

Youth, Parent, Family and Community Involvement

A child's circumstances...[are], almost always, a function of his or her parents' knowledge, situation, health, resources and relationships.... Kids do well when their families do well, and kids get hurt when their families are hurting.

— *Douglas W. Nelson, 2001*



Parent and family involvement increases student achievement and success.... Therefore, the establishment of standards to guide parent involvement programs and evaluate their quality and effectiveness is crucial.

—*National PTA Standards for Parent/Family Involvement Programs, 1998*

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DEFINITION

By the term *involvement*, we mean a partnership between school personnel and:

- the youth who attend our schools,
- the parents who are their primary educators and advocates,
- the broader families who nurture them, and
- the leaders of the communities in which they grow up

in designing, developing and monitoring coordinated school health programs.

Involvement can occur through a variety of means, including (but not limited to) membership on advisory committees and organizations, participation in specific problem-solving and program design tasks, shared activities and classes, classroom presentations, and focus groups, depending on the needs and strengths of individual schools and communities. While the format for involvement is flexible, its content should reflect the guidelines and principles outlined below.

RATIONALE

Youth do not come to us as isolated entities or blank slates. When children first begin kindergarten, they are already “graduates” of the most remarkable learning program they will ever experience: their development from helpless infants into fully functional and verbal citizens of the world. It is their parents, families and communities who, as their primary teachers, have guided this development and provided the learning environment in which it unfolds. Parents, families, communities, and youth themselves are thus natural partners with teachers in the formal education of children in health as well as other academic areas.

A wealth of research supports the effectiveness of youth, parent, family and community involvement in improving both student achievement and program quality (e.g., Ryan, et al., 1994; McDonald, et al., 1997). More recent research supports the importance of parent involvement, in particular, in shaping children’s health-related behaviors (cf. Miller, 1998; Kumpfer, 1999; Welk, 1999; Blake, et al., 2001). It is evident that in the long term, the influences of family and community on children’s health are stronger than those of the schools, and that if schools wish to make major impacts on health behaviors they must work in alliance with the students, their families, and the communities that surround them.

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GUIDELINES:

1. Involve youth in the design, development, delivery, and assessment of the Coordinated School Health Program in their school.
2. Involve parents in designing, developing, delivering and assessing Coordinated School Health Programs for their children.
3. Seek support from other family members for the Coordinated School Health Program, and invite them to participate in program activities.
4. Enlist agencies, service entities, local businesses and residents of the community in supporting the Coordinated School Health Program and aligning related non-school services with those provided by the school.

GUIDELINE 1: Involve youth in the design, development, delivery, and assessment of the Coordinated School Health Program in their school.

RATIONALE

The inclusion of youth as partners in their own education is a relatively new concept, but one gaining in popularity. It rests on the rationale that education is most meaningful when it arises out of the experiences and questions of the student's immediate life, and that youth (like adults) are most engaged in learning when their own questions are being answered. Under this premise, youth are the real "experts" on what should be included in the health education curriculum, and when and how it should best be addressed.

The involvement of youth as teachers and/or mentors for younger children provides another venue for the involvement of youth in coordinated school health programs. On the theory that one of the best means of learning a subject is to teach it to someone else, youth mentorship offers the mentors themselves a new perspective on the health curriculum, as well as providing role models and semi-peer companionship for those being mentored. Youth can perhaps identify more easily with younger students than can adults, and their voices may carry more weight with the young than adult voices.

For schoolteachers and administrators, involving youth leads to greater investment by youth into the learning process, resulting in better performance and fewer behavior problems in the health program. Involvement also offers the following benefits to youth themselves:

- Opportunities to have their own questions answered and their own interests and concerns included in the health education curriculum;

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- Opportunities to develop leadership skills, critical thinking faculties, and in-depth understanding of different views and practices;
- Opportunity to have a voice in policy decisions that affect them;
- A sense of ownership of—resulting in a deeper investment in—the learning process.

Youth must be integral partners because only they have the knowledge and critical perspective of being young in today's world. Youth have powerful voices; they will grab the attention of others, and can often persuade when adults cannot. Youth involvement benefits youth in many ways. It helps strengthen their abilities--e.g. to demonstrate the knowledge and skills they are achieving through Maine's Learning Results--and helps them to gain an appreciation of their responsibility to their community. Involving students in decision-making and leadership roles within their schools also contributes to the schools and the community.

INDICATORS:

- A. School staff actively solicit students' opinions on health-related curriculum and policies through surveys, student meetings, and/or class presentations, and make sure student input is recorded and used in the processes of curriculum development, delivery and assessment.
- B. Staff institute a system through which students can register their opinions, concerns and other input on health issues on a routine basis, with the assurance that they will be taken seriously.
- C. Staff develop a means through which students can ask sensitive health-related questions anonymously and be assured of sound and confidential advice.
- D. Students serve on coordinated health program councils and committees in sufficient numbers to maintain a balance in numbers between student and other membership.
- E. Youth have opportunities to serve as mentors to younger children and as peer educators within their own age groups through class projects, after-school programs, or other institutionalized forums.
- F. Staff communicate an attitude of respect for youth within the school, and perceive youth as full and equal partners with staff, parents, families and community in making the coordinated school health program a success.

GUIDELINE 2: Involve parents in designing, developing, delivering and assessing Coordinated School Health Programs for their children.

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RATIONALE

Parents are their children's primary educators. Typically parents provide the bulk of the critical "curriculum" of infancy and early childhood, which forms the foundation for all formal education. They also are their children's strongest and most constant advocates as they progress through the educational system, and especially in the areas of health education and practice they generally have more influence over their children than any other entity. As the true experts on their children as individuals and the environment in which they grow up, parents have a great deal to offer educators and schools through partnership involvement in educational programs of all kinds.

For schools and administrators, involving parents has been shown conclusively to improve student performance (Ryan, et al., 1994), and also potentially provides additional volunteer personnel to the school site. Involvement also offers the following benefits to parents themselves:

- A deeper understanding of the health education curriculum and the school's expectations of their children;
- A voice in determining when and how health concepts—particularly those that are sensitive—are introduced to their children;
- A forum for personal growth and the development of skills and knowledge in parenting, leadership, and healthy life practices.

INDICATORS:

- A. The school has established a system of frequent, clear, two-way communication between parents and staff through notes, newsletters, meetings, e-mail, and other means, in addition to report cards and student assignments, and provides translations and/or bilingual communications if needed.
- B. School/home communication is routinely used for positive as well as negative reasons—that is, that parents are informed when their child succeeds or excels in a task, as well as when the child has a problem.
- C. Visiting the school is an easy and pleasant process, and both staff and parents feel that parents are welcome in the school at all times.
- D. School staff actively solicit parents' opinions on all components of the coordinated school health program, and parent input is routinely recorded and used in the processes of curriculum development, delivery and assessment.
- E. The school has instituted a system through which parents can register their opinions, concerns and other input on a routine basis with the assurance that they will be taken seriously.
- F. Staff receive in-service training on how to work collaboratively with parents.

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- G. School administration communicates to both staff and parents a philosophy of respect for parents' expertise with regard to their children.

GUIDELINE 3: Seek support from other family members for the Coordinated School Health Program, and invite them to participate in program activities.

RATIONALE

Families provide the primary cultural, linguistic, social, and economic learning environment for the child. For all children, entering school requires a degree of adaptation to the “culture of the school”—its system of traditions, expectations, hierarchies and practices which may differ markedly from the culture of the home; this, of course, is especially true for children and youth of different cultural backgrounds from the American mainstream. Children are quick to perceive differences in the messages they receive from home and school. Connecting the school with the family provides a means of aligning these powerful influences in children's lives and thus magnifying their shared influence.

For schools and administrators, involving families magnifies the success of the Coordinated School Health Program by reinforcing school-introduced concepts in the home, and also provides a source of new and more culturally relevant concepts and activities for the curriculum. For families, involvement offers the following benefits:

- Opportunities to introduce their own cultural or personal variants (such as traditional foods, games and social practices) into the curriculum;
- Opportunities to learn new health concepts and practices from staff and other families;
- Opportunities to engage in healthy activities with all family members.

INDICATORS:

- A. The school routinely invites all family members to school events, and ensures that there are age-appropriate activities or supports (e.g., child care, handicap-accessible facilities) available for their use.

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- B. The school invites family members to share their particular talents, expertise, cultural traditions, etc. within the school community through class presentations, participation in curriculum committees, special events and other venues.
- C. The school includes a “family center” which serves as a home base for parents and other family members when they come to the school, and allows parents and family members to furnish and arrange the center as they please.

GUIDELINE 4: Enlist agencies, service entities, local businesses and residents of the community in supporting the Coordinated School Health Program and aligning related non-school services with those provided by the school.

RATIONALE

Youth, parents, families and schools all exist within the context of the larger community, which offers all of these entities a wealth of resources and influences, both positive and negative. Schools can serve as forums for the positive alignment of community and school resources to best meet the needs of children, parents, families, and other residents.

Community involvement in the Coordinated School Health Program maximizes the health-related and other resources available to the school, and ensures that the health education curriculum will be reinforced at the community level. It also offers the following benefits for community entities:

- Opportunities to share information and recruit support for related community services and projects;
- Opportunities to align school and community resources to provide a more efficient and effective continuum of services and initiatives for families and youth.

INDICATORS:

- A. School staff or council members have participated in mapping community resources to identify strengths and gaps in the areas of health, sports, before- and after-school programs for children, and other school health-related services.
- B. School staff have identified and met with target service providers and other community organizations to align school and non-school resources for children and families.

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- C. Service providers, organizational leaders, and other community members serve on key advisory and working groups concerned with coordinating school health programs.
- D. The school offers space and/or resources to community groups or programs offering healthy activities or services for children, youth and families.

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STATE CONTACTS AND RESOURCES

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NATIONAL RESOURCES:

Activism 2000 Project National Clearinghouse—ideas to promote youth involvement:
www.youthactivism.com

Association for Supervision and Curriculum Development: www.ascd.org

- Making Parent Involvement Meaningful
- Why Some Parents Don't Come to School

Center for Community Inclusion—at the University of Maine in Orono, assists in community involvement efforts: www.ume.maine.edu/ci/

Community Resource Guide for Maine's Washington and Hancock Counties:
www.whacap.org

Community Toolbox—an on-line community health development and organizing manual: ctb.lsi.ukans.edu/tools/tools.htm

ERIC Digest Reports: www.ed.gov/databases/ERIC_Digests/index

- Teacher-Parent Partnerships
- Parent, Family and Community Involvement in the Middle Grades
- On-Line Resources for Parent/Family Involvement

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Family Support America—resources for working with families:
www.familysupportamerica.org

Keep Schools Safe—ideas for students, parents and communities on preventing violence and substance abuse: www.keepschoolssafe.org

Knowledge Loom—guidelines for establishing effective involvement programs:
www.knowledgeloom.org/sfcp/index.shtml

- School, Family and Community Partnerships

Maine Mentoring Partnership: www.mainementoring.org

National Clearinghouse on Families and Youth: www.ncfy.com

National Education Development Laboratories: www.sedl.org/pubs/

- *Family and Community Involvement: Reaching Out to Diverse Populations*
- *Building Support for Better Schools: Seven Steps to Engaging Hard-to-Reach Communities*

National Parent-Teacher Association—ideas and standards for parent involvement:
www.pta.org Maine PTA: www.mainepta.org

Partnership for Family Involvement in Education: www.pfie.ed.gov

PTO Today—non-PTA-affiliated parent-teacher organizations: www.ptotoday.com

Search Institute—core concepts in using an assets approach and partnering with youth:
www.search-institute.org

US Department of Education:

eric-eb.tc.columbia.edu/families/strong/index.html#sfhomepage

- Strong Families, Strong Schools: Building Community Partnerships for Learning

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