



District
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COMMENTARY

Creating a Culture of Educational Excellence in the Springfield Public Schools (MA)

by Dr. Alan Ingram

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and initiatives must be present
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organization.*



Creating a Culture of

Educational Excellence

in the Springfield
Public Schools

| ALAN INGRAM

As Winston Churchill famously said, “The price of greatness is responsibility.” I know that the Springfield Public Schools (SPS) can be as great as we want them to be if we all take responsibility for achieving that greatness. With that responsibility in mind, the pockets

of success we enjoy in Springfield are simply not sufficient. We need to take responsibility to allow all children to reach their full potential, supported by a climate and culture that can enable success. This sense of purpose has helped us direct Springfield toward a future that incorporates honest self-reflection and informed, continuous improvement.

In July 2008, I was honored to be appointed superintendent of Springfield Public Schools, a school district with a rich tradition of being a driving force for good in the community. However, through a series of forums—key informational interviews with the School Committee, collective bargaining groups, teachers, parents, and other members of the community, it became clear that Springfield Public Schools needed a mandate for change. The beginning of my tenure presented an excellent opportunity to move forward in a new direction.

It was essential that we make the district a better education system; to do this we would have to focus on sharply improving academic achievement across the district, making schools safer, building a strong coalition of community support for public schools, and creating a culture of high expectations throughout the district. The plain truth is that Springfield Public Schools have too many students dropping out before they graduate, too few students

attending class every day, and too few students achieving at high levels in the classroom.

In these two and a half years, we have made progress toward our vision to create a culture of educational excellence. To claim victory at this point would be foolish, as much more needs to be done. However, there is no question that the public schools of Springfield are in a much stronger position today than they were in the summer of 2008. This is thanks to many people in Springfield—the work of the School Committee, our teachers and administrators, the willingness of the public, and the dedicated employees of SPS who have embraced the change-focused initiatives that are so desperately needed here.

Getting Ready for Change

The organizational process that I began in Springfield has been very structured and draws upon some popular organizational frameworks; however, it has been the underlying themes and values of the tools we used that have been the most valuable aspects of our change management process. The various measures and concepts in the tools we used can be a part of any district's transformation process. I often reflect on a comment from Joellen Killion and Cindy Harrison, both past presidents of the National Staff Development Council. Their words explain the way we think about transforming our district: "Organizational development requires a planned approach to change based on meeting the needs of both the people and the organization." From the outset of my tenure, beginning with my entry plan, I have continually tried to focus my attention on Springfield's needs.

My original entry plan provided a framework and structure that guided my transition into the superintendency. An important first step that I took was learning more about the district from the community. This included establishing listening posts, clarifying the needs of the school district, identifying improvement opportunities, and targeting any threat that might adversely affect the learning community. By gathering critical information quickly about the needs of the children, teachers, the school system, and the community, I was able to assess the district's strengths,

challenges, and opportunities for improvement. This allowed me to develop a strategic focus for our initial direction. My plan included five high-priority reforms:

1. **Aligned Learning Communities:** We chose to divide the district into three regional zones. This was done to help teachers and administrators better focus on the needs of students and staff in each area of the district, and increase staff capacity to offer tailored support services.
2. **Instructional Leadership Specialists (ILS):** We created "lead teacher" positions. Lead teachers provide specific support for teachers in the core content areas at our lowest performing schools.



Dr. Alan Ingram, Superintendent, Springfield Public Schools.

3. **Organizational Health Improvement Process (OHI):** We engaged the Organizational Health Diagnostic and Development Corporation to assess and help cultivate the overall well-being of the district.
4. **High Performance Model:** We implemented this strategic planning process to support district-wide strategic planning activities and continuous quality improvement.
5. **Harris Poll Interactive School Survey:** We administer this survey biannually to gather information about experiences and satisfaction levels of a variety of stakeholders in the district. >

We believe that the Springfield Public Schools must be driven by our mandate for change and our vision of educational achievement, and we have derived our initiatives based on key concepts and best practices in organizational improvement. I will elaborate on the high performance model and the organizational health frameworks because of the way they have helped us begin the change process in our district.

The High Performance Model that we instituted has been an important part of our organizational growth. This model is based on the nationally recognized Malcolm Baldrige Performance Excellence Criteria, and is designed for educational institutions. It requires that our core focal points—leadership, values, customer service, systemic processes—serve to promote performance excellence and continuous improvement.

Further, a critical tool within the High Performance Model is the Aligned Management System (AMS) (Figure 1). AMS is a framework that places our focus on resource-conscious alignment within our district. The framework illustrates the logical relationship that exists among all the elements of a school system. AMS provides crucial, on-going monitoring and assessment of the district’s processes

and capabilities. By using a tool that gives us such a clear vision of ourselves, Springfield Public Schools continues to build a knowledge base about its needs for the future. Additionally, this tool provides the structure and support for on-going decision-making processes that must occur to keep the district focused on its path to success.

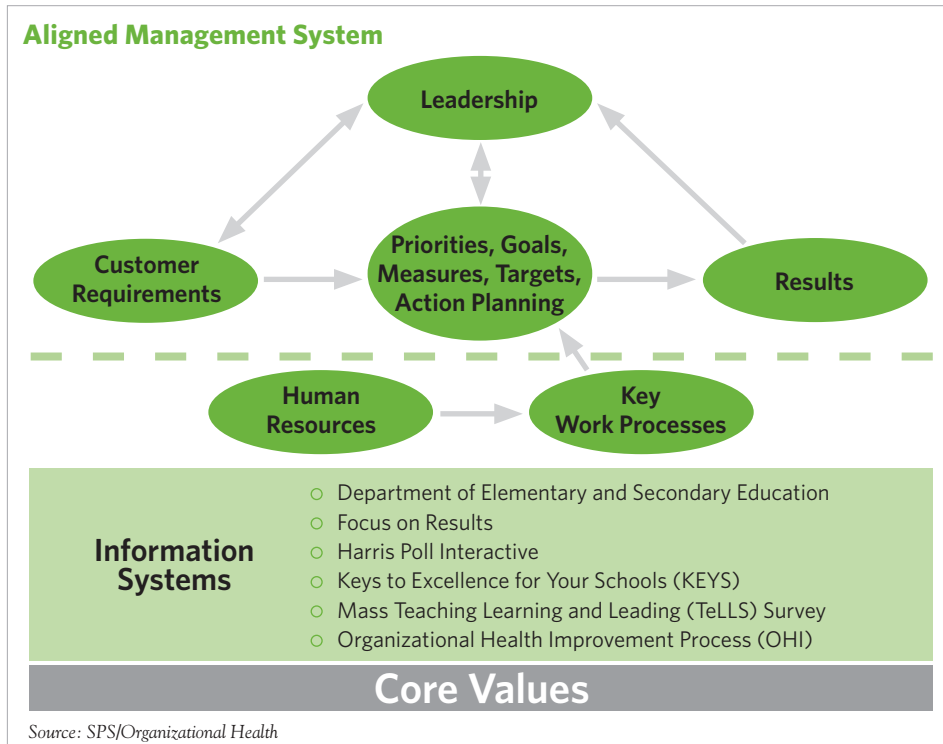
All factors are necessary and interconnected. However, the foundation for the process of transformation must be an infrastructure that, where appropriate, empowers decision-making, creates cohesion, grants autonomy, and provides quality assurance. Building this architecture for transformation is a process called Organizational Health Improvement. To assist us with this, we engaged the Organizational Health Diagnostic and Development Corporation (Organizational Health).

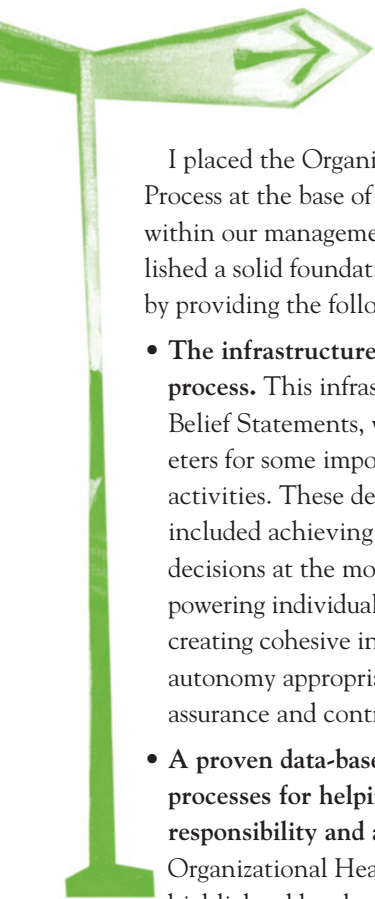
Focus on Organizational Health & Culture

The Organizational Health Improvement Process—another critical tool in our organizational development—has embedded in it several important change management concepts. This process is a data-based approach for diagnosing and improving the effectiveness of leadership teams. The main

objective is to increase student achievement by focusing on increasing leadership capacity to improve student performance in both central office units and campuses throughout the district. We adopted this particular approach because it includes a proven data-based system and processes for helping leaders accept responsibility for effectiveness. The Council of Chief State School Officers highlighted the Organizational Health diagnostic and development process in their Successful Practices Series in 2004. We felt it was important to use a tool that was both aligned with our mission and values, and had a successful record of practice.

FIGURE 1





I placed the Organizational Health Improvement Process at the base of the Information Systems within our management system because it established a solid foundation for our transformation by providing the following key supports:

- **The infrastructure for the transformational process.** This infrastructure included Leadership Belief Statements, which provided the parameters for some important decision-making activities. These decision-making activities included achieving quality decisions, making decisions at the most appropriate level, empowering individuals and teams appropriately, creating cohesive interdependent teams, granting autonomy appropriately, and providing quality assurance and control systems.
- **A proven data-based system and multiple processes for helping key leaders accept responsibility and accountability.** The Organizational Health Improvement Process highlighted key leaders' responsibilities for organizational health as well as for school and central office effectiveness.
- **A conceptual framework for identifying where schools and central office units were on a dependence continuum.** We were able to use our series of improvement tools to identify where different parts of the organization were on a spectrum, from dependence all the way to interdependence. Through this type of model, teams can see and devise strategies to move individuals and teams from dependence to independence, and from independence to interdependence.

The Organizational Health Process Step-by-Step

A significant part of the transformation process for Springfield has occurred as a result of our decision to follow the Organizational Health Improvement (OHI) framework, with the assistance of outside consultants. For us, it has been important to have a structured, step-by-step process. Discussing the particular steps of our organizational health diagnostic and improvement sheds some light on the important themes that underlie our plan of action.

First in the process was a district-wide orienta-

tion session for key leaders, including principals and central office staff. It was important that these leaders be directly engaged in the district strategy, so that they could understand our aims to improve, see how they would fit into the process, and have a chance to become more aware of the whole process itself. In step two, we collected organizational health data to analyze. Next, we developed a composite Organizational Health Profile for both campuses and central office units. The analysis allowed us to identify leadership and organizational strengths as well as improvement priorities for the district. While these steps were particular to the framework we chose, they are important components of any change-driven set of initiatives because of the focus on leader buy-in and the use of data as a key resource.

For us, steps four and five were highly individualized data-based activities requiring the involvement of each leader, his/her supervisor, and an Organizational Health consultant. Step five involved collaboratively developing a plan for each particular leader. Once each individual plan was developed, each leader was tasked with sharing the data with faculty and/or the central office team to which they belonged. This led to the next step, team training sessions. These were focused on building the capacity of leaders and key members of their teams. The final step in our process was focused on incorporating the district's strategic plan into each school's goal-setting and planning process. We think that the model we used employed an important natural progression, from communication to data collection to planning to team training, and finally, to broad implementation.

The major benefit of the entire process has been the way it elicits open and honest feedback regarding the internal workings of schools and central office units. Briefly stated, OHI provides a reliable and valid measurement of ten dimensions of organizational health.

These ten dimensions yield a composite profile of organizational health, which is defined as "an organization's ability to function effectively, to cope adequately, to change appropriately, and to grow within." This health, like personal health, can vary from a minimal to a maximal degree. ▷

Status Report: What Did the Data Reveal in December 2008?

Through our data collection, it became clear that Adaptation was the dimension that needed the most attention for our district. The data revealed that Adaptation was a priority for our schools:

- Number one priority for 24 schools,
- Number two priority for 18 schools, and
- Number three priority for 7 schools.

Our analysis allowed us to see that 49 of the 52 schools had adaptation as one of their top three improvement priorities. From previous experience, I knew that adaptation was going to be a crucial dimension for Springfield because of its high correlation with student performance. In order to transform the schools, central office leaders and principals needed to be willing and able to adapt to meet the unique needs and challenges of students throughout the district. It was very helpful to see this knowledge of practice confirmed through our data collection.

It was also clear to me that two additional dimensions of organizational health needed to be in place in order to have a significant impact upon student performance. These dimensions of Cohesiveness and Goal Focus were also important as indicated by our data collection and analysis process.

The Impact on Student Achievement

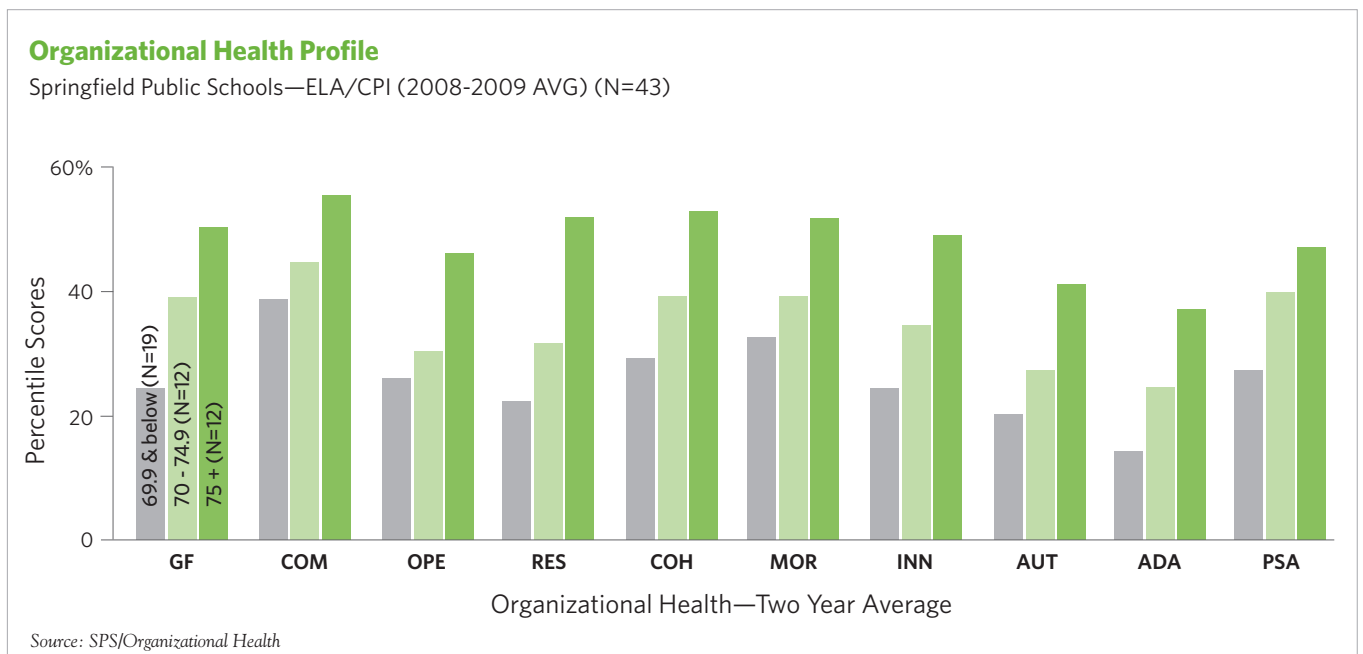
Our work and effort needed to result in a measurable impact. Knowing this, we entered the process with the intent of asking and measuring the following: Does the organizational health of schools impact the bottom line student performance? Was this work a good investment of our time and energy? These are crucial questions and questions that needed a data-based response.

The first analysis we conducted required computing a two-year average Composite Performance Index (CPI) score for English and Language Arts (ELA) based on the statewide accountability system.¹ Next, schools were ranked from high to low based upon their two-year ELA-CPI scores. Schools were placed into the following three groups based upon their performance scores:

- Above 75 (N = 12)
- Between 70 and 74.9 (N = 12)
- Below 70 (N = 19)

A two-year organizational health score was computed for each school based on the ten dimensions of organizational health and the total score. The composite organizational health percentile scores were computed for each of the three groups of schools. A very clear pattern emerged, demonstrating the relationship between the levels

FIGURE 2





of student performance and the dimensions of organizational health. For each of the ten dimensions, there is a very clear “stair-step” relationship. These results are shown in Figure 2. For us, this demonstrated relationship between organizational health and student performance has confirmed the importance of using organizational health as a guiding principle as we move forward.

What are the Implications?

It is clear that to have systemic, sustained success in classrooms throughout the district, we must focus on improving the organizational health of each school as well as of the central office. Based upon two years of data, student performance correlated with these “big three” dimensions of organizational health (Goal Focus, Cohesiveness, Adaptation) at the 0.01 level of statistical significance. The prospect of significant improvement in student performance is dismal unless the existing culture can be transformed and modeled along these dimensions.

Based on our data, it seems logical that schools will be more productive when principals have a goal focus for all staff—built-in systems that foster clarity, acceptance, support, and advocacy of school-wide goals and objectives. Schools that are leading the way by having support and focus on school-wide goals enable faculty to devote energy to important activities, such as critically examining data, having healthy professional debates, and being involved in establishing realistic short and long-range goals and objectives.

Further, when principals and other key leaders exemplify cohesiveness by demonstrating that ▷

The 10 Dimensions of Organizational Health

1. **Goal Focus:** Goal Focus (GF) is the ability of persons, groups, or organizations to have clarity, acceptance, support, and advocacy of goals and objectives.
2. **Communication Adequacy:** Communication Adequacy (COM) exists when information is relatively distortion free and travels both vertically and horizontally within the organization.
3. **Optimal Power Equalization:** Optimal Power Equalization (OPE) is the ability to maintain a relatively equitable distribution of influence between leader and team members.
4. **Resource Utilization:** Resource Utilization (RES) is the ability to identify and utilize the human talent effectively within an organization and to do so with a minimal sense of stress.
5. **Cohesiveness:** Cohesiveness (COH) is the state in which persons, groups, or organizations have a clear sense of identity. Members feel attracted to membership in an organization. They want to stay with it, be influenced by it, and exert their own influence within it.
6. **Morale:** Morale (MOR) is that state in which a person, group, or organization has feelings of well-being, satisfaction, and pleasure.
7. **Innovativeness:** Innovativeness (INN) is the ability to be and allow others to be inventive, diverse, creative, and risk taking.
8. **Autonomy:** Autonomy (AUT) is the ability for members to have the freedom to fulfill their roles and responsibilities within established boundaries.
9. **Adaptation:** Adaptation (ADA) is the ability of members to adapt and change to meet the external demands for change without violating their basic beliefs and values.
10. **Problem-Solving Adequacy:** Problem-Solving (PSA) is an organization’s ability to perceive problems and solve them with minimal energy. Problems stay solved, and the problem-solving mechanism of the organization is maintained and/or strengthened.

Source: Organizational Health

they value, promote, and expect collaborative team work throughout the school, it has a powerful impact on performance. These leaders tend to have systems in place to help horizontal and vertical teams progress naturally through the stages of team development. Teams analyze causes for gaps, identify discrepancies, predict future trends, plan proactively, hold themselves and others accountable, and work collaboratively with other interdependent teams. When time is at a premium, and with dollars decreasing, and external expectations increasing, educators need to maximize the impact of their time by capitalizing on the synergy within these horizontal and vertical teams.

When performance doesn't match the expectation, the natural response of cohesive, goal focused teams is to adapt. This adaptation will be based upon a critical analysis of existing data, a reexamination of current strategies, and the development of proactive strategies for achieving the desired results. Principals and other key leaders play pivotal roles in this process, especially during the early stages of adaptation.

Is the District Making Progress?

Creating a culture of educational excellence in an urban environment takes time and commitment

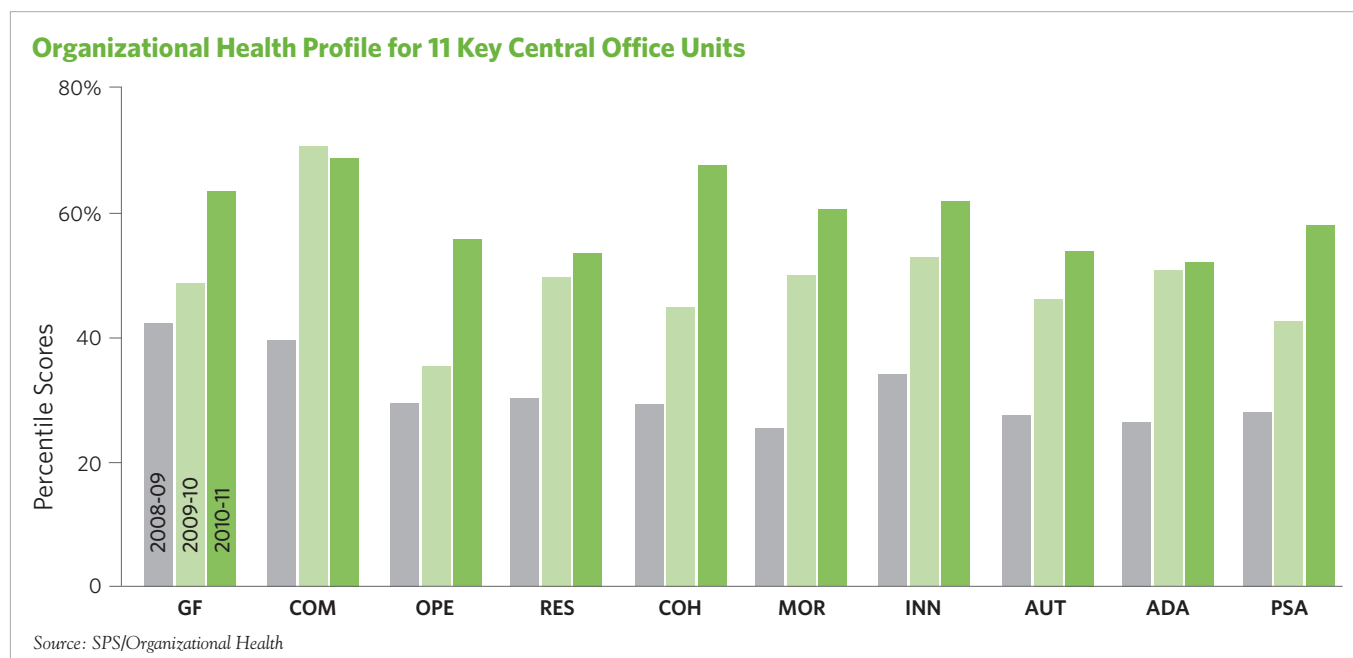
from the central office, individual schools, and developing leaders.

In order to transform a school system, change must start at the top of the organization, and it does take time. The data reveal that progress has been made during each of the past two years, but the rate of change needs to continue and be accelerated (Figure 3). It was gratifying to see that major gains have been made in Goal Focus and Cohesiveness. Additional time and energy must be focused on improving the organizational health and effectiveness of the 15 key central office units as each of these units has an impact upon the organizational health and effectiveness of our 52 school sites.

For the district's 52 sites, the overall scores have improved on eight of the ten dimensions of organizational health. However, Goal Focus, one of the essential dimensions, has decreased. The data suggest that some principals may be having difficulty in articulating the new goals and improvement plans, and possibly in convincing teachers that these new performance targets are achievable. Even though there has been a drop in Goal Focus, 19 schools have been able to increase the levels of Goal Focus during the past year.

Based upon the 2008 data, most principals have made significant structural changes. Many of those changes, however, were not initiated until the fall

FIGURE 3



of 2009, so those changes may have had minimal impact on the 2009 data. Many teachers are still taking a “wait and see” attitude toward these changes. I continue to focus on developing a culture of commitment and buy-in that will drive organizational health improvement.

We believe that our strategy and initiatives must be present throughout the fabric of our organization. As a result, organizational health data has also informed the way we are making personnel decisions. The assistant superintendent for schools and the three chief school officers who supervise, coach, and evaluate principals used organizational health data when selecting and assigning principals to new schools. During the previous year, several natural vacancies occurred, and several principals were encouraged to move to more challenging schools that needed their leadership and organizational skills. The assistant superintendent and his team used organizational health data to help make decisions regarding transfers and the assignment of new principals to schools with vacancies. Their goal was to capitalize on the leadership skills of principals and to place them in positions where their skills would have the greatest overall impact for the district. We have benefitted from being able to incorporate the organizational health data into many different aspects of our district operations.

As a result in this particular example, the organizational health of the 11 schools with principal turnover improved substantially on all ten dimensions. The dimensions of Communication Adequacy, Optimal Power Equalization, Morale, Autonomy, and Problem Solving Adequacy more than doubled during the year.

Using Data to Help Transform the Schools and Central Office Units

The organizational health data for all schools and 15 key central office units collected in 2008 and 2009 has been, and will continue to be, used to help in the transformation process. Some of the specific district-wide changes that were reinforced or initiated as a result of this philosophy and data include the following:

- Restructured the central office
 - Created better alignment with the district’s

goals that were established through the Strategic Planning Process.

- Created structures that require departments to function interdependently rather than just within their independent silos.
- Created structures that provide greater support from central office to schools.
- Incorporated the six Leadership Belief Statements into the day-to-day operations of all schools and central office units. These principle-centered Leadership Belief Statements are designed to help transform schools and central office units from dependence to independence and from independence to interdependence.

“We believe that our strategy and initiatives must be present throughout the fabric of our organization.”

- Created an alignment between the goals and performance targets, the appraisal process, the development process, and the compensation structure.
- Created a framework for selecting and assigning administrators based upon the needs of the administrative unit and the leadership and organizational skills of applicants.
- Provided organizational health training and coaching for leaders and key members of their leadership teams and provided them with conceptual tools for moving their organizations to the next level.
- Created and modeled transparency by “working through” each of the steps in the organizational health improvement process. The superintendent, assistant superintendents, and the chief school officers modeled the data sharing and feedback process with members of their leadership teams. Principals participated in this process as team members two times before they replicated the process with their own faculties. ▷

- Established procedures and guidelines for two key leadership teams at campuses.
 - The Instructional Focus Team became the primary driving force for improving the quality of teaching and learning throughout the campus.
 - The Principal Advisory Council (Operational Team) provided a place for healthy debate and conversations regarding non-instructional issues that could negatively impact the effectiveness of schools. Adding this important committee created another opportunity for collaborative decision-making and for empowering more professionals.

“My challenge to all faculty and staff this academic year is to harness the tremendous, infectious power of positive attitude.”

- Created an expectation that every campus and key central office team would accept full responsibility for improving the organizational health and effectiveness of their administrative units. This would be accomplished by increasing the leadership capacity of individuals and teams throughout their units, resulting in improved student performance.

Concluding Thoughts: Strategy and Practice

My challenge to all faculty and staff this academic year is to harness the tremendous, infectious power of *positive attitude*. There is a quote by an unknown author that says: “Our lives are not determined by what happens to us, but how we react to what happens; not by what life brings to us, but the attitude we bring to life. A positive attitude causes a chain reaction of positive thoughts, events and outcomes. It is a catalyst ... a spark that creates

extraordinary results.” I believe that through our strategic initiatives and a district-wide desire to see those initiatives realized, we can obtain the kind of results to which we aspire.

As educators, our attitudes should not only show that we believe in our students’ aspirations beyond high school, they should also give birth to them. I expect everyone to bring positive attitudes to the classroom, the boardroom, the office, and the playground. I expect we will all model for our students the belief that they can overcome obstacles and become the greatest students they can be. We must let our attitudes demonstrate that we know our children can and will rise to the level of expectation that we set for them.

Using proven and data-driven tools that are aligned with our relentless focus on student achievement has been an extremely valuable direction for this district. It is important that we, as a district, keep a strategic focus on the journey ahead by employing tools that allow us to visualize and measure progress, and, more importantly, that are continually aligned with our core values.

¹ One of the 52 schools was a primary school so it did not have CPI scores, one was a new school so it did not have two years of data, and the eight alternative campuses are considered one school with regards to their CPI scores. Therefore a composite Organizational Health score was computed for these eight schools, thus reducing the number of schools with two years of data to 43 schools.



DR. ALAN INGRAM IS THE SUPERINTENDENT OF SPRINGFIELD PUBLIC SCHOOLS, A DISTRICT SERVING NEARLY 26,000 STUDENTS IN 52 SCHOOL SITES. PREVIOUSLY, DR. INGRAM SERVED AS CHIEF ACCOUNTABILITY OFFICER FOR OKLAHOMA CITY PUBLIC SCHOOLS; HE ALSO SERVED THE DISTRICT IN A VARIETY OF OTHER CAPACITIES INCLUDING EXECUTIVE DIRECTOR OF FEDERAL PROGRAMS. PRIOR TO TRANSITIONING TO PUBLIC EDUCATION, HE SERVED IN THE U.S. AIR FORCE FOR MORE THAN 22 YEARS, WHERE HE ATTAINED THE RANK OF CHIEF MASTER SERGEANT, A RANK TO WHICH ONLY ONE PERCENT OF ENLISTED OFFICERS ASCEND. DR. INGRAM HOLDS A BACHELOR OF SCIENCE DEGREE FROM THE UNIVERSITY OF MARYLAND (EUROPEAN DIVISION), A MASTER’S DEGREE FROM WEBSTER UNIVERSITY, AND A DOCTORATE IN EDUCATION ADMINISTRATION, CURRICULUM AND SUPERVISION FROM THE UNIVERSITY OF OKLAHOMA, AND IS A 2007 BROAD SUPERINTENDENTS ACADEMY FELLOW.