SOCIAL HEALTH:
A New Model for Wrap-Around School Services

Promising Practices from Washington State

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SOCIAL HEALTH:
A New Model for Wrap-Around School Services

Schools have long partnered with local organizations to support access to essential services like food, housing, or mental and physical health. Schools can build on wrap-around school models by helping students and families intentionally cultivate community relationships, skills, and knowledge, thus putting students on a path toward long-term success.

CASE STUDY SCHOOL

The practice described in this guide is based on the experience of Lumen High School (Lumen). Lumen is located in Spokane, Washington and serves teen parents in 9th to 12th grade. The public charter school opened in September 2020. In the 2023-24 school year, 32 students were enrolled; 88% of students were low-income, 16% were homeless, and 59% were unaccompanied minors. For a detailed school profile, see appendix A.

Practice Overview

What is this Practice?

During the COVID-19 pandemic, schools provided essential services to students and their families, including food backpacks and housing grants.[1] Because they remained in operation and continued to have touch points with families, schools were uniquely positioned to provide front-line support, particularly in under-resourced communities.

Schools that facilitate resource access for students and families are commonly called wrap-around or community schools. In this guide, we present a practice we call social health, which is an extension of the wrap-around model. In a *social health* model, schools provide students and families with access to material resources in combination with one-on-one coaching. Coaching helps build relationships, skills, and knowledge that students and families can use long into the future. Through coaching, school community members expand not only their knowledge of local resources, but also their skills in navigating them. When schools move beyond just resource access, they transform their school into a health-cultivating system: They become an engine of social health.

SCHOOLS CAN PROMOTE SOCIAL HEALTH BY:

- Facilitating access to resources and services,
- Supporting students and families in building community relationships, and
- Cultivating knowledge and competencies so students can access resources and community relationships on their own.

By using all three approaches, schools improve student academic outcomes and establish a foundation for long-term physical, mental, and relational health.[2]

Social health is not a widely used term. In this guide, we use it to describe the physical, mental, and relational health of a community[3] (figure 1). Strong social health enhances an individual's ability to meet basic needs and improve life-long outcomes like economic security.[4] Schools are well-placed to promote social health[5] because they are embedded within communities and play a central role in many families' lives.

FIGURE 1: *Social health model for schools*
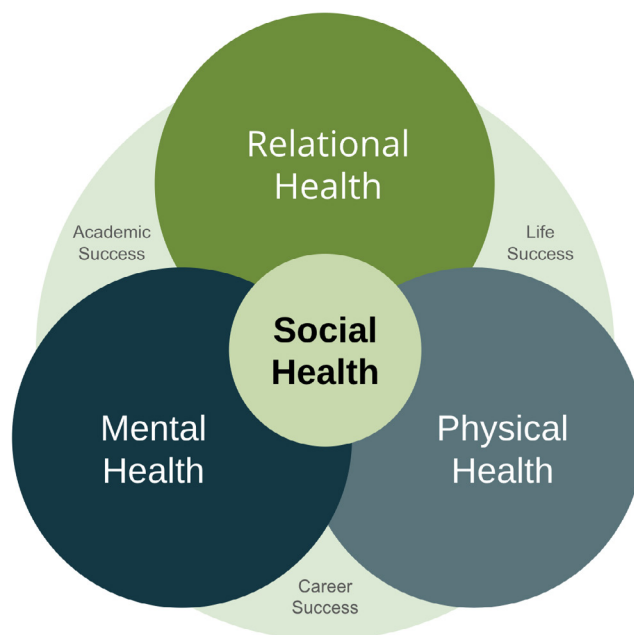
SCHOOL PRACTICE

- **Implementation Level:** School, District/Network
- **Who Implements:** Social Worker/School Counselor, Principal
- **Practice Area:** Whole Child
- **Student Outcomes:** Improved school belonging, attendance, behavior, and grades.
- **Family Outcomes:** Increased trust and engagement in school. Improved family health and security.

How is it innovative?

The wrap-around school model has its roots in the progressive movement of the late 19th century, which saw schools as social centers that could provide education, community, and resources.[6] In wrap-around school models today, a school supports the whole child through access to mental and physical health services, legal aid, housing, and/or food. Some use community resources to extend student academic support through tutoring and study groups.[7] Others offer family-oriented resources like childcare and job training.[8]

School with wrap-around services are often in neighborhoods where family experience is circumscribed by the structural forces of racism and poverty. These experiences create barriers to learning, post-secondary access, and economic stability.[9] Accessing needed resources at school can give young people the foundation they need to break generational cycles of poverty. However, if an initiative focuses only on resources, its benefit ends when resource access ends. Students and families may still be bound by the structural inequities of their community. A wrap-around school model with structures to cultivate social health may increase its impact.

Social health starts with relationships. A typical school with wrap-around services connects school members (e.g., students and families) to local resources. Few put structures in place to intentionally cultivate relationships between resource providers and families.[10] A social health initiative does. Students and families expand their existing social networks to include new, supportive relationships. Then students or families can leverage those relationships to continue to meet their needs long after their partnership with school ends. This leads to increased well-being and better long-term access to supportive resources.[11]

WHAT IS SOCIAL SUPPORT & SOCIAL CAPITAL?

Social support is having strong and trusting relationships that provide emotional and instrumental support.

A person generates *social capital* through the development and maintenance of relationships across social networks, thus increasing their access to real and potential resources. Relationships across networks are often mutually beneficial. For example, when a parent builds social capital by forming a new relationship with a staff person at a community organization, that staff person also builds their social capital.

Schools can create the conditions for students and families to cultivate both *social support* and *social capital* within their broader community. For example, when a school supports students in creating a close, trusting relationship with an industry mentor, that student builds social support and social capital by having a new trusting relationship with an adult who can help them obtain employment.

What is the Evidence?

What are the benefits?

A systematic literature review of 49 evaluations found that wrap-around school models can improve math and reading scores, behavior, classroom engagement, and attendance. They can even reduce achievement gaps by race/ethnicity.[12] These impacts are hypothesized to occur by helping to stabilize student and family lives and promoting school trust.[13] Other literature has found community benefits, such as reduced crime.[14] As with any complex initiative, however, positive outcomes are more likely with a well-implemented and intensive model.[15]

What isn't working about current approaches?

There can be systemic obstacles to involving parents and families in wrap-around schools. Common barriers to family involvement can include racism, mutual mistrust, and past exclusion from school.[16] Deficit-based approaches can also be obstacles to family engagement with school-provided resources.[17] Families have their own rich funds of knowledge,[18] skills, relationships, and information that they already use to meet their needs. However, some schools fail to incorporate these existing resources. A deficit-based approach makes it difficult to cultivate effective partnerships between school, family, and community organizations.[19] Because the model is designed to empower families, social health can be a positive way to approach resource access. Co-designing the initiative with the school community and having dedicated staff to coach students create an asset-based approach that empowers families.

CASE STUDY

Cultivating Social Health Through Resources, Internships, and Relationships

Lumen High School's comprehensive strategy for promoting social health addresses essential needs among its population of teen parents. Lumen students face many challenges in addition to being teen parents. Among the student population in the 2023-24 school year, 59% were unaccompanied minors, 17% were involved in the juvenile justice system, and 16% were homeless. Many students have to navigate employment, court systems, and housing applications, in addition to juggling a student workload and childcare. By providing access to essential resources, Lumen gives students the ability to stabilize their lives and stay in school.

"The percentage of students we have that are unaccompanied is really high," said Lumen's social health coordinator. "Our students, because they are pregnant or parenting, heavily rely on community resources for education, services, or tangible things, and it takes a ton of time to identify, connect with, and mobilize those resources."

Lumen Supports Students

Resources

The school's social health initiative provides resources for students to address their needs both in and out of school, allowing them more time to focus on academics. "When we started planning our mission, it was like 'How do students not have to choose between being a parent and being a student?' Which led us to think we have to have a school that supports the whole student," said Lumen's founder.

In order to do that, Lumen offers extensive on-site and off-site resources that enhance its students' quality of life. Many resources assist students with teen parenthood: on-site baby clothing, free childcare, support for infant health, and parenting classes. Other resources are aimed at helping a student demographic that struggles with food insecurity and access to essential needs. The school partners with organizations to provide a food bank, medical services, and access to mental health professionals. Some organizations push in to offer services like legal assistance for students or cultural competency training for teachers.

The model benefits both Lumen and community organizations. For community organizations, these partnerships facilitate access to under-served students, allowing them to better reach their target population. Because of this mutual benefit, most community organizations offer their services to Lumen students for free.

Internships

Lumen's internship program is also a part of its social health initiative. The program places eligible students in part-time, paid positions with local businesses one day per week during a time dedicated to electives or internships. The student-internship relationship can be beneficial for the intern and employer. Students accumulate work experience and may find a greater sense of connection to their local region. Local businesses have the opportunity to invest in the workforce, practice their values, and contribute to the health of their community.

"I'm a small business in the heart of downtown and I feel really strongly about building community and support with other organizations in proximity to my business," said a local business owner and internship site.

Lumen has also partnered with a non-profit organization that offers career exploration programming. The non-profit visits with students to identify job interests, prepare for interviews, and network with community businesses.

LUMEN HIGH SCHOOL TACKLES STUDENT NEEDS ON THREE FRONTS:

1. **A full-time school social worker** helps students navigate in-school and outside resources to address housing needs, legal issues, food insecurity, and financial concerns. She also helps students build relationships and cultivate resource navigation, time management, and self-advocacy skills.

2. Lumen has a suite of **in-school resources**. These include food, baby clothing, childcare, access to WIC (the USDA's special supplemental nutrition program for women, infants, and children), a community nurse, and mental health support. Other community organizations **push into the school**, providing students with classes in parenting and career exploration, counseling services and trauma support using partnerships with universities and local organizations. See appendix B for a full list of partners.

3. **Lumen's internship program** connects students with paid internships that help them explore career paths and develop professional skills. The internship coordinator works closely with industry partners, helping students build supportive relationships within their internship site. While not typical of wrap-around school models, internships are central to Lumen's social health initiative because they are another avenue for students to build social support and social capital in their local community.

Knowledge, skills, and relationships

Lumen uses a full-time school social worker as their social health coordinator. Her presence significantly reduces the time it would take for students to navigate resources and communicate with government agencies on their own. She meets with four to six students per day to assist them with phone calls and paperwork, while coaching them on the process so students build self-advocacy skills and confidence.

At Lumen, the social health coordinator coaches students using an "I do, we do, you do" model. For example, she might show a student how to navigate the state's Women, Infants, Children (WIC) site and then call a provider, putting the call on speaker phone so the student can hear the conversation. Once the call is over, the coordinator discusses it with the student, making sure to speak to why she handled the conversation the way she did. In the future, she will navigate the WIC site with the student. Finally, the student will take the lead on navigating the website and making phone calls, with the coordinator present to provide support and feedback.

Community partners also help students build knowledge and skills. The nurse said that students often stop by between classes and during lunch to ask questions, share concerns, or simply connect. Said one on-site health care provider, "That has been a big piece for me, talking to them about what's gonna happen when they go to the hospital. Questions to ask when they go to the doctor. When they go to the doctor and they hear something scary, helping them understand what that actually means… The whole thing is not somebody trying to take away their autonomy and hurt them, not everyone in the healthcare system is like that."

In addition to meeting student needs, Lumen's many partnerships serve to build social support and social capital for students. Explains another on-site health provider: "They pop in, they say 'Hi,' and they tell us about how their week is going. So, we also kind of serve as another safe person to counsel them and a safe space to talk about anything." Said the staff person of an organization that comes to Lumen several times a week, "I think it's more comfortable for them to come to us since we've built that connection with them and it's more personal than just going to their pediatrician."

Cost and funding

Lumen's social health initiative is relatively affordable considering the number of services it offers. (See appendix B for a full list.) The cost equates to a conservative estimate of $3,800 for each of the 30 enrolled students. Lumen's initiative is more expensive than it would be for most other schools because of Lumen's internship program, intensive wrap-around support, and its small size. We estimate $735 per pupil for a typical model.

Most of these costs are covered through grants. The initiative uses the equivalent of a full-time social health coordinator and a part-time internship coordinator. The cost of these roles is offset through two federal grants and a Communities in Schools grant, which means that staffing costs do not come out of Lumen's general operating budget. Only four of the 17 partnership organizations come at a cost to Lumen. Two of these are local, Black-led organizations that offer parenting education and staff training. Other partnerships cost money on an as-needed basis, like a GED service for students who have too few credits to earn a high school diploma.

Lumen's model serves all enrolled students, although other schools may want to focus their initiative on a subset of students and families. A targeted approach can make social health more affordable and sustainable.

Lessons Learned

Lumen's social health initiative has been in place since the school opened its doors in 2020. Over time, the school has learned important lessons and adjusted its approach.

Collecting data

In the 2023–24 school year, Lumen started to collect systematic data on student needs and resource use. The social worker created an inventory to collect information from all new and returning students. Information about student needs are put into Supported School, a free MTSS (multi-tiered system of supports) app that compiles the data and helps the social health coordinator determine which interventions may be most helpful. She also uses the app for two-way communication with other school support staff. Staff can see what resources students are accessing, and they can also alert the coordinator of issues as they arise.

Incorporating input

Lumen believes that the voice of students is critical for building a social health initiative. Over time, the school has become more intentional about seeking and integrating student input. When the school is considering adding a new community partnership, they bring students together to talk about the opportunity. The school asks students how they feel about forming certain partnerships and whether they find the proposed programs to be beneficial or not. At a small school like Lumen, they can do this during morning meetings.

"We created a safe environment so if the group is not aligned with our goals, we can act as a buffer," said the school's leader. "Or we can ask our students if they want a group back and want to have that partnership."

Including social health in school curriculum

Three years after launching their social health initiative, Lumen High School moved to a project-based instructional model centered around community issues. Students select projects from a list their teachers create each term. Students then work as a class on one project per semester. A recent project focused on opioid addiction. Students created proposals, like a clean needle exchange program, and then called local politicians to try to get traction for their idea.

Effects on students

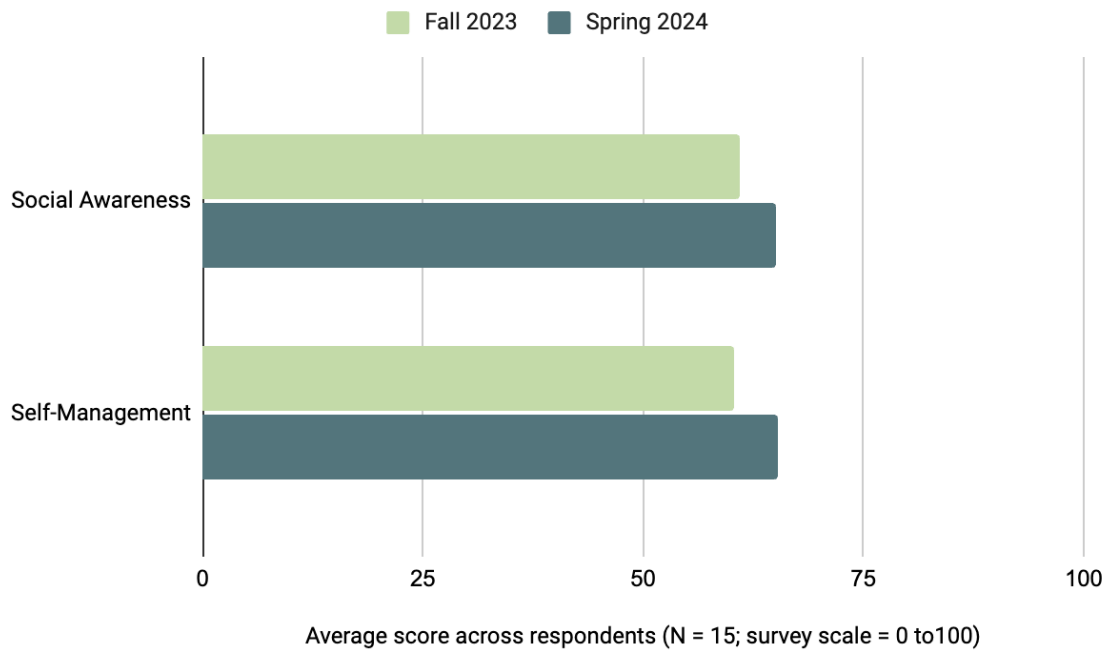Although the change is modest, there was improvement in student perception of their local community over the 2023–24 school year,[20] as shown in figure 2. This includes the perception that their broader community is supportive and a place where they belong.

FIGURE 2: *Student perception of the community showed modest improvement over the 2023–24 school year*

Average score across respondents (N = 15; survey scale = 0 to100)
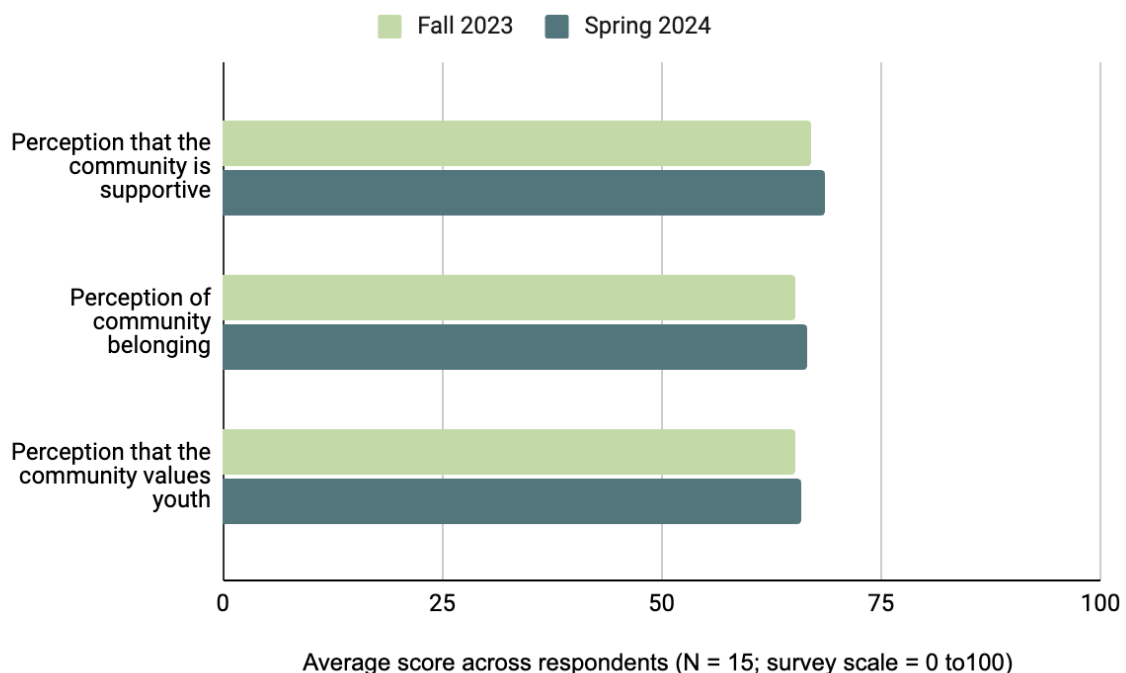
In addition to its social health initiative, Lumen also rolled out a new mentoring program and revised its restorative discipline approach in the 2023–24 school year. We can't attribute changes in social-emotional skill development to the social health initiative, but it may have contributed to improvements that occurred over the school year (shown in figure 3).

FIGURE 3: *Student social awareness and self-management improved over the 2023-24 school year*

Fall 2023 Spring 2024

Social Awareness

Self-Management

0   25   50   75   100

Average score across respondents (N = 15; survey scale = 0 to100)

In focus groups, Lumen's social health initiative was the first feature that students praised. When asked what they liked about school, a student said: "They help you with everything, like doctor's appointments. Just last week they took me to my son's doctor's appointment. It's amazing."

Students said service access was an important part of helping them stay engaged at school: "It means I don't have to worry, stress, about the money. And when I'm stressed out, that's when I tend not to do school." Reflecting on what they had learned since coming to Lumen, another student said, "It's okay to ask for help."

How to Implement This Practice

This section provides step-by-step guidance for implementing a social health initiative, along with accompanying resources to get started.

WHAT YOU NEED

SYSTEMS & STRUCTURES
- Contracts with community organizations.
- Flexible scheduling that allows for on-site, push-in, or off-site community resources.
- Physical space on-site for community organizations to push in and for the social health coordinator to meet with students and families.

KNOWLEDGE, SKILLS, & MINDSETS
- Knowledge of community and government resources.
- Awareness of the relationships and resources already being used by community members: funds of knowledge.
- Ability to collaborate with different organizations and be responsive to school and/or organizational needs as they change over time.

MATERIALS
- Needs/asset assessment to design the social health initiative.
- Social Health Inventory to identify incoming student and/or family needs.
- A system for tracking resource/programming use (e.g., shared spreadsheets) maintained by the school. Community partners can provide information via short surveys or input data directly.

STAFFING
- A full-time staff person to coordinate the social health initiative. A person with school social work, counseling, or psychology training is ideal, given the specialized skills required.[21] However, a school can use any staff person who is willing to undergo training.
- One Full-Time Equivalent (FTE) for a social health coordinator with 5-15 community partnerships that serves 100 students/families. If schools add internships, they should have an additional 0.5 to 1 FTE for an internship coordinator, depending on the size of their program.

COST PER PUPIL

Our conservative estimate puts this initiative at **$735 per pupil per year long-term** and **$835 per pupil the first year**. Our costs assume 1 full-time social health coordinator for 100 students who receive weekly coaching. Our costs do not include an internship program. Most schools offset costs through grant funding, Title 1, or reallocating staff positions. Use the CostOut tool for an estimate tailored to your school.

Cost assumptions for the first year:
- $7,000 for a needs/asset assessment with the school community
- $3,000 in materials and stipends to set up systems and procedures

Cost assumptions for long-term use:
- 1 FTE for a social health coordinator
- 10 community partners. In our cost assumption, seven come at no cost to the school. The other three charge $5,000 each to provide push-in programming for targeted students.
- 0.10 FTE for grant writing to help sustain the initiative at the school and co-write grants with community partners so they can offer free services
- $1,000 in training costs for community partners
- Facility space at the school for community partners to come on-site (electricity, maintenance, etc.)

Steps to Implement

Preparing for a Social Health Initiative

STEP 1: *Needs and Assets Assessment*

The first step in any social health initiative is to engage families and students in an initial data gathering process. The purpose is to identify whether a social health initiative is needed and, if so, whether there are existing assets that the school can leverage.

Needs and Assets

Collect data from students and families to identify non-academic challenges, supports and resources that they would like to have better access to, and/or programming they feel the school currently lacks. This can be done through surveys and meetings with families and local community organizations. The school should also ask students and families about organizations and community resources they already use. These are community funds of knowledge that the social health initiative can leverage. Educators and school staff can be valuable sources of information as schools plan for a social health initiative. They may have additional perspectives about student and family needs, as well their own funds of knowledge about community resources.

Planning

Schools can consider inviting families and students to co-design the social health initiative. If this is not possible, identify ways that students and families will provide input on the initiative's design as it develops.

Planning should include the development of a program theory of change. This is a visual representation of the process the school will use to achieve its social health goals. See appendix C for an example that your school can modify. The specific goals and structure of the initiative will inform its theory of change.

STEP 2: *Set Goals for Social Health*

Planners will use knowledge of family/student needs, the school's capacity, and existing community resources to make three key decisions about the social health initiative: focus areas, target population, and initiative goals.

Focus Areas

When starting out, we recommend selecting 2–5 focus areas for the initiative based on data from the needs and asset assessment. Focus areas can be food insecurity, health, extra-curricular activities, family education, tutoring, or something else. The school can add additional focus areas in subsequent years once systems and structures are in place.

Target Population

Schools need to decide whether the initiative will primarily serve students and families or just families. This decision may be informed by the type of school or by the focus of the initiative. For example, elementary schools and initiatives focused on family literacy and housing will primarily serve families. High schools and initiatives focused on academic support will primarily serve students. Most initiatives will serve both students and families.

An important consideration for planning is how much of the community the school plans to reach. Small or alternative schools may be able to serve all students or families. Many schools, however, will likely be constrained by cost and need to focus on students or families with the greatest need.

When working with a segment of the population, it is important to set clear criteria for who will use social health resources and then communicate those criteria at least annually, as perceptions of inequity or unfair processes can mar the effectiveness of the initiative. Criteria can be based on family characteristics like poverty or on student characteristics like attendance, credit accumulation, disciplinary incidents, and GPA. Community schools in Oakland, CA created a Coordination of Service Team (COST), consisting of school administrators, community partners, social workers, and teachers, to identify students.[22]

Goals

We recommend identifying goals across these areas:

1. Resource goals: Identify resource access goals. Ideally, how much will students or families use resources?
2. Relationship goals: Relationship goals can be related to quantity (e.g., increasing the number and type of relationships) as well as quality (e.g., close relationships with one or more community organizations).
3. Knowledge and skill goals: A social health initiative can intentionally cultivate knowledge and skills for families and adolescents. These can include making decisions around resources, navigating agency websites, professional communication, and self-advocacy. An initiative can also intentionally cultivate perseverance and problem-solving dispositions.

STEP 3: *Determine Service Location and Scheduling*

Social health initiatives need a physical space. At the very least, this space can be an office where the social health coordinator meets with students or families. A school might use a single large room where multiple organizations have on-site "offices." A community school in Ohio created a family resource center within the school building. They had multiple community organizations in one room along with computers available to families. This arrangement helped deepen family and community relationships.[23]

Schools can consider offering community resources or programming before and after school or during the summer, so that services do not interfere with academic learning and can accommodate family schedules.

STEP 4: *Identify and Train a Staff Person to Lead the Initiative*

The next step is identifying a social health coordinator. Literature generally recommends a social worker for this role,[24] but it could also be a school counselor or any staff person willing to be trained. Several staff can contribute to the initiative, but it will help if one person leads it.

The social health coordinator works with community organizations and coaches students and families through resource use and relationship- and skill-building. The coordinator may require training for their role, particularly in cultural competency and in helping students and family members develop self-advocacy skills.

STEP 5: *Determine the Social Health Structure*

In collaboration with school leadership, the social health coordinator identifies the right structure for the initiative. For example, Lumen High School has on-site, push-in, and off-site community organizations in their social health initiative. Schools can opt for a mixed model like this or use just one of the strategies described below. For a full list of Lumen's community partnerships, see appendix B.

Community organizations are regularly on-site

With this strategy, a community organization has a physical presence on the school campus. The organization may be on-site daily, weekly, or monthly.

Organizations push in with materials, resources, training, or programming

Organizations do not have a regular, physical presence at the school, but come to school on an as-needed basis. This is a good option when organizations mainly provide temporary services, like material goods and training.

Organizations are available off-site through a referral process

In this strategy, the social health coordinator cultivates relationships with external organizations that do not have a presence at the school. The social health coordinator takes a hands-on role in helping students or families navigate resources and relationships. This may include government agencies or legal aid.

STEP 6: *Recruit, Vet, and Secure Community Organizations*

The social health coordinator identifies organizations that align with the intentions and goals of their social health initiative. The recruitment process starts by identifying whether people in the school community already have relationships with a potential organization. Next, school leaders evaluate whether the partnership is truly appropriate. At Lumen, the school leader engages with potential community partners through a series of phone calls focused on the dimensions outlined below.

ENSURE A GOOD FIT WITH POTENTIAL COMMUNITY PARTNERS

A social health coordinator can ensure sustainable, good-fit relationships with community partners by focusing preliminary conversations on the following topics:

- **Ensure mission alignment** between the organization and the school's social health initiative. The school and the community organization may share a mission, such as serving a common geographical area. Identifying and surfacing mission alignment will help establish a sustainable relationship.

- **Identify how the partnership will benefit the community organization.** Benefits to a partner organization include avenues for grant funding, access to a hard-to-reach population, or the ability to fulfill the community partner's mission. Early conversations should clearly define benefits for the organization and identify what is needed for those benefits to be sustainably achieved. A mutually beneficial partnership is much more likely to weather challenges and leadership changes.

- **Communicate expectations** to the organization. This should include the resource, relationship, and mindset goals for the social health initiative. The school and partner should work together to identify how the partner will be part of achieving these goals.

Schools should avoid community partnerships that are not the right fit, as poor-fit partnerships take time and resources to engage and then get out of. Importantly, such partnerships can also damage student and family trust with the school and broader community.

An additional vetting process with students, families, and/or school staff can add further certainty to partnership decisions. Lumen High School presents new potential relationships to staff and students, who have the option to reject partnerships or make requests of partner organizations. In at least one instance, Lumen chose not to move forward with an identified partnership because students had previously had bad experiences with the organization.

Recruiting community organizations may have begun earlier in the implementation process, but at this point a school will be ready to finalize a set of organizations and enter into contracts or memorandums of understanding (MOUs) that outline a common set of expectations. Contracts should include provisions to end the partnership if it is no longer working for either party.

STEP 7: *Set Up Communication and Tracking Systems*

Schools will want to identify how information is shared internally among school staff, how information about the initiative is shared with students and families, and how the school will track resource engagement. Where possible, schools should align with existing systems in place — for example, by using PowerSchool, newsletters, and/or existing team meetings to serve the purposes described below.

Internal communication

A social health initiative should be integrated into school support systems, including the MTSS team, discipline team, counselors, and/or family engagement teams. Two-way communication between the social health coordinator and school support teams is important so students and families benefit from the full range of available school services. At Lumen, this happens during regular staff meetings and through their Supported School app.

Communication with students and families

A school should have tools for communicating the initiative to students and families. This may include annual announcements at a school assembly, a banner on the school website, text messages, posters on parent-teacher days, and/or flyers sent home to families.

Communication with organizations

The social health coordinator should set up expectations for regular check-ins with organizations during recruitment and onboarding. This will typically be a monthly call, but it can be more or less frequent.

Tracking resource use

Establish a way to monitor family and student resource use, check-ins, and one-on-one coaching. Lumen High School uses Google Sheets in a secure drive to track this information. Community organizations can submit a weekly or monthly survey that is then merged with the social health coordinator's tracker. This way data are centralized and the school can review trends during staff meetings or develop reports for fundraising and community partners.

Launching a Social Health Initiative

STEP 1: *Onboard Community Organizations*

The social health coordinator takes steps to prepare community partners for success. This entails designing training, preparing organizations for barriers to engagement, and identifying ways the partner will be part of meeting initiative goals.

Knowledge sharing and training

Knowledge sharing and training is an important part of onboarding. The social health coordinator will need to inform the partner about the school community and the type of students or families who will likely use their resource. A school can consider having an annual meeting with all community partners, new and returning, to impart important information about the school. This meeting can also be a community-building event among partners, as well as an opportunity to communicate past initiative successes.

The vetting process should have helped the school identify specific knowledge or skills gaps among community partners that need to be addressed through training. For example, one or more partners may need training in working with adolescents. The school should offer anti-bias or cultural competency training if an organization is not accustomed to working with the races/ethnicities represented at the school. A school may also want to offer certain types of training to all organizations, such as active listening or strengths-based communication training.

Communicating potential challenges

An important part of partner onboarding is communicating potential barriers to engagement. For example, students or families may not trust certain organizations (e.g., a police department that wants to partner) or may have hesitation around utilizing particular types of resources (e.g., mental health resources). Onboarding is a good time to identify potential challenges and brainstorm solutions to address them.

Collaborating to meet goals

A social health initiative does not just provide resources for students or families. It seeks to build long-term relationships and skills. The social health coordinator will take the lead on this aspect of the initiative by coaching students or families, but community partners can provide assistance as well. At Lumen, for example, the onsite family health provider made sure every visit, even casual ones, included information that students could apply to their own and their child's health.

STEP 2: *Student and/or Family Coaching*

In a social health initiative, students/families will have two points of contact: the community organization and the social health coordinator. The social health coordinator should proactively reach out to students/families to set up regular coaching meetings. Below is an example of what those meetings can entail.

First coaching meeting

Coordinators should try to have the first meeting with both the student and caregiver. After communicating the purpose of the initiative, they can administer a social health inventory to learn about specific student/family needs. Using inventory results, the coordinator can provide students with information for resources they can access on their own.

The student/family and coordinator should end this initial coaching meeting by finding a regular day and time to meet. Meeting cadence will depend on the breadth of the initiative and student need. At Lumen, meeting frequency varies by student and the issues they are working on. In some cases, the social health coordinator meets three to five times per week with students, but meeting weekly or biweekly is also common.

Subsequent meetings

The social health coordinator uses subsequent coaching meetings to continue to check in about resource access while also beginning to scaffold skill building with the student/family. This can be done through an "I do, we do, you do" progression. First the social health coordinator shows students how to navigate a resource, then they do it together, and finally the student will take the lead, with the social health coordinator providing feedback and support.

The coordinator also uses meetings to check in about relationships with organizations. For example, if a student identifies a challenge working with a particular community staff person, the coordinator tries to understand the issue from the student's perspective and then listens and affirms, offers perspective, or coaches, depending on the situation. When a community partner is treating the student unfairly, the coordinator can use the occasion to help the student or family member build self-advocacy skills. Lumen's teen parents often face prejudice when trying to work with community organizations or government agencies. The social health coordinator helps students contextualize these experiences and build skills to advocate for their needs.

STEP 3: *Integrate Social Health into the Curriculum*

School leadership can consider integrating social health awareness — like social determinants of health —into the school curriculum. This step will not be the right fit for all schools and should only be pursued once the initiative is fully established. For example, a nutrition teacher at one school introduced a unit that culminated in delivering lunches to homeless shelters across the city. Students worked with the school's community partners to source donations.[25]

Continuous Improvement

STEP 1: *Gather Feedback from Community Organizations, Students, and Families*

Throughout the year, the social health coordinator regularly checks in with community partners. Monthly check-ins maintain the relationship and help both the school and community partner be responsive to emerging needs.

The school should also create a grievance procedure or direct students/families to an existing one. This can be as simple as a Google form. The coordinator may identify challenges or concerns that students/families have during regular coaching meetings, but a formal procedure provides an extra level of surety that issues will be identified.

STEP 2: *Review School Data*

On a quarterly basis, review outcomes of interest (e.g., school trust or attendance). At the end of the year, consider bringing together community organizations, students, and families to review the data together and plan for improvements. Consider adjustments for the upcoming year, including training, coaching, and/or partnership changes. For example, Lumen high school recognized that community partners wanted more information about how to work with teen parents, so the school mandated training for all partners at the beginning of the following year.

STEP 3: *Celebrate*

Sharing successes is an important part of sustaining buy-in for the initiative, both at the school and among community partners. It can also be an important part of engaging funders. Report on successes through the district website, social media, or press releases. Schools can consider working with community partners on communication efforts to increase impact.

Key Roles and Responsibilities

STAKEHOLDER	ACTIVITIES	TIME REQUIRED
School administrator	Goal setting and vetting community partnerships Regular meetings with the social health coordinator	15 hours per year
Social health coordinator	Community outreach and engagement; training and support Organize and deliver training and have regular check-ins	20 hours to initiate each partnership 10 hours per year per partnership
	Grant writing and reporting	50 hours per year
	Develop a list of local resources	20 hours one time 5 hours per year to maintain
	Administer and review results from the social health inventory	10 hours at the beginning of each year
	Check in with identified students	5–15 hours per student or family per month
	Review data and set annual goals	15 hours at the end of the year
	Check-ins with support staff	2 hours monthly
Student or family member	Regular check-ins	5–15 hours per student or family per month
	Program activities	Varies
Community member	Onboarding and training for working with students	2-12 hours per year
	Program activities	Depends on the engagement

Potential Barriers

BARRIER	SOLUTION
There is no time during the school day for student engagement with the social health initiative	• Schools can offer services before or after school and on weekends. • Academic and career-oriented programming can be offered during an elective period or dedicated half-day block.
The school does not have a staff person to lead the initiative	A social health initiative needs someone who has the ability to coordinate with community partners, problem-solve relationships, and scaffold knowledge and skill development. • Schools without a dedicated social worker or counselor can identify a staff member willing to train for the role. • Alternatively, schools can hire a community person to lead the social health initiative full- or part-time.
The school and community organization are not a good fit	• Take time to vet organizations up-front. It is better to have a few good partnerships than many partnerships that can damage student/family trust. • Look for organizations that are strengths-based and mission-aligned. • Organizational priorities and personnel can change. If the partnership is not working, either partner should be able to walk away. Make sure to include a way to do this in the contract or MOU. • In coaching check-ins with the student/family, include questions to catch issues as they arise. • Sometimes conflicts can arise between community organizations and school members. It can be useful to have a mediator help the parties understand the root of the issue and come to a mutually agreed-upon solution.
Students or families do not utilize resources	**Understand the problem** If possible, identify the source of student/family hesitancy through informal or formal data collection. Informal data collection can be a conversation with students or families. Formal data collection can be a short, anonymous survey. **Accessibility** • Make sure the initiative has been communicated in student- and family-friendly language and in families' native languages. • Offer resources at times convenient for students and families. • Have the community partner be visible to the school community during pick-up/drop-off and at school events. **Trust** • It can take time for students and families to engage with available resources because of prior negative experiences with the school, community partner, or the type of service being offered (e.g., health resources). The school may need to wait six months before resources start to be used at capacity. • If possible, use community organizations that are already known to members of the school community. • Schools should vet and train community- and school-based staff so they have the knowledge and skills to work with the school community. **Capacity of families to use resources** Coaching helps students and families make sense of organizational responses and navigate challenges, especially early on.

Sustainability

The school should take the following considerations into account to ensure the practice's long-term sustainability.

Funding

The biggest cost of the initiative will be the salary for a dedicated staff person. Schools should plan for at least one FTE who acts as the social health coordinator. Many schools use Title 1 funds to pay for staffing.[26] Lumen has two federal grants and a Communities in Schools grant to pay staff salaries and benefits.

Through community partnerships, federal or state grant programs, philanthropic funds, or family insurance, it is possible for schools to offer many services/programs at little to no cost to the school:

- **Community partnerships:** Community organizations with their own funding sources may offer services free-of-charge because the programming is mission-aligned. Only four of Lumen's 17 partnership organizations come at a cost to the school.
- **Federal or state grants:** State, federal, and education grant programs can be used for specific partnerships. For example, Lumen High School uses the Working Connections Child Care grant to offer free, on-site daycare to their students.
- **Family insurance:** Family insurance can help pay for physical or mental health services. Lumen High School offers mental health services and an onsite family medicine practice that students pay for using Medicare.

Even factoring in these sources of funding, a school may not be able to afford to serve the entire school population; schools should consider making the initiative available only to students and families who would benefit most.

Some literature suggests that external funding can be difficult to secure or renew because it is hard to demonstrate the success of wrap-around service models. Setting clear, realistic goals for the initiative, combined with targeted data collection, can help a school craft a compelling narrative about the initiative's utility. We also recommend keeping the initiative small at first so it can be sustained even if a funding stream ends.

School and community buy-in

Securing buy-in at every level is important to long-term success. These moves are essential:

- Engage students and families in designing the initiative; draw on community assets and family funds of knowledge. Schools do this by working with families to design the initiative and then offering clear ways for them to provide input once it has launched.

- Have a dedicated staff member lead the social health initiative. This releases administrators and other staff from attempting to sustain the initiative in addition to other duties.

- Identify a few clear, measurable goals and make sure to track progress. Reporting on successes makes a clear, strong case for continuing the initiative with funders, school leadership, and community partners.

Sustaining relationships over time

Sustainability lives in the cultivation and maintenance of deep, lasting community relationships:

- Integrate the social health initiative into the school's culture and curriculum. This will help sustain the initiative through any future leadership changes.

- Regular, ongoing check-ins with community organizations help schools catch issues as they arise and build trust between the school and organizations.

Adaptations

Different schooling contexts may benefit from adaptations. Below are three ways that a social health initiative can be adapted.

Family-focused social health

A school can offer its social health model solely to families, using resources like skills training, GED classes, or ESL (English as a second language) classes. Like the social health model described in this guide, resource access can be paired with intentionally cultivating advocacy skills and family-community relationships.

Work-based learning as social health

Lumen High School views work-based learning as an important component of their social health model. Internships are not simply opportunities for students to explore careers or develop workforce skills. They are also a means to establish and build community relationships and enhance confidence in navigating the workforce. Because Lumen organized their internship program intentionally around building social capital and social support, their internship model also acts as a social health initiative.

Rural and remote areas

Schools in rural areas or small towns may have few community organizations they can draw upon. Schools can still establish a social health model using telehealth or virtual services. Schools can also reach out to organizations that do exist in their local area, like churches, hospitals, or local businesses, to see if they may have resources that can meet student and family needs.

How to Monitor Success

Use your theory of change to identify the outcomes you want to measure (see appendix C for a sample that you can adjust based on your school's goals). It is important to look at short- and long-term outcomes, as well as implementation effectiveness.

Outcomes

A social health initiative should result in improved belonging and trust in school, greater family engagement, and increased student attendance. These outcomes, combined with greater stability in a family's and student's life, typically lead to longer-term outcomes like improved reading and math scores, graduation rates, and even reduced community violence.[27] We list a number of possible outcomes below. **Select one to three** that are most aligned with the goals of your program.

POTENTIAL OUTCOME	MEASUREMENT TOOL
Resource outcomes associated with the social health initiative, e.g., food security	Create simple self-report surveys or select validated survey items related to the outcome(s) of interest.
Student belonging and trust in school	• Relevant questions on a school climate survey, e.g., state-wide school climate survey, Panorama, or Kelvin • Survey about connection and belonging (e.g., Inclusion of Others in the Self)
Decreased risk-taking behavior	School incident logs, PowerSchool, or social health tracker that monitors risk-taking behaviors such as bringing illicit substances to school
Family engagement in school	Office logs and attendance sheets at school events to track family visits to school
Attendance, drop-out, and graduation rates	Student information system (e.g., PowerSchool, Class Dojo)
Academics: GPA or math and reading assessment results	Student information system

Implementation Indicators

Monitor implementation indicators throughout the year and at the end of the school year. This will help you make sense of outcomes and adjust processes for the next year.

IMPLEMENTATION INDICATORS	MEASUREMENT TOOL
Number of organizations and the types of resources they offer	Documentation by social health coordinator
Number of coaching meetings with social health coordinator	Coaching logs from social health coordinator
Family and/or student access to resources	Social health tracker that logs family/student resource use
School and community partner satisfaction	Satisfaction survey

Resources

Assessing Need

- Needs and asset assessment to set up the initiative
  - Student Needs Survey
  - Needs Assessment Guidelines
  - Surveys through Youth Risk Behavior Surveillance System
- Lumen's Social Health Inventory once the initiative is established

Family and Student Engagement

- Grievance survey
- Twenty Tips for Developing Positive Relationships with Parents
- Funds of Knowledge Toolkit

Training for Social Health Coordinator and Community Organizations

- Active listening
- Nonviolent communication materials and training
- Strengths-based communication
- Six Strategies for Partnering with Families at the Start of the School Year
- Relationship Building Toolkit, a guide and lessons to build relationships with students
- What is Culturally Responsive Teaching?

Additional Resources

- National Center for Community Schools
- Building a Community Schools Systems Guide
- National Education Association: What Are Community Schools?

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APPENDIX A:
Profile of Lumen High School

Location: Spokane, Washington
Founded: 2020
Level: High school with on-site daycare/preschool
Type: School for teen parents

ENROLLMENT

	2022–23 SY	2023–24 SY
Number enrolled	36	32
Students with Disabilities	28%	12.5%
Multilingual learners	0%	3%
Unaccompanied minors*	50%	59%
Foster youth*	8%	2.3%
Juvenile justice involved*	No data	17%
Low-income	92%	88%
Homeless	36%	16%

*Source: Washington Office of Superintendent of Public Instruction school report card; *school social worker for data on unaccompanied minors, foster youth, and juvenile justice involved youth*

STUDENT RACE/ETHNICITY

	2022–23 SY	2023–24 SY
American Indian or Alaska Native	6%	13%
Asian	0%	3%
Black or African American	6%	3%
Hispanic or Latino	14%	19%
Native Hawaiian or Pacific Islander	0%	6%
Two or more races	22%	19%
White	53%	37%

Source: Washington Office of Superintendent of Public Instruction school report card

ACADEMIC PROFILE

	2022–23 SY	2023–24 SY
Attendance	50.85%	51.01%
GPA for all students*	1.49	1.17
GPA for regular attenders†	2.89	2.53

Source: School attendance files and transcripts
*Notes: *Average student GPA was 1.48 prior to attending Lumen. Grading policies changed in the 2023-24 school year. †Regular attenders are defined as students who attend at least 65% of the time.*

STAFFING PROFILE

Administrators: 2
Teachers: 4
Push-in and small group academic support staff: 2
Social Worker: 1
School Counselor: 1
Internship Coordinator: 1
On-site community organizations: 5

APPENDIX B:
Lumen High School Community Partners

Lumen high school has three types of community partnerships: on-site, push-in, and off-site. In the 2023–24 school year, they worked with 17 community organizations, excluding internship sites.

Community organizations are regularly on-site.

With this type of partnership, a community organization has a physical presence on the school campus. The organization may be on-site daily, weekly, or monthly.

Lumen High School has the following organizations on-site:

- **An early learning center.** GLOW provides free care on-site for the children of Lumen's teen parents and also serves staff/teachers and community members.

- **Mental health services.** The school maintains an office for on-site mental health services provided by the Washington State Healthcare Authority. Providers have a regular, weekly schedule.

- **Physical health services.** CHAS provides health services including emergency care, problem-focused visits, preventative care, and wellness visits for students and their children. CHAS provides medical services two half days a week.

- **Food security services.** WIC is on-site one day a week and is available by appointment. WIC provides access to fruit, milk, and other food for students and their families. There is also a backpack program through Bite2Go for students to bring food home in the evenings and over the weekend.

- **Baby clothing for students' children.** A baby boutique has donated baby and toddler clothes and is open every day within the school building.

Organizations push-in with materials, resources, training, or programming.

With this type of partnership, organizations do not have a regular, physical presence at the school. This is a good option when organizations mainly provide temporary services, like material goods or training.

The following organizations push into Lumen High School:

- **Anti-racism training.** The Carl Maxey Center provides training to teachers and staff.

- **Trauma support groups.** Lutheran Community Services offers support and art groups for students who have experienced trauma and sexual assault.

- **Childcare training and resources.** This is offered by Sleep Safe at no cost to students.

- **GED training.** This is only available on a per-student basis to students who are about to age out of the public school system, which means they will not be able to obtain a high school diploma. It is offered on a per-student basis by Next Generation Zone.

- **Dental education and care.** This is provided through EWU at no cost for students.

- **Career exploration.** The nonprofit Slingshot comes weekly during the elective block to help prepare students for internships.
- **Child development support.** This is offered by a local parenting lab, which supports active play with children.
- **Parenting training.** Shades of Motherhood Network is a local nonprofit that comes to the school one to two times a week.

Organizations are available off-site through a referral process.

With this type of partnership, the social health coordinator cultivates relationships with external organizations that do not have a presence at the school. The social health coordinator takes a hands-on role in helping students or families navigate these resources and relationships.
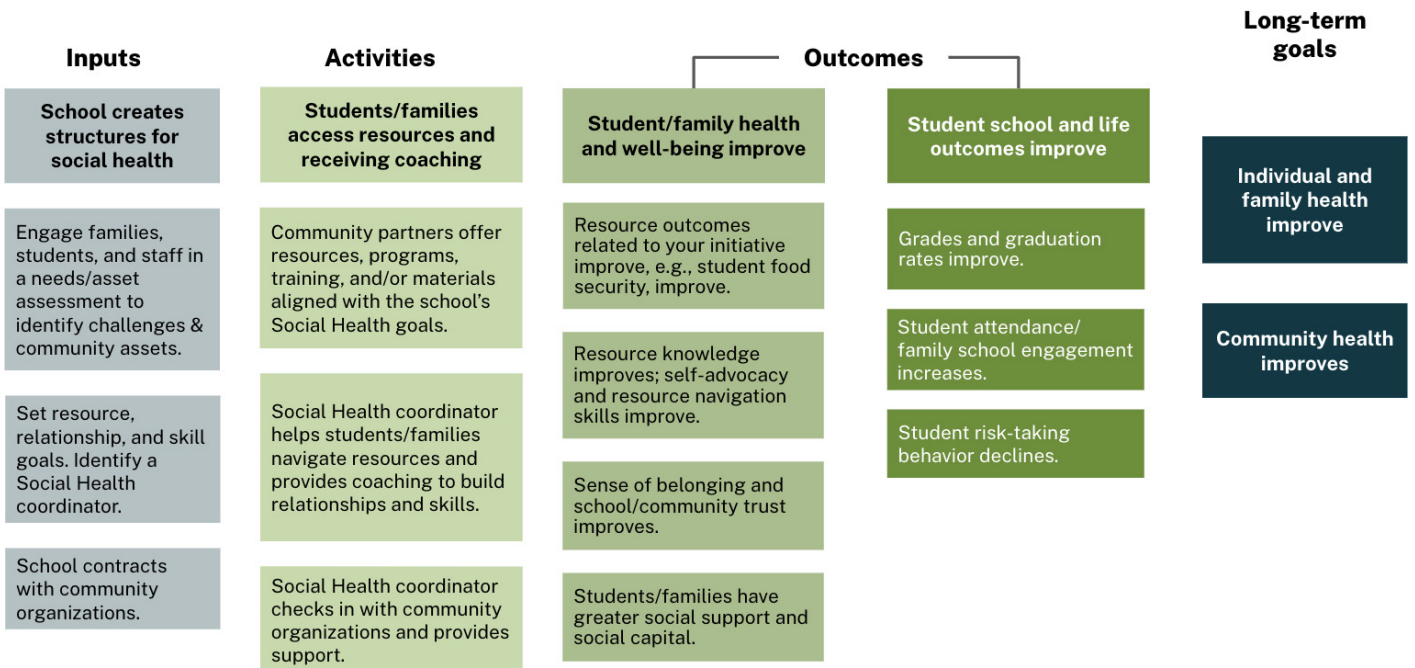
The following organizations are off-site resources for Lumen High School:

- **Legal aid** through Spokane Free Lawyers and Legal Aide, an off-site resource that offers free legal aid.
- **Housing** services.
- **State agencies** like the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and the Washington State Department of Social and Health Services (DSHS).
- **Local homeless shelter** serving teen parents, Alexandria House.
- **Paid Internships** through local businesses. The school matches a student with a paid internship (at least minimum wage). Students attend their internships Wednesday afternoons and receive school credit.

APPENDIX C:
Theory of Change

This general theory of change should be adapted to suit each school's specific goals and context.

Social Health

Inputs

School creates structures for social health

Engage families, students, and staff in a needs/asset assessment to identify challenges & community assets.

Set resource, relationship, and skill goals. Identify a Social Health coordinator.

School contracts with community organizations.

Activities

Students/families access resources and receiving coaching

Community partners offer resources, programs, training, and/or materials aligned with the school's Social Health goals.

Social Health coordinator helps students/families navigate resources and provides coaching to build relationships and skills.

Social Health coordinator checks in with community organizations and provides support.

Outcomes

Student/family health and well-being improve

Resource outcomes related to your initiative improve, e.g., student food security, improve.

Resource knowledge improves; self-advocacy and resource navigation skills improve.

Sense of belonging and school/community trust improves.

Students/families have greater social support and social capital.

Student school and life outcomes improve

Grades and graduation rates improve.

Student attendance/ family school engagement increases.

Student risk-taking behavior declines.

Long-term goals

Individual and family health improve

Community health improves

About the Project

Project Description

This guide is part of a two-year participatory evaluation that concluded in May 2024. We worked with Washington State public charter schools Lumen High School and Catalyst Public School. The evaluation started with a single question: "What is working in your school?" Researchers Georgia Heyward and Sivan Tuchman worked closely with school leaders to identify promising practices and create research plans to study implementation and outcomes. The result is six guides for each of the practices identified:

- Collaborative Conversations: A Skill-Building Restorative Practice
- Co-Teaching for All: Using Two Educators in a Classroom to Individualize Learning
- Cultivating Connection: How to Design and Implement School-Based Mentoring
- Social Health: A New Model for Wrap-Around School Services
- Station Rotation: Grouping Students for Individualized Learning
- Summer Professional Development: Creating a Foundation of Teacher Relationships

We also produced a summary report identifying how schools and systems can create learning environments that promote whole-school well-being. See that report for a full description of the research methodology.

Author

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