2. Theory: the community school

2.1 Introduction
As has been stated in the introduction of this thesis, community schools were developed to solve or diminish child behaviour problems and to help parents with education at home. The research question of this study concerns the extent to which community schools can indeed influence child behaviour and education at home. To be able to answer this research question, it is important to know what exactly is meant by the concept community school. This chapter describes the theoretical background of community schools. It first goes into the motives for the community school development (section 2.2). Section 2.3 concentrates on community school's institutions, objectives and activities. Section 2.4 focuses on what to expect from community schools according to other research. A description of Groningen community schools, which are the community schools included in this thesis' study, will be given in chapter 5.

2.2 Motives for the development of community schools
Children differ with concern to their educational and behavioural development. These differences are partly caused by innate characteristics, but another mechanism also lies on the basis of differences between children: the fact that not all children have equal opportunities in life. Especially children from lower socio-economic families are supposed to receive fewer opportunities to develop their intellectual, cultural and physical abilities than children from middle- and higher socio-economic classes. One obvious reason for this is that families with a lower socio-economic status have less money to spend, and are therefore less able to pay for music lessons, sports clubs or homework assistance. Another reason could be that parents with a low socio-economic status stimulate their children less intensively and have lower expectations of their children than parents with a higher socio-economic status (Mulder & Kloprogge, 2001). Furthermore, parents with a lower socio-economic background and minority parents often find it difficult to obtain services and support they need. They do not realise that services they need are available or they become confused by the fragmented service delivery system (Chang, 1993; Dupper & Poertner, 1997).

Education is not the only field in which children with a low socio-economic background are disadvantaged. Some of their disadvantages are already obvious at birth: they tend to have a lower birth weight than other children. Other physical differences between high and low socio-economic
groups are adult length, health problems, physical injuries, and the age of
dying (Mackenbach, 1991). Children with a lower socio-economic background
more often develop behavioural problems, such as aggression, hyperactivity
and depression (Verhulst, van der Ende & Koot, 1996).
Furthermore, they do not attend as much cultural and sports activities as children with a higher socio-economic status (Van de Burgwal et al, 1998).

According to Valencia (1997), parents seem to be implicitly held
responsible for the differences between the socio-economic groups. Parents,
and especially those with a low socio-economic status, should stimulate their
children's cognitive and social development more intensively, they should
address welfare and healthcare services sooner and more often, and they
should be more interested in their children's school carrier. Parents, however,
are not the only ones who get blamed for the lack of opportunities they
provide their children with. The neighbourhoods in which low-income children
live also get part of the blame. Mostly because of the bad, sometimes even
dangerous, environment and housing conditions and because of the negative
influence of peers in those neighbourhoods (McLaughlin, 2000; van Oenen,
2001).

Parents and neighbourhoods are sometimes blamed for the (negative)
influence they might have on children. Schools might expect too much from
parents, however. Perhaps schools and other community institutions should
use their own influence more extensively. Those institutions might not be able
to change differences between children, but they can try to equalise the
number and quality of opportunities different children are provided with.
Because teachers are not the only ones that should be held responsible for
decreasing problems in education and creating equal opportunities for all
children (Wang & Boyd, 2000), all institutions that work within a
neighbourhood should co-operate to provide all children within that
neighbourhood with equal opportunities (Dryfoos, 1993). Those opportunities
could concern intellectual, cultural, social as well as physical aspects. Schools
and institutions should not necessarily provide the same opportunities to all
children, however. They might choose to especially focus on those children
that are not provided with certain opportunities at home.

Since the 1990s, the emphasis on creating opportunities for all children
increased, which also led to an increasing interest in the connection between
family, school and community. This interest in the link between home, school
and community is not new, however. Already at the end of the 19th century,
schools co-operated with doctors, dentists and nurses. They came into
schools to screen children for example for contagious diseases and tooth
problems (Dryfoos, 1993; Wiegersma, 1999). The co-operation between
schools and other institutions mainly concerned medical care in those days. In
the 1960s and 1970s, co-operation between schools and other institutions
rather focused on social issues. Social scientists stressed the importance of the link between parents and schools. They especially emphasised the importance of offering parents information and support, however, instead of establishing genuine partnerships between home, school and community (Cairney, 2000).

As has been mentioned before, the 1990s showed a revival of ideas about co-operation between home, schools and other community institutions. Schools notice more and more that they cannot continue to deal on their own with several health, social, and psychological problems of children and with issues like safety, values and morality, and useful leisure activities (Ministerie van onderwijs, cultuur en wetenschappen, 2000b). Therefore, school administrators and teachers are much more open to allowing local health and social agencies into their schools than they were in the past (Dryfoos, 1993). Furthermore, many institutions within a community serve the same families, and the professional responsibility for certain services is often uncoordinated and dysfunctional (Corrigan & Bishop, 1997). To prevent different institutions from trying to solve the same problems, to avoid duplication of services and to provide a continuum of services, community institutions should co-operate with each other (Gaffney, 2001). Another reason for the renewed interest in home-school-community partnerships is the belief that children need multiple sources of support to succeed in school, and, therefore, schools need the input from families and communities (Sanders & Epstein, 1998). To satisfy the needs of children, schools and families, the now often disconnected services that are available in a community have to be linked into a coherent whole (Crowson & Boyd, 1998).

The school plays a significant part in linking parents, children, institutions and the school itself because the school can reach most parents and institutions. Moreover, the school is often the place where parents turn to if they experience difficulties in raising their children. Especially children with a low socio-economic background and other children at risk are expected to benefit from the co-operation between different institutions in a community. On the other hand, the school does not reach all families and not all families turn to the school with certain problems. Especially families with a low socio-economic background are hard to reach. Therefore, it is important to include strategies to reach families in the co-operation concept.

Several countries, such as the United States, Denmark, Sweden, France, the Netherlands, United Kingdom and Australia, have started initiatives to connect schools, families and the community, and community-based institutions and programmes become more and more involved in improving educational outcomes (OECD/CERI, 1996; Sanders & Epstein, 1998). These community-based initiatives are often known as full-service schools or community schools. These community schools focus, for example,
on the following aspects: to improve school programmes and the school climate, to provide services and support for families, to increase parents' skills and leadership, to connect families with others in the school and the community, and to help teachers to do their work (Epstein, 1995). According to Epstein (1995), the main reason to create partnerships within community schools is to help all children to succeed in school and later in life. She also warns, however, that community schools should be aware of the fact that they may not be able to help all families. The next sections will describe what community schools look like, and how they can help children and their families.

2.3 The community school
Almost all children in a neighbourhood can be reached through the school. This makes the school a suitable place for the organisation of activities that can improve children's development, education and socialisation. Co-operation between schools and other community services therefore often takes place within the school. As has been mentioned before, this co-operation within schools is often specified by the terms "full-service school" or "community school". In this thesis the latter will be used, because it stresses the co-operation of several community institutions, as well as the organisation of activities for several community members. For not only the school's pupils can profit from community school activities, parents and other community members also belong to the community school's target group. Community schools want to provide "safe, structured and enjoyable opportunities" (Kahne et al, 2000, p122) and activities for community members during school hours as well as in the evening and during weekends. Melaville and Blank (2000) define community schools as "intentional efforts to create and sustain relationships between a school or school district and a variety of both formal and informal organisations and institutions in the community" (p6). As Crowson and Boyd (1998) put it: "a "full service school", linking education and an array of other supports, can contribute to the development of much of the "social capital" needed to improve children's learning" (p.888). Community schools can furthermore provide access to care certain children would not otherwise be able to obtain, and the access of care services to high-risk populations that often do not appropriately use healthcare institutions (Dryfoos, 1993).

Community schools are in fact networks of co-operating community institutions. Several community institutions are brought into schools to increase the services that educational systems can provide, to stimulate children's and parents' further education, and to deal together with all kinds of problems that arise in the school's social environment (Dryfoos, 1993). Which institutions exactly co-operate within a community school depends on the
needs and possibilities of a neighbourhood. Most community school networks consist of (some of) the following institutions: schools, kindergartens, playgrounds, youth welfare organisations, child-care, healthcare and mental healthcare, social services, sports clubs and art and music schools, community centres, local government, libraries, school counselling, and last but not least, parents (Braakman et al, 1999; Dryfoos, 1993; Van der Grinten et al, 2000; Ministerie van onderwijs, cultuur en wetenschappen, 2000a; 2000b). These co-operating institutions are jointly responsible for the realisation of the community school's diverse objectives. These objectives can be divided into five categories: (1) social objectives, (2) developmental objectives, (3) health objectives, (4) cognitive or intellectual objectives and (5) organisational objectives. Not all community schools aim for the same objectives. Most of them, however, aim for (some of) the objectives described below.

Community schools' social objectives include objectives related to the social development of children as well as objectives related to the social environment of the school. Examples are: to improve social competence; to decrease behavioural problems; to mediate risky behaviour; a fast diagnosis and treatment of behavioural problems; to improve parents' pedagogical skills; to improve families' and parents' well-being; to enhance children's and parents' participation in society; to reduce racial isolation; to increase safety at school and in the neighbourhood; to enhance social cohesion in the neighbourhood and in the broader society (Gaffney, 2001; Jones, Burke & Picus, 2001; Kriens, 1997; Ministerie van onderwijs, cultuur en wetenschappen, 2000a).

The second category of objectives concerns developmental objectives. Most of those objectives remain rather vague: to influence children's development; to enhance children's chances on an optimal development; to stimulate the development of children at home, at school and in leisure time; to increase recognition of the developmental needs of young people; to enhance the development of parents so they can enhance their children's development; to increase parents' skills (Epstein, 1995; Gaffney, 2001; Melaville & Blanks, 2000; Ministerie van onderwijs, cultuur en wetenschappen, 2000a; 2000b).

Objectives concerning the health of community members are described less extensively: to enhance health; to diminish health disadvantages and a fast diagnosis and referral of health-related problems are among them (Dryfoos, 1993; Jones, Burke & Picus, 2001; Ministerie van onderwijs, cultuur en wetenschappen, 2000a).

Some community schools aim for an improvement of cognitive or intellectual achievement. Specific objectives in this area are: to improve pupil achievement, particularly from children at risk; to prevent and decrease
educational problems; to prevent drop-out; to enhance the participation of young children at risk in qualitatively good programmes (Manning & Rodriguez, 2000; Melaville & Blank, 2000; Ministerie van onderwijs, cultuur en wetenschappen, 2000a; 2000b; Sanders, 2001). Warren and Francsali (2000), in this respect, warn that it is important to have realistic expectations of community school's effects. One of the things that community-school collaboration cannot be expected to do, according to them, is to improve schools, unless there is a strong educational component in the community-school partnership. This strong educational component should focus on the improvement of the organisation and of curricular elements, as well as on helping every pupil to reach his highest level of achievement.

The final category of community schools' objectives concerns organisational objectives. These objectives could be considered intermediate goals; they are not really a goal in itself, but they are supposed to lead to something else. Among the organisational objectives are: to increase partnerships between institutions; to increase levels of parent and community involvement; to provide services, support and opportunities for families; to provide day care facilities and pre-school education; to provide teachers with opportunities to teach (instead of solving non-educational problems); longitudinal and intersectoral coherence of activities; more efficient and effective health and social service delivery; to make school more attractive or to give the school a central function in neighbourhood; to improve the school programme; positive attitudes by pupils and school staff towards the school and towards learning; to aim for a mutual pedagogical mission of the institutions that co-operate within a community school (Epstein, 1995; Jones, Burke & Picus, 2001; Manning & Rodriguez, 2000; Melaville & Blanks, 2000; Ministerie van onderwijs, cultuur en wetenschappen, 2000a; 2000b; Sanders, 2001).

The list of community school objectives above does not include the categories "child behaviour objectives" and "objectives concerning education at home". Instead, objectives related to child behaviour and education at home were formulated in the category of social objectives as well as in the category of developmental objectives. The following objectives related to child behaviour were mentioned in one of those categories: to decrease behavioural problems; to mediate risky behaviour; a fast diagnosis and treatment of behavioural problems. The categories social objectives and developmental objectives listed the following objectives related to education at home: to improve parents' pedagogical skills; to stimulate the development of children at home; to increase parents' skills.

The organisational goals mentioned above could also be called intermediate goals. These intermediate goals are closely related to the means that are used by community-school networks. One of those means is the
school building. The school building is an appropriate place to create one-stop service centres in a convenient place, known by children as well as their parents. In this way, the school becomes a site for access to social, cultural, health, recreation and other services for children, their families and other community members (Dryfoos, 1993). According to Kriens (1997) quite some organisations consider the school to be a good environment for co-operation to take place. Multifunctional buildings may make co-operation between institutions easier, although it is not a condition for reaching community schools' objectives. The key factor should remain the co-operation between community institutions (Ministerie van onderwijs, cultuur en wetenschappen, 2000b). Whether or not community schools’ objectives are achieved furthermore largely depends on the activities that are organised.

Community school activities differ per community school, because community schools focus on the needs of the inhabitants of the neighbourhood. The questions and needs of those inhabitants determine the direction of the community school's development (Ministerie van onderwijs, cultuur en wetenschappen, 2000b). Most community schools offer one or more of the activities mentioned below. Some of those activities aim for several objectives. For example, some early educational intervention programmes have cognitive, health, and social as well as developmental goals. The categorisation of activities below is therefore not very strict.

Social or developmental activities include activities for children as well as activities for parents, and recreational activities as well as certain intervention programmes. Activities for children include, for example, extra-curricular sports and music courses; social skills or socio-emotional training; behaviour modification; early intervention programmes; school-age child care; and one-to-one individual attention. Examples of social activities for parents or families are programmes that stimulate education at home; meetings in which families can share information with schools about for example culture, background, children’s talents and needs; job fairs, employment and job preparation training and professional skill development; training in effective meeting skills; citizenship and civics education; school violence and safety; a parent resource centre; comprehensive programmes that involve families and communities in children's education and development. On a more general level are for example programmes to enhance the safety at school and in the neighbourhood (Dryfoos, 1993; Epstein, 1995; Gaffney, 2001; Jones, Burke & Picus, 2001; Melaville & Blank, 2000; Ministerie van onderwijs, cultuur en wetenschappen, 2000a; Sanders, 1999).

With concern to health issues, the community school package often includes health screening (for example vision, hearing and dental screening), physical examinations, treatment of minor injuries and illnesses, and
counselling and referral. Furthermore, physical health is promoted through information campaigns. (Dryfoos, 1993; Jones, Burke & Picus, 2001)

Like social and developmental activities, cognitive activities include activities for children and activities for parents. Activities for parents mainly consist of adult education programmes like computer literacy, second language learning and distance education, but also strategies to support pupils' learning are included. Cognitive activities for children include pre-education or pre-school; an improvement of the primary or secondary school education and curriculum; programmes to decrease drop-out rates; tutoring; literacy services and the provision of books and stimulation of reading. Furthermore, community schools can provide clear and usable information to all families who want it or who need it, which should be linked to children's success in school. Also important is a regular schedule of homework that helps parents stay aware of the content of their children's work. (Epstein, 1995; Jones, Burke & Picus, 2001; Melaville & Blank, 2000; Ministerie van onderwijs, cultuur en wetenschappen, 2000b; Sanders, 2001)

Sanders (1999) gives an example of activities that concern the community school organisation. She shows that in the American National Network of Partnership Schools so-called "Action Teams" are an important factor in the successful implementation of a community school's partnership programme. These Action Teams include school administrators or principals, teachers, parents and others in the school and community to make sure that the partnership programme benefits from various perspectives, insights and talents. Another example of an activity that concerns the organisation are courses concerning leadership development (Melaville & Blank, 2000).

Table 2.1 summarises the information about community school objectives and activities presented above. In this thesis, we specifically focus on some of the social objectives (such as improving social competence; decreasing behavioural problems; improving parents' pedagogical skills; mediating risky behaviour; fast diagnosis and treatment of behavioural problems), some of the developmental objectives (such as stimulating development of children at home and increasing parents' skills) and on diminishing health disadvantages.
<table>
<thead>
<tr>
<th><strong>Objectives</strong></th>
<th><strong>Activities</strong></th>
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<tr>
<td><strong>Social objectives</strong></td>
<td><strong>Social and developmental activities</strong></td>
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<tr>
<td>improve social competence; decrease behavioural problems; mediate risky behaviour; fast diagnosis and treatment of behavioural problems; improve parents’ pedagogical skills; improve families' and parents' well-being; enhance children's and parents' participation in society; reduce racial isolation; increase safety at school and in the neighbourhood; enhance social cohesion in the neighbourhood and in the broader society.</td>
<td>extra-curricular (sports and music) courses; social skills or socio-emotional training; behaviour modification; early intervention programmes; school-age child care; one-to-one individual attention; programmes that stimulate education at home; meetings in which families can share information with schools; job fairs, employment and job preparation training and professional skill development; training in effective meeting skills; citizenship and civics education; school violence and safety; parent resource centre; comprehensive programmes that involve families and communities in pupils' education and development.</td>
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<tr>
<td><strong>Developmental objectives</strong></td>
<td><strong>Health objectives</strong></td>
</tr>
<tr>
<td>influence children's development; enhance children's chances on an optimal development; stimulate the development of children at home, at school and in leisure time; increase recognition of the developmental needs of young people; enhance the development of parents development; increase parents' skills.</td>
<td>enhance health; diminish health disadvantages; fast diagnosis and referral of health-related problems.</td>
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<tr>
<td><strong>Health activities</strong></td>
<td><strong>Health activities</strong></td>
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<tr>
<td>health screening; physical examinations; treatment of minor injuries and illnesses; counselling and referral; information campaigns.</td>
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<tr>
<td><strong>Cognitive/intellectual objectives</strong></td>
<td><strong>Cognitive activities</strong></td>
</tr>
<tr>
<td>improve pupil achievement; prevent and decrease educational problems; prevent drop-out; enhance participation of young children at risk in qualitatively good programmes.</td>
<td>pre-education or pre-school; improvement of the primary or secondary school education and curriculum; programmes to decrease drop-out rates; tutoring; literacy services; the provision of books and stimulation of reading; homework schedule; computer literacy; second language learning; distance education; strategies to support pupils' learning.</td>
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<tr>
<td><strong>Organisational objectives</strong></td>
<td><strong>Organisational activities</strong></td>
</tr>
<tr>
<td>increase partnerships between institutions; parent and community involvement; provide services, support and opportunities; day care facilities and pre-school education; provide teachers with opportunities to teach; longitudinal and intersectoral coherence of activities; efficient and effective health and social service delivery; make school more attractive; improve the school programme; mutual pedagogical mission.</td>
<td>action teams; courses concerning leadership development.</td>
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2.4 Research on community-based initiatives
Section 2.3 described which institutions usually participate in community schools, what their objectives are, and which activities they organise. Besides information about community schools' participants, objectives and activities, it is important to know whether or not the objectives are achieved. Research concerning community school effects is still in its beginning stages. Most community school initiatives do identify desired results, but only a few have formulated indicators of progress or use methods for data-collection to see whether they actually achieved their objectives (Melaville & Blank, 2000). Besides, the various community school approaches are still evolving and often differ substantially from each other, which makes causal attribution of effects difficult (Merseth, Schorr & Elmore, 2000). It is therefore difficult to say to what extent community schools can indeed reach their objectives. Section 2.4.1 is thus mainly based on literature on the development of community-based initiatives and on studies about other school reform projects, rather than on literature on the effects of community school initiatives.

2.4.1 How to make community schools work
How realistic is it to expect that community schools can indeed provide equal opportunities to all children, and that they can help in preventing or diminishing behavioural, educational and health problems? The activities that are organised by community schools are an important factor in reaching the objectives. Community schools need time to experiment and mature, however, before they are able to effectively expand and adapt their purposes and strategies (Melaville & Blank, 2000). Next to the organisation of appropriate activities, other issues could also contribute to successful community schools.

To make community schools as effective as possible, it is important to establish partnerships between schools, families, and community institutions. Important in this respect are equal sharing of agendas, an open dialogue between parents and teachers and joint efforts to establish genuine collaboration and partnership. Relatively few schools exist where genuine reciprocal partnerships have been developed between families, school and communities (Cairney 2000). Research showed why it is difficult to establish such partnerships. First of all, teachers seem to be hesitant towards increasing family involvement (Sanders & Epstein, 1998), and even involvement from other, non-educational, institutions (OECD/CERI, 1996). Educators fear that involving families and others will decrease their professional status. This can be shown in the fact that teachers resist more to parental involvement in decision-making activities than to less threatening
activities like fundraising and helping with extra-curricular activities (Epstein, 1995). Not only teachers, but, from the point of view of institutions in the community, also school boards are often inflexible with respect to co-operation (Dryfoos, 1993). Teachers' resistance to co-operation could be caused by the fact that most educators are not prepared by their education to deal with complex community partnerships. Hence, a good starting point for the development of partnerships between schools and other institutions would be the education system that prepares teachers to work in schools (Joyner, 1998).

Another difficulty developing school-community partnerships lies in the twentieth-century traditions of bureaucratisation, professional distancing, fragmented programming and a very tentative partnership between schools and families or communities (Crowson & Boyd, 1998). For example, many initiatives have been delayed because of decisions about the use of school facilities. Often the school is already overcrowded and finds it difficult to provide rooms for the other institutions in the community school partnership. The processes involved in connecting community institutions with schools are very complex (Dryfoos, 1993). Each party has its own board of directors, policies, funding, accounting procedures, personnel practices and insurance. It therefore takes extensive planning and negotiation to work out the details for co-operation.

Furthermore, American research by Sanders (1999) shows that quite some troubles show up when institutions within a community try to co-operate and to form partnerships. Approximately 50% of the participating institutions in community schools complain about the lack of time to plan and carry out community school activities. Problems in the development of community schools like lack of funding, inadequate training and guidance, lack of support from teachers, and lack of support from families and parents are also mentioned in Sanders' study.

Miller and Replogle (1995) state that, with concern to co-operation between institutions, it is important for institutions to first grasp the following principles before jointly organising concrete activities: (1) stimulation of child and adult development by enhancing both the family's child rearing capacities and the community context in which the child rearing takes place; (2) a preventive rather than a remedial orientation; (3) focus on families' strengths rather than on their weaknesses; (4) sensitivity to local needs and resources; (5) the recognition that all families need information and social support; and, (6) commitment to empowering individuals and families so that they can meet their own needs and become increasingly self-sufficient.

Research has shown that the most effective community school networks are well implemented and responsive to the needs of families, children and schools (Sanders and Epstein, 1998). Important factors for a
successful implementation are an active and supportive "action team", appropriate funding, time, guidance and strong (educational) leadership (Sanders, 1999). With regard to the latter, Sanders (2001) stated that the school principal has to make sure that school wide support for the development of a community school exists. To establish such support, it is important to come to clear arrangements, for example about the governance of the community school. Melaville & Blank (2000) found that most community school governance designs combine three key functions: general oversight, which is largely community based, day-to-day management, mostly by school staff, and site-level decision making involving a variety of participants like parents and community members.

Furthermore, a bottom-up strategy would fit best in the development of community schools, because it is most responsive to the needs of families and children. In this strategy, plans are made at the neighbourhood level by institutions that work and people that live in that neighbourhood. In reality, however, most community schools will make use of mixed strategies (Reezigt, 2001), in which community school programmes are initially developed by external agents (such as city councils) and subsequently voluntarily implemented in community schools. In both strategies it remains a problem that not every child and every family has the same needs. They even can have opposite needs. Besides, people do not always know what they need, according to some institutions. A discrepancy might exist between what institutions think certain people need and what people themselves think they need. Kriens (1997) in this respect, points to what she calls "the parent paradox". On the one hand parents (and other community members) are supposed to be actively involved in the development of community schools and in their children's education, on the other hand they are often blamed by institutions for the problems their children might have. Those possible frictions between parents and community institutions make it even more important to establish broad commitment and support for community-based initiatives on national, state and local level. According to Sanders and Epstein (1998) these are vital to the success of programmes of school-family-community partnerships.

Parents' needs are not the only ones that should be taken into account in community schools; teachers and other community personnel should be able to do their jobs effectively. For teachers and administrators to function well within a community school, they need to be placed in structures that will give them the time to plan together and to interact with pupils and their families in a way that supports pupils' learning and personal development (Joyner, 1998). It is important to give teachers some time to get used to the idea of co-operating with other professionals and to actually establish networks with other institutions. Community schools have to make sure that all
institutions are proportionally responsible for the realisation of objectives and to make sure that the work that has to be done is equally divided among the co-operating institutions (Ministerie van onderwijs, cultuur en wetenschappen, 2000a).

Summarising, community schools are networks of co-operating institutions that want to offer opportunities and activities for parents and children. Community schools aim for several objectives. Some of these objectives are specifically related to child behaviour and education at home, such as: to decrease behavioural problems; to mediate risky behaviour; a fast diagnosis and treatment of behavioural problems; to improve parents' pedagogical skills; to stimulate the development of children at home; to increase parents' skills. Community schools expect that participation of parents and children in community school activities related to those objectives will lead to a decrease of child behaviour problems and an improvement of education at home. Before describing the activities organised in Groningen community schools (chapter 5), we will first concentrate on the concepts child behaviour problems and education at home in chapter 3. This chapter will especially focus on those aspects of child behaviour problems and education at home that could possibly be influenced by community schools.