

## Effective Partnerships in School Reform: Lessons Learned From the Midwest Child-Parent Center Expansion

Momoko Hayakawa, Michelle M. Englund, Allyson Candee, Erin Lease, Molly Sullivan, Mallory Warner-Richter & Arthur J. Reynolds

To cite this article: Momoko Hayakawa, Michelle M. Englund, Allyson Candee, Erin Lease, Molly Sullivan, Mallory Warner-Richter & Arthur J. Reynolds (2015) Effective Partnerships in School Reform: Lessons Learned From the Midwest Child-Parent Center Expansion, Journal of Education for Students Placed at Risk (JESPAR), 20:4, 263-280, DOI: [10.1080/10824669.2015.1072469](https://doi.org/10.1080/10824669.2015.1072469)

To link to this article: <http://dx.doi.org/10.1080/10824669.2015.1072469>



Published online: 14 Dec 2015.



Submit your article to this journal [↗](#)



Article views: 79



View related articles [↗](#)



View Crossmark data [↗](#)

## Effective Partnerships in School Reform: Lessons Learned From the Midwest Child-Parent Center Expansion

Momoko Hayakawa, Michelle M. Englund, Allyson Candee,  
Erin Lease, Molly Sullivan, Mallory Warner-Richter, and Arthur J. Reynolds  
*Humphrey School of Public Affairs and Human Capital Research Collaborative,  
University of Minnesota*

The Midwest Expansion of the Child-Parent Center Education Program (MCPC) is a pre-K to 3rd grade intervention program aimed at improving economically disadvantaged children's school success by enhancing continuity in instruction and increasing parental involvement. Opened in Chicago in the 1960s, this school reform model has undergone significant changes and is currently being expanded in five demographically heterogeneous school districts in Illinois and Minnesota. This article describes the collaborative process that has contributed to effective implementation of the expansion project within at-risk communities. Three themes of collaboration are emphasized: (a) improving the quality of data, (b) establishing and maintaining implementation fidelity, and (c) using research to inform practice. We discuss lessons learned from our partnerships with a number of collaborators including those involved with implementing the pre-K program, researching and evaluating the project, and providing professional development to teachers. Consideration is given to advancing the field of implementation science by successfully initiating and enhancing exemplary partnerships in comprehensive school reforms through effective research design.

The Midwest Expansion of the Child-Parent Center Education Program (MCPC) is a targeted school-reform effort implemented across two Midwestern states beginning in the fall of 2012. The pre-K to third-grade program aims to improve low-income children's school success, in part through enhancing parental involvement in their children's education. As a highly innovative and targeted approach to school reform, the MCPC program provides a menu-based system of education and family support services from preschool through third grade for at-risk children in economically disadvantaged neighborhoods. The overarching goal of the program is to promote school readiness and early school achievement that, in turn, will enhance longer term effects on achievement, graduation, and career success. Within this overarching goal are five key objectives (see Table 1). These key objectives necessitate a comprehensive approach and collaboration with various stakeholders.

In response to poor attendance, low achievement, and parent disengagement with schools, the program was originally implemented in 1967 in the highest poverty Chicago public schools.

---

Correspondence should be addressed to Momoko Hayakawa, Humphrey School of Public Affairs and Human Capital Research Collaborative, University of Minnesota, 301 19th Avenue South, Minneapolis, MN 55455. E-mail: hayak006@umn.edu

Color versions of one or more figures in this article can be found online at [www.tandfonline.com/hjssp](http://www.tandfonline.com/hjssp).

The original program provided comprehensive education and family support services from pre-school through third grade (PK–3) through the use of Title I funds. In 2012–2013, the first year of implementation of the MCPC expansion project, approximately 2,500 3- and 4-year-olds across 26 preschool sites in five communities across Illinois and Minnesota were enrolled in the program. Newly implemented sites include Academy for Urban School Leadership (AUSL) turnaround schools. These turnaround schools were identified by the Chicago Public Schools Board of Education as “chronically failing” schools (AUSL, 2015).

MCPC was implemented in high-risk school communities to enhance the well-being of not only the children and their families, but of the entire school–family–community partnership. Given that one half of the third-grade achievement gap associated with socioeconomic status is present upon kindergarten entry (Barton & Coley, 2009), the MCPC targeted schools in economically disadvantaged communities. Furthermore, comprehensive early-childhood interventions that provide continuing services in the elementary grades have been identified as one of the most cost-effective approaches for closing this gap (Reynolds, Temple, Ou, Arteaga, & White, 2011). An important component of the MCPC is the continuity of services across pre-K to third grade. Implementing an innovative, transformative intervention program in at-risk communities requires connecting and collaborating with numerous groups to ensure both top-down and bottom-up ongoing support. As Yakimowski (2015) noted in discussing characteristics that lead to a successful partnership, sustaining these long-term partnerships requires sustained feelings of mutual benefit by all partners. Thus, equal partnership is critical in developing a long-lasting mutual partnership. Furthermore, these collaborations are an integral component of not only the success of the intervention program, but also its fidelity and sustainability in the community. Other researchers (e.g. Bryan, 2005) have also argued that these school–family–community partnerships have the potential to increase students’ chances of success by removing stressors and barriers, particularly for at-risk children, through providing a positive environment that is collaborative in nature. We describe the processes involved in the dynamic collaboration between the management team and implementation, research, and professional development partners.

## THE CHILD-PARENT CENTERS

The MCPC has six core elements that are required to be implemented by each site in the expansion project. These elements are: (a) effective learning experiences, (b) aligned

TABLE 1  
Child-Parent Center Objectives

Objective 1	Promote readiness for kindergarten in language and literacy, math, science, and socioemotional learning.
Objective 2	Increase proficiency and excellence in early school achievement, including reading, math, and science.
Objective 3	Enhance social adjustment and psychological development in the early grades, including socioemotional learning, school commitment, and self-control.
Objective 4	Increase parent involvement and engagement in children’s education throughout early childhood.
Objective 5	Enhance educational attainment, career opportunities, and personal development for parents and family members.

curriculum, (c) parent involvement and engagement, (d) a collaborative leadership team, (e) continuity and stability, and (f) a professional development system (see Table 2). There is flexibility, however, within the implementation of each component to achieve all of the goals and objectives. To encourage culturally responsive adaptations of the MCPC program, based on the needs of each center's families, each center follows a menu-based approach of guidelines based on the six elements. The flexibility of the program is what allows cooperation and collaboration to succeed in implementation of the program with high fidelity.

The organization of the program is outlined in Figure 1. Each site is managed by a head teacher (HT) and includes a parent resource room directed by the parent resource teacher (PRT), outreach activities organized by the school–community representative (SCR), and health services coordinated with the elementary school. Liaisons from the elementary school work with the HT and PRT to provide alignment of curriculum and parent involvement activities from preschool through third grade. The HT works under the leadership of the principal of the affiliated elementary school (Human Capital Research Collaborative [HCRC], 2014).

The kindergarten and school-age component of the MCPC in the elementary school provides reduced class sizes, teacher aides for each class, continued parent involvement activities, and enriched classroom environments for strengthening language and literacy, math, science, and socioemotional skills. Key elements of curriculum alignment and performance monitoring are integrated within a professional development system (HCRC, 2014).

With a 5-year Investing in Innovation (i3) grant from the United States Department of Education (USDE), implementation of the MCPC Expansion project began in the fall of 2012 in 24 preschool sites and two childcare centers across five school districts in Illinois and Minnesota. Across all program sites in the preschool year, 2,345 children were enrolled. Including children who enroll over the course of the 5-year period of implementation, over 5,000 children are expected to be served.

TABLE 2  
Child-Parent Center Elements

Element 1	Effective learning experiences, pre-K – 3rd grade: Ensure mastery in language and literacy, math, science, and socioemotional development throughout early childhood.
Element 2	Aligned curriculum: Organize a sequence of evidence-based curricula and instructional practices that address multiple domains of child development within a balanced, activity-based approach.
Element 3	Parent involvement and engagement: Comprehensive services led by the parent resource teachers and school-community representatives that include multifaceted activities and opportunities to engage families.
Element 4	Collaborative leadership team: A leadership team run by the head teacher in collaboration with the principal.
Element 5	Continuity and stability: Pre-kindergarten to school-age continuity through co-located or close-by centers that incorporates comprehensive services delivery and stability for children and families.
Element 6	Professional development system: Integrate online professional development and onsite follow-up support for classroom and program applications.

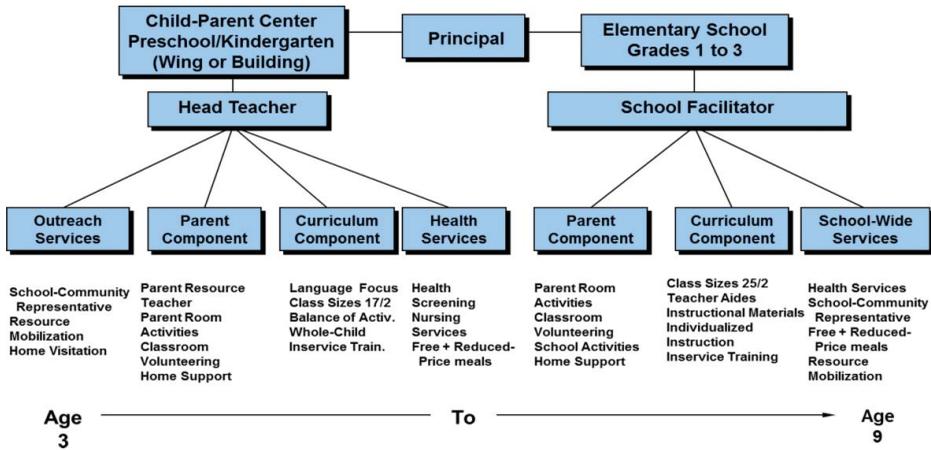


FIGURE 1 Organization of the Child-Parent Center Program.

Throughout the course of implementing the program in year 1, consistent feedback was received from all stakeholders, including implementation partners, schools, and families. Quarterly meetings were held with stakeholders, biweekly or monthly calls were made with all partners and districts, and biweekly e-mails were sent to all CPC schools. Furthermore, the MCPC implementation team was in constant direct communication with individual sites as needed. Additionally, a monthly visit to each CPC school was made by a member of the implementation team. The feedback provided through these communication efforts allowed the project to overcome barriers to implementation by adapting the program in a timely manner to fit the unique needs of each school and community. Implementation of the program with fidelity required a delicate balance of cooperating and collaborating among different levels of stakeholders.

**PARTNERS IN IMPLEMENTING THE MIDWEST CPC EXPANSION PROJECT**

Implementation and research of the MCPC requires a complex system of many collaborating partner organizations. As Sanders (2001) noted in a discussion about school–family–community partnerships, two crucial elements for collaborating partners to realize their goals for school improvement are the design and implementation of the collaboration. In light of this recommendation, the roles and responsibilities of the project partners were carefully delineated, and are identified here. Furthermore, our work supports findings from other researchers (e.g. Penuel, Allen, Coburn, & Farrell, 2015, p. 182), demonstrating that the researcher–practitioner partnership is most successful when the relationship is viewed as “joint work” that requires “mutual engagement,” as opposed to a framework that describes partnership work simply as the translation of research to practice. The MCPC program, through its variety of equitable partnerships, has not only successfully implemented an intervention program that can be sustained, but also has successfully established school–family–community partnerships that can be maintained for many years.

## HCRC: Management Team

The HCRC is the federal grantee of the i3 research grant and is the lead organization of our project (HCRC, 2014). The HCRC established the configuration of the program and the partners, coordinates all aspects of the project including implementation of the MCPC program, assesses the fidelity of program implementation, and provides technical assistance.

## SCHOOL DISTRICTS AND SCHOOLS: IMPLEMENTATION PARTNERS

The HCRC has worked closely with the Chicago Public Schools, Chicago, Illinois; St. Paul Public Schools, St. Paul, Minnesota; Evanston/Skokie District 65, Evanston, Illinois (Evanston); Unit 5, Normal, Illinois (Unit 5); and Virginia Public Schools/Arrowhead Head Start, Virginia, MN (Virginia) prior to and during the implementation of the program. The school districts and schools hire and train staff members, recruit and interact with students and families, implement the model within the schools and classrooms, adapt the model as necessary to fit the unique nature of each school community, report back to and provide administrative data to the HCRC, and are the recipients of professional development.

### School Leadership Teams: Implementation Partners

Within the MCPC school reform model, principals hire and supervise the collaborative leadership teams (HT, PRT, SCR) and classrooms (teachers, teaching assistants), and allocate space (parent resource room) to ensure faithful implementation of the model. As other implementation scientists have noted, principal support is critical to the success of a collaborative team (Sanders, 2003). In some instances, the MCPC was a considerable change from typical school operation. Thus, it is crucial that principals demonstrate their support of the MCPC model. For example, one way in which principals demonstrate support is through allocation of discretionary funding to sustain the collaborative leadership roles beyond the i3 grant funding period. Furthermore, principals collaborate with the HCRC management team to host monthly technical support meetings, organize site visits, design student attendance incentives, and implement other program modifications.

Collaborative leadership teams support the daily operation of the MCPC model at each school site. This includes scheduling and facilitating parent workshops, teacher professional development, data collection, recruitment and enrollment, increasing student attendance, and completion of MCPC-related planning documents (e.g., curriculum plan, parent involvement plan). These teams collaborate with the HCRC management team via technical assistance calls, e-mail, and monthly meetings. Collaborative leadership teams in partnership with HCRC solve attendance and continuity issues, conduct community asset mapping, and develop a parent-involvement program on a site-by-site basis.

### SRI International: Research Partner

The i3 grant requires grantees to be independently evaluated for implementation fidelity and to have an impartial organization perform impact analyses. SRI International, a non-profit research organization with experience evaluating early childhood interventions in the Midwest, evaluates the fidelity of implementation of the program and conducts impact analyses. SRI develops and executes the evaluation plan according to federal guidelines, collects direct child assessments, develops and administers surveys (teacher, principal, and parent), and manages subcontracts with field data collectors. The HCRC team collaborates with SRI and aligns their respective research interests with each other through biweekly phone updates on current and important implementation issues at each site.

### Erikson Institute: Professional Development Partner

The Erikson Institute, Chicago, Illinois, partners with the HCRC to provide systems-level professional development. Erikson Institute develops and facilitates grade-appropriate, multiyear professional development modules; provides in-school observation and coaching; facilitates annual preservice institutes; and provides implementation fidelity data to HCRC. These two organizations collaborate to align their institutional research goals to better understand effective teaching strategies for populations at risk.

### Center for the Study of Education Policy at Illinois State University: Sustainability Partner

The Center for the Study of Education Policy, Illinois State University (ISU), partners with the HCRC as the sustainability and dissemination partner. The Center facilitates sustainability workshops, provides assistance to the vision and mission committee in Unit 5, develops district implementation case studies, provides attendance incentive funding in Unit 5, and facilitates collaborative partnerships between schools and organizations in Illinois. To create a foundation for education policies that effectively support populations at risk, HCRC and ISU align their research interests.

### USDE Office of Innovation: Funding Partner

The USDE Office of Innovation is the federal funding partner. This office issues federal funding to the HCRC through the i3 grant program, provides oversight for compliance to federal funding requirements, and oversees technical-assistance efforts for i3 grantees, including the HCRC. The USDE seeks new strategies to include in their *What Works Clearinghouse*, and to that end collaborates with HCRC and SRI to ensure that research and evaluation of the MCPC meets *What Works Clearinghouse* standards (US Department of Education, 2013).

### Private-Sector Funders: Funding Partners

The i3 grant requires matching funds from private funders. The HCRC has over 20 private funders that provide matching funds for MCPC program. Funding organization representatives attend steering-committee meetings, provide feedback on MCPC materials (when requested), and communicate community needs and goals. Funders providing matching grants to the MCPC project are interested in finding cost-effective solutions for a variety of community needs, including high-quality early childhood education for families at risk. These private funders collaborate with HCRC to ensure local tailoring of project materials and dissemination strategies for MCPC findings.

### Other Stakeholder Groups: Community Partners

In addition to the aforementioned partners that collaborate on a more extensive basis, we also have additional stakeholder groups that partner with the HCRC (e.g., Illinois Action for Children). These groups advocate for the needs of specific communities and involve the HCRC in school-specific initiatives. Quarterly steering-committee meetings involve participation from private sector and community partners, and a panel discussion is held to have their voices and interests heard by SRI, Erikson Institute, ISU, and HCRC researchers. Participating funders at the steering-committee meeting explain the type of research results they are most interested in viewing to continue financial support of the MCPC and set the framework for a data analysis plan for SRI and HCRC researchers.

Although the HCRC collaborates to some extent with all of the partners identified, this article focuses on specific partners. The partnerships we emphasize in the following are collaborations between the HCRC and school districts and schools (implementation partners), SRI International (research partners), and Erikson Institute (professional development partners).

## THEMES OF COLLABORATION

In this article, we examine three major themes focused on the implementation of the MCPC program with high fidelity while collaborating with multiple partners. We sought to understand:

1. How can we collaborate with partners to improve the quality of data?
2. How can we maintain implementation quality while balancing the needs of partnering organizations and stakeholders?
3. How can we effectively use research to inform practice and create an effective bi-directional communication pathway among the research institutions, schools, and communities?

### Collaborating to Improve the Quality of the Data

For the research portion of the project, a quasi-experimental longitudinal design was utilized. The management team, research partners, and implementation partners have communicated in an effort to improve the quality of data collected since the initial planning of the evaluation

began. These collaborations have been in the areas of school selection, translating materials, and decreasing bias.

*School selection.* The HCRC, school districts, and SRI worked together to identify schools to be included in the i3 project. Intervention schools were identified through a cooperative decision-making process among the schools, school districts, and HCRC. Once all of the intervention schools were identified and agreements were secured, SRI, the independent evaluator for the i3 grant, employed propensity-score matching at the school level to select matched comparison schools. Comparison schools were chosen based on a set of school demographic variables and third-grade achievement scores. Districts assisted in providing inclusion and exclusion criteria for school selection of matched comparison schools. In larger districts, the propensity score matching identified multiple schools that were matched on the chosen variables, and the districts provided feedback that allowed the selection of schools that were better matches to the intervention schools because of otherwise unknown aspects of geographic location or leadership. In other cases, schools were excluded due to information from the school district that another large-scale evaluation was already being conducted onsite. In many cases, the district administration assisted SRI in contacting schools to participate as a comparison site, and throughout the evaluation, continued to provide support in communicating evaluation expectations, timelines, and deadlines. Furthermore, the impact analyses use pre- and posttest direct assessments, teacher checklists, survey data, implementation fidelity data, and administrative data that have been shared by the school districts.

SRI and HCRC worked closely together to coordinate communication with schools, develop survey instruments to match prior research-collection tools, and collect implementation data. Biweekly phone calls were held between HCRC and SRI. Data were collected across preschool through third grade from children, parents, teachers, principals, and school districts. Survey questions were developed collaboratively between SRI and the HCRC researchers. Researchers from SRI and HCRC developed or shared items from validated surveys that preexisted, for a construct that was to be measured for the MCPC impact evaluation. Then, during the biweekly phone meetings, researchers worked together to remove overlapping items and to reduce responder fatigue for participants. Given the ongoing nature of the implementation of the model, the HCRC relied on the fidelity data collected to refine implementation, increase technical assistance, and provide feedback to schools. As a result, data were collected and analyzed on an ongoing basis.

*Translating materials.* Another area of cooperation that contributed to obtaining quality data involved translating materials for non-English speakers. A key aspect of the MCPC project was to deliver the program to a variety of subgroups, including English language learners. It was crucial that the evaluation plan and subsequent data did not exclude non-English speakers. Consent forms were translated by SRI in Spanish, Somali, Karen, and Hmong, and schools utilized their own onsite language resources to reach out to families and provide translation or interpretation to capture the highest response rates possible. Direct assessments of children and all surveys of families were also conducted in Spanish and English. A requirement of the CPC model was that all schools must have an SCR who was at least a half-time employee, was a member of the school community, and spoke the most represented language in the community.

Each school's SCR had an important role in reaching families whose home language was not English.

*Decreasing bias.* In addition to bias associated with potentially excluding English language learners, an active consent process with a highly mobile population can also be associated with selection and response biases. A process of collaboration and communication existed between schools, SRI, and the HCRC to increase consent rates and response rates on teacher checklist and survey data. The HCRC offered school-level incentives for response rates higher than 80% to increase efforts at the school level to reach families. SRI also provided weekly school-level updates to inform progress and goal setting, and to help target schools with lower response rates. School and district administration were included on the updates so they could reinforce the targets and provide support and resources for increasing response rates. HCRC also directly communicated with the MCPC leadership teams via recurring phone calls and face-to-face meetings to understand challenges to consenting families at each school, and to develop strategies to overcome unique barriers. For example, after a brainstorming session with HCRC staff members, SCRs and PRTS decided to hold workshops on the MCPC model in Spanish to educate parents on the significance of consenting to data collection regarding their children.

Furthermore, to address issues of family mobility, the consent form that each parent signed allowed SRI to receive enrollment location from year to year and third-grade achievement scores no matter in which school in the district the child was enrolled. SRI also was successful in working with the districts to gain access to schools where more than five students from the evaluation sample moved; this allowed SRI to administer assessments and collect data on those students who otherwise would have been dropped from the sample.

An important and reliable data source to reduce selection and response bias is school administrative records. The management team worked extensively with the research and evaluation departments of the district offices to gather appropriate administrative records. Several considerations made this data sharing challenging. A primary concern of the HCRC, school districts, and SRI was to protect the privacy of student records from any unauthorized third party. The HCRC secured Institutional Review Board approval from the University of Minnesota, and then followed each school district's policies for approval of external research requests. The approval process may take several months, and requires an understanding of legal and privacy requirements. Once approved, HCRC worked with school district data teams to ensure the data were received in a complete and accurate format. Administrative data were useful not only in assessing the impact of the MCPC program among various subgroups, but also to help determine whether there were methodological issues of selection bias.

*Summary.* These collaborations in the areas of school selection, translating materials, and reducing bias have allowed the collection of higher quality data from a larger number of participants than would have been possible otherwise. Of the 2,345 students who enrolled across implementation sites, 1,985 (85%) consented to participate in the research study. Furthermore, 1,237 students were enrolled in comparison sites; 668 (59%) had consent to participate. Three-year-olds comprised 33% of the sample at the start of preschool, and 67% were 4 years old. Demographic characteristics of the intervention and comparison SRI sample are presented in Table 3. Of particular importance is that 68% of the MCPC children and 69% of the

comparison children received free lunch according to parent report. The majority of the participants in the study, both intervention and comparison, were low-income, and, therefore, at higher risk of low educational attainment. These numbers are likely underestimates as many parents may have been unaware of their child's free-lunch eligibility, particularly when students were enrolled in half-day programming.

### Collaborating to Maintain Implementation Quality

Even the most well intentioned programs can fail to operate according to design if proper collaboration processes are not established and agreed on. Although the program requirements were developed through a top-down approach, the emphasis on collaboration in this program ensures that implementation partners, including MCPC staff members, and the management team worked together to improve the efficacy of the program for individual sites. This feedback loop involved routine check-ins of the implementation partners with the management team, as well as open lines of communication so that voices were heard and barriers to fidelity of the program were addressed. The process used to cultivate and sustain partnerships between the HCRC management team and each MCPC leadership team (i.e. HT, PRT, and SCR in individual schools) included a review of materials such as the school-needs assessment and school parent-involvement plan, weekly leadership team meetings at the school level, monthly district meetings involving the HCRC, school district staff, and school staff, and quarterly updates on the parent program from the school staff to the HCRC. An emphasis was placed on communication between the management team and the implementation partners, which aided in developing strategies to address barriers to implementation and creative solutions to increase fidelity to the model, including increasing parent involvement.

TABLE 3  
Demographic Comparisons Between Child-Parent Center (CPC) and Non-CPC Comparison Schools by District

	<i>Chicago</i>		<i>Evanston (D65)</i>		<i>Normal (U5)</i>		<i>Saint Paul</i>		<i>Virginia</i>		<i>Total</i>	
	<i>CPC</i>	<i>Non-CPC</i>	<i>CPC</i>	<i>Non-CPC</i>	<i>CPC</i>	<i>Non-CPC</i>	<i>CPC</i>	<i>Non-CPC</i>	<i>CPC</i>	<i>Non-CPC</i>	<i>CPC</i>	<i>Non-CPC</i>
<i>n</i> (consented)	1,535	456	119	67	64	0	216	109	51	36	1,985	668
# schools	16	16	4	3	1	0	5	5	1	1	27	25
Male <sup>2</sup>	48	51	55	46	59	N/A	51	57	50	41	49%	51%
4 yo <sup>1</sup>	62%	60%	88%	72%	65%	N/A	93%	100%	69%	66%	67%	68%
IEP <sup>1</sup>	8%	6%	15%	9%	36%	N/A	14%	10%	N/A	N/A	10%	7%
Black <sup>2</sup>	58%	56%	55%	33%	3%	N/A	37%	28%	25%	11%	53%	47%
Hispanic <sup>2</sup>	36%	37%	27%	16%	10%	N/A	8%	13%	0%	3%	31%	29%
Asian <sup>2</sup>	1%	2%	5%	4%	5%	N/A	38%	26%	0%	3%	5%	6%
White <sup>2</sup>	3%	6%	13%	51%	63%	N/A	16%	21%	74%	83%	9%	17%
Free Lunch <sup>2</sup>	70%	74%	52%	33%	52%	N/A	64%	58%	64%	100%	68%	69%

Note. yo = year old; IEP = Individualized Education Plan; Free Lunch = Free and reduced-price lunch.

<sup>1</sup>Data obtained through administrative data provided by the district.

<sup>2</sup>Data provided by parents through a survey.

*Maintaining open lines of communication.* A primary method of maintaining implementation quality was providing open lines of communication between the HCRC management team and the school districts and schools as implementation partners. Monthly calls were held between the HCRC and district liaisons. Conversations between HCRC and MCPC leadership teams at each site occurred on a regularly scheduled timeline, as well as on an as-needed basis. The HCRC staff attended the district-level leadership team meetings that were convened in each district throughout the school year. The HCRC provided assistance during these calls and meetings regarding implementation of the six elements of the model, as well as providing technical assistance focused on implementation and data collection. Conversations around the elements of sustainability and staffing took place between school leadership and HCRC in all districts. Additionally, HCRC staff members and project partners recognized individual schools for their progress on improving attendance at quarterly steering-committee meetings and the distribution of monthly newsletters. HCRC was also available for one-on-one calls and meetings with MCPC staff members to review guidelines, adapt the six key elements to each school setting, and work through site-specific issues.

*Data collection that compromises program implementation.* An essential feature of implementation fidelity is the awareness of and responsiveness to district-, school-, and classroom-level implementation partners. Due to the comprehensive nature of the program, data were collected at multiple time points, across several contexts (e.g., family/home, school/classroom), from various stakeholders (e.g., HTs, SCRs, PRTs, teachers, parents, mentors), and for different types of data (e.g., parent involvement, classroom quality). The HCRC management team needs to be continually mindful of the balance between implementation fidelity and the collection of data. Teachers were expected to both implement the MCPC program with fidelity and inform the HCRC of child-level progress and benchmarks. Finding this balance could, at times, be delicate as data collection can only occur during instructional time. In a similar vein, classroom observations (both standardized assessment tools and internally created measures) are used to assess fidelity to the program and undoubtedly affect the program on a day-to-day basis as observers may affect the environments in which they watch, code, and assess.

*Reducing classroom distractions and data collection.* One emerging consensus across partners, including teachers and families, is the need for fewer, less intensive, and less intrusive assessments and surveys. A continual dialogue between HCRC and various partners placed an emphasis on *balance* between high quality, comprehensive data collection and realistic expectations of the time and resources needed to complete the assessments.

Although this responsive process may prevent the purest form of data collection, there was a consistent and conscious effort to reduce barriers to fidelity of program implementation. For example, HCRC collaborated with Erikson Institute and SRI on the inception and design of a fidelity measure of professional-development activities. The final product included a sufficient level of information of the nature, quality, and quantity of professional-development supports while ensuring its length and depth did not hinder either implementation activities or the quality of the data collected. Additionally, the frequency of data collection by various instruments has been reduced since HCRC received feedback that multiple assessments did not add value above and beyond the initial data-collection time point. Furthermore, in an effort to reduce distractions to classroom instruction, observations were done as infrequently and as quickly as possible, and

were often scheduled at teachers' convenience. The two-way communication and collaboration between HCRC and its implementation partners helped establish symmetry between promoting quality implementation while simultaneously ensuring the collection of data to ensure fidelity of implementation.

*Teacher contracts.* Teachers are indispensable in their role as program implementers, as well as data collectors. To respect their time and roles in the project, one district engaged the HCRC management team in working with teacher union officials to amend their bargaining contract. This process was beneficial as it allowed teachers to read the proposed amendment that outlined specifically what would be asked of them in terms of data collection as well as implementation activities in the coming year. Teachers could then opt to stay in their current classroom by signing the amendment, or opt to teach in another school without penalty. The contract amendment process increased teacher buy-in by allowing teachers who would rather not participate in the implementation of the MCPC program a chance to change schools before implementation began.

*Summary.* As highlighted, the HCRC management team and their implementation partners engaged in a number of collaborations to maintain implementation quality. These collaborations improved the amount and type of data collected, increased program fidelity, and increased buy-in to the program by implementation partners.

### Collaborating to Effectively Use Research to Inform Practice

Fostering the systematic uptake of evidence-based practices based on rigorous research into routine practice to improve overall efficiency and effectiveness is an inherently interdisciplinary effort. These efforts require bidirectional communication and strong relationships among schools, communities, and research entities involved in program implementation. An innovative element of the MCPC project is a recursive process that requires consistent feedback and adaptation of the program. This process requires continuous collaboration among not only partners, but also between families and school personnel.

*Using research to enhance the quality of implementation.* This recursive process, with checks and balances embedded inherently within the system to reflect the changing needs of the families and the school, is a unique structural component within the MCPC program. An example of this process within a major element—parent involvement—is displayed in Figure 2. This figure demonstrates the integration of implementation and data collection to inform the continuous improvement of the parent involvement system. A more efficient system results from the cooperation and collaboration of families and school staff members who provide information, research teams who obtain and organize the data, and stakeholders who request reports and updates of program progress. Through this process, which at the core is a feedback loop, the HCRC management team identified and successfully responded to issues that were exposed as barriers to the implementation of the program. In the following, we discuss examples of major issues that were raised by families or school staff members, and how, through collaboration and the recursive nature of the MCPC system, they were resolved.

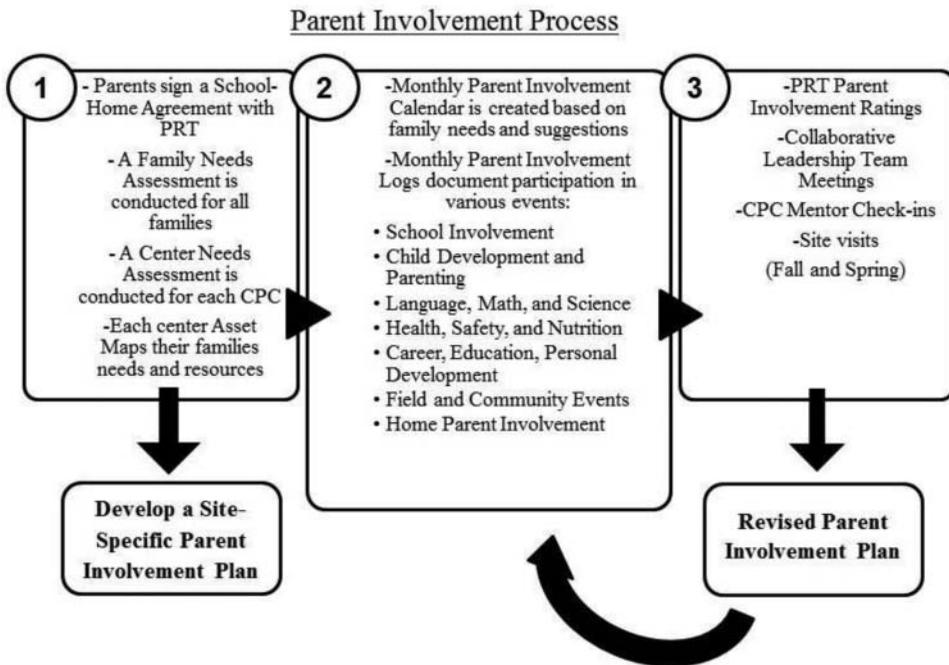


FIGURE 2 Parent involvement process.

*Full-time SCR.* The role of the SCR was to reach out and connect with the families in the community. Specifically, the SCR called families whose children are chronically absent, provided home visits to all families, reached out to community organizations to hold workshops for MCPC families, and recruited families in the community with children eligible for the program. Previous studies have documented the importance of reaching out and communicating with socioeconomically disadvantaged families. For example, Epstein and Sheldon (2002) found that the degree to which schools overcame the challenge of communicating effectively with diverse groups of families was related to gains in student attendance and declines in chronic absenteeism. Initially, the MCPC program had only part-time SCRs. However, the demand for home visits, and the value to a family of one-on-one access and contact with school–community staff members who spoke their language, were found to be critical, especially among the economically disadvantaged families that this program served. By working with school staff members, the school district, and funders, the HCRP was able to increase the SCR role to a fulltime position in many locations. This increase in time has allowed the SCRs to fully engage in their roles—making connections with organizations within the community and visiting families in their homes to support and guide parents in home involvement strategies.

*Full-day pre-K classrooms.* Similarly, many MCPC preschool classrooms were half-day at the beginning of the project. Due to overwhelming requests from families, a number of full-

day preschool classrooms were created throughout the CPC schools. As SCRs, PRTs, and HTs were recruiting families living in the neighborhood community to enroll their 3- or 4-year-old children in the program, families at particular sites raised the issues of time and convenience. Many families said that a part-time program was not conducive for a single parent working a job during the day. Factoring in drop-off and pick-up time, a part-day program simply did not meet the needs of some families. After overwhelming requests from families, certain MCPCs provided full-day preschool programs. Preliminary results from the first year of implementation indicates that full-day participation compared to part-day participation was associated with higher rates of average daily attendance (85.8% vs. 80.5%;  $p = .001$ ) and lower rates of chronic absences (53.1% vs. 71.5%;  $p = .001$ ) as well as lower rates of chronic absences defined at 20% or more days missed (21.5% vs. 38.5%;  $p < .001$ ). This increased not only enrollment and attendance, but also parent involvement. As the duration of the CPC program day increased, there were also more opportunities available for families to participate in the parent resource room or volunteer in classrooms.

*Data to inform long-term policy implications.* Data in our project is collected not only to inform and modify the successful implementation of a program, but also to draw conclusions about the impact of the program on children's development. To this extent, a multitude of data has been, and continues to be, collected through various sources. At the time of writing, we have administrative data (e.g., demographic data) on CPC families collected from all school districts, as well as standardized assessment scores on reading and math for children in pre-K and kindergarten collected from the school districts. Through collaborating with SRI, we collected direct assessments of executive functioning through the Dimensional Change Card Sort, the Work Sampling System (a measurement of cognitive, socioemotional, literacy, math, and physical development), pre-K and kindergarten parent surveys, pre-K and kindergarten annual teacher surveys, and pre-K and kindergarten principal surveys. Parent surveys included information such as parental school involvement and home involvement, parental well-being, home environment, and life events. Teacher surveys included information such as parent involvement and engagement, classroom environment, and professional development. Principal surveys were administered annually and included information on instructional practices, school leadership organization, professional development, and principal history. Furthermore, every CPC site was visited by an HCRC member, and classrooms were observed and assessed with a classroom-activities checklist. Through this tool, overall task orientation was assessed by classroom.

Not only was the work of data collection collaborative, but also the data analysis process. As i3 grant awardees, the HCRC team collected and analyzed the data to understand the mechanisms underlying the MCPC project. However, data were shared with SRI, who also is deemed by the US Department of Education as an evaluator of the project. Therefore, SRI evaluated the impact of the MCPC program compared to the demographically matched comparison schools on children's development, and the HCRC team examined mediators and moderators of the MCPC program.

*Summary.* Acknowledging the concerns raised by families and school staff members during our effort to implement the MCPC with high fidelity has been a critical element of our program's success. Because our recursive process required family and school staff

feedback, we were able to include relevant adaptations to the program that reflected the needs of the school community. Through this experience, we learned the key to a successful collaborative partnership is a structural opportunity for open dialogue, and appropriate follow-through. Other intervention programs, such as Parent Partnership for Achieving Literacy, have similarly identified the importance of a responsive, rather than prescriptive system (e.g., Colombo, 2006). Simply acknowledging various perspectives and concerns is not enough; partners must then work together to use this information to adapt the program and enhance the quality of implementation. Moreover, to this extent, collaborative data collection is critical for the success of adaptive programming. Without complete (as possible) data, researchers and partners are unable to assess the progress of the implementation, thus hindering the project from making alterations that can enhance the efficacy and financial efficiency of the program.

## DISCUSSION

This article discusses the collaboration that has been essential in implementing the Midwest Expansion of the Child-Parent Center intervention program. Through collaborative work with partners in Year 1 of the program, many lessons have been learned that will likely be of value to others who are considering implementing a program within a family-school-community partnership in diverse communities. First, the quality of data is contingent on cooperation from all partners, as well as allowance for ongoing modifications to the program within the confines of program fidelity. In the MCPC, the following were identified as factors critical to the successful acquisition of quality data: (a) school selection of appropriately matched comparison groups, (b) translating materials to languages spoken by the families being served, and (c) decreasing selection and response bias through achieving high consent rates to data collection and obtaining school administration records. Second, maintaining implementation quality is complex and it is essential that all partners maintain open lines of communication. From Year 1 implementation of the program, the following have been identified as important for maintaining quality: reducing classroom distractions and data collection to allow more time for implementation of the program with high fidelity, securing administrative data-sharing agreements, and clearly defining teacher contracts. Last, an effective method of using research to inform practice and creating bidirectional partnerships was presented. A recursive process within the MCPC system where feedback is solicited and changes are made based on the feedback given was established. Families and school staff members had multiple opportunities to voice their opinion about their needs and satisfaction with the program. Feedback was then provided to the appropriate partner and modifications to the program were made to reflect the needs of schools, families, and communities. An essential component in the successful implementation of the program lies in its menu-based system, where schools were able to make changes to the program to fit the needs of their families. Furthermore, a key to successful partnerships is providing opportunities for adaptation and continuous refinement of the program. Of ultimate importance for all aspects of the implementation of the program to be successful are communication and a spirit of collaboration among all of the partners.

## Limitations and Delimitations

*Limitations.* Data collected for the project with the assistance of SRI, school districts, Erikson Institute, parents, teachers, and principals will inform our ability to determine the impact of the MCPC program on children's academic, socioemotional, health, and economic benefits to the participants. However, because the MCPC follows a longitudinal research design, a natural limitation of the research component of our project lies in attrition and missing data. Specifically, in a longitudinal project following over 3,000 children, it is impossible to gather complete longitudinal data on a large at-risk population. However, our unique and comprehensive collaborative effort to collect data from multiple sources and administrators allows us to overcome this limitation. Despite randomly missing data, we are able to triangulate data across several sources, thus making it possible to answer our longitudinal research questions about long-term impact of the MCPC.

An inherent limitation in the collaborative nature of the project is the differential process of data collection. The MCPC is involved in five school districts across the Midwest with different internal review boards, school district agreements, assessments, expectations, and deadlines. As each school district acts autonomously in its data collection processes, we are unable to collect the same data at exactly the same point in time. Moreover, administrative data and standardized assessments vary from school district to school district. Therefore, although it is impossible for identical administrative data items to be collected across all schools, we have collected identical constructs across all districts. In collaboration with SRI, we are collecting child-level assessment data on consented children using items from the Work Sampling System (Meisels, Jablon, Marsden, Dichtelmiller, & Dorfman, 1994), Teacher-Child Rating Scale (Perkins & Hightower, 2002), Dimensional Change Card Sort (Zelazo, 2006), and three subscales of the Woodcock-Johnson III (Woodcock, McGrew, & Mather, 2007). This will allow us to not only explore implementation and outcomes within districts, but across districts as well.

*Delimitations.* The purpose of this study is to examine the implementation and impact of the MCPC across various demographic populations, while collaborating with multiple stakeholders. Thus, although findings from the MCPC may apply to other high-quality pre-K-third grade comprehensive education programs, our research specifically identifies the impact of the MCPC program on its at-risk children and families. Furthermore, our aim is to investigate the pre-K-third grade continuum of the project, and thus short-term impacts are not the focus of our project. Our comprehensive, longitudinal data on the MCPC will provide results to help inform future policy recommendations for high-quality pre-K-third grade comprehensive educational services.

## Conclusion and Lessons Learned

Although data collection is still being conducted, many valuable lessons have been learned that other researchers can incorporate in their own work. Any intervention program aimed at supporting and improving the lives of children and families—regardless of demographic differences—must welcome and value the input of all participants throughout the process. If the program is to be implemented with *sustained* high fidelity, it is critical to obtain input from

the following constituencies: (a) participants in the program (including parents); (b) administrators of the program; (c) implementers of the program, including teachers; and (d) funders of the program. Frequent, clear, multidirectional communication is imperative in such a process, so that all who are involved are able to measure progress, raise issues, and examine solutions to any barriers or challenges that may affect the intervention program.

Second, although open communication is a critical component of successful collaboration and partnership, flexibility is also an integral element to effective partnerships. Although a prescriptive program is clear to conceptualize and measure (i.e., a specific component is implemented or not), it does not allow adaptations to reflect the needs of those being served by the program, as well as those involved in implementing the program (e.g. school staff, school districts). Flexibility of the MCPC within the original guidelines has been encouraged since the beginning of the implementation of the program. The possibility for tailoring encourages buy-in from school staff members and families, and motivates partners to be invested in the implementation of the program.

An essential component of thriving partnerships lies in continued enthusiasm for a shared goal. We have learned that program buy-in, morale, and enthusiasm are equally important to the successful implementation of a program as flexibility and communication opportunities. Without interest and motivation, programs will not only not be sustainable, but fail to achieve successful implementation.

Collaboration is challenging yet critical for the successful implementation of any program. Through our experiences, we have learned that it is impossible to predict everyday hurdles that may bar the implementation of a program with high fidelity. It is only within the context of implementation that we learn and understand these hurdles and develop strategies to overcome them. We believe our success in overcoming various challenges throughout the implementation of the MCPC lies in the foundational basis of the Child-Parent Center program as an evidence-based, high-quality intervention with documented success (e.g., Reynolds, 2000; Reynolds et al., 2011). All of the MCPC partners enthusiastically worked toward the common goal of implementing the program for the success of the community. A key aspect of the continued momentum within the implementation of the program lies in the evidence that when the program is implemented well, there are significant long lasting and potentially life changing academic, socioemotional, health, and economic benefits to the participants. This promise has motivated MCPC partners to continue to collaborate, even through the most challenging circumstances.

## REFERENCES

- Academy for Urban School Leadership. (2015). Retrieved from <http://auslchicago.org/content/ausl-overview.pdf>
- Barton, P. E., & Coley, R. J. (2009). *Parsing the achievement gap II—Policy information report*. Princeton, NJ: Educational Testing Service.
- Bryan, J. (2005). Fostering educational resilience and achievement in urban schools through school–family–community partnerships. *Professional School Counseling, 8*, 219–227.
- Colombo, M. W. (2006). Building school partnerships with culturally and linguistically diverse families. *Phi Delta Kappan, 88*, 314–318. doi: 10.1177/003172170608800414
- Epstein, J. L., & Sheldon, S. B. (2002). Present and accounted for: Improving student attendance through family and community involvement. *Journal of Educational Research, 95*, 308–318. doi:10.1080/00220670209596604
- Human Capital Research Collaborative. (2014). *Midwest Child–Parent Center guidelines*. Retrieved from [http://humancapitalrc.org/midwestcpc/pdfs/CPC\\_Program\\_Guidelines\\_FINAL.pdf](http://humancapitalrc.org/midwestcpc/pdfs/CPC_Program_Guidelines_FINAL.pdf)

- Meisels, S. J., Jablon, J. R., Marsden, D. B., Dichtelmiller, M. L., & Dorfman, A. (1994). *The work sampling system*. Ann Arbor, MI: Rebus Planning.
- Penuel, W. R., Allen, A., Coburn, C. E., & Farrell, C. (2015). Conceptualizing research–practice partnerships as joint work at boundaries. *Journal of Education for Students Placed At Risk, 20*, 182–197. doi: 10.1080/10824669.2014.988334
- Perkins, P. E., & Hightower, A. D. (2002). *T-CRS 2.1: Teacher–child rating scale: Examiner’s manual*. Rochester, NY: Children’s Institute. doi: 10.1037/t05347-000
- Reynolds, A. J. (2000). *Success in early intervention: The Chicago child parent centers*. Lincoln, NE: University of Nebraska Press. doi: 10.5860/CHOICE.38-2801
- Reynolds, A. J., Temple, J. A., Ou, S., Arteaga, I. A., & White, A. B. (2011). School-based early childhood education and age-28 well-being: effects of timing, dosage, and subgroups. *Science, 15*, 360–364. doi: 10.1126/science.1203618
- Sanders, M. G. (2001). The role of “Community” in comprehensive school, family, and community partnership programs. *The Elementary School Journal, 102*, 19–34. doi:10.1086/499691
- Sanders, M. G. (2003). Community involvement in schools—From concept to practice. *Education and Urban Society, 35*, 161–180. doi:10.1177/0013124502239390
- U.S. Department of Education, Institute of Education Sciences, What Works Clearinghouse. (2013). *What Works Clearinghouse: Procedures and standards handbook (version 3.0)*. Retrieved from <http://whatworks.ed.gov>
- Woodcock, R. W., McGrew, K. S., & Mather, N. (2007). *Woodcock-Johnson III*. Rolling Meadows, IL: Riverside.
- Yakimowski, M. W. (2015). Research collaboratives with school districts: The potential for partnerships to facilitate enhanced learning by students and enlighten research stakeholders. *Journal of Education for Students Placed At Risk, 20*, 4–11. doi: 10.1080/10824669.2015.991168
- Zelazo, P. D. (2006). The Dimensional Change Card Sort (DCCS): A method of assessing executive function in children. *Nature Protocols 1*, 297–301. doi:10.1038/nprot.2006.46