participants have been individually interviewed, all will be asked to join together for a meeting to discuss areas of agreement and disagreement, as well as to formulate an action plan for improving Victoria's Healthy Start Collaborative. Ideally, when the research project officially ends, you and your fellow participants will continue working cooperatively toward the improvement of the program.

Since this research project is designed for participants to understand each other's perspectives on how to improve Victoria's Healthy Start, please be advised that
the ideas you share will be shared with other participants in this study. However, before telling your opinions to others the researcher will ask you to verify that her understanding of your statements is accurate.

Participation in this research study is completely voluntary and you have the right to withdraw from the process at any time. Withdrawal from the study will result in the omission of the information you disclosed to other participants and in the final report. A copy of the final report of the study will be available at the Department of Social Work at California State University, San Bernardino.

This research project has been approved by the Human Subjects Committee of the Department of Social Work at California State University, San Bernardino. If you have any questions or concerns regarding any phase of the study, please feel free to call Debra Holder or Dr. Morris at (909) 880-5501.

I have been informed of and understand the purpose and process of this study. My signature below indicates that I freely consent to participate in this research project.

Participant’s Signature

Date
APPENDIX B -- PROPOSED INTERVIEW QUESTIONS

1. What aspects of this school's Healthy Start are working best, regarding the issues of a) how the program is administered, b) the collaborative efforts between the involved parties, and c) the specific services provided?

2. What aspects of this school's Healthy Start are not working effectively, regarding the issues of a) how the program is administered, b) the collaborative efforts between the involved parties, and c) the specific services provided?

3. How can all participants involved with this school's Healthy Start interact as a true collaborative?

4. What should be done for the overall improvement of this school's Healthy Start?
REFERENCES


