Tipping In: School integration in gentrifying neighborhoods

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ABSTRACT

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The purpose of this study is to examine the school choice process of Gentry Parents---white, middle and upper-middle class, highly-educated parents living in gentrifying neighborhoods---to determine how, through the compounding effect of their many individual choices, a segregated urban school in a gentrifying neighborhood is able to transform into an integrated school, a process I call “tipping in.” This study uses data from 52 formal interviews of Gentry Parents in three different gentrifying/gentrified neighborhoods in New York City, and data from dozens of informal interviews and observations of Gentry Parents on playgrounds, school tours, and in pre-school cubby rooms. This study found that tipping in happens through the actions and reactions of different types of Gentry Parents: Innovator and Early Adopter Gentry Parents who are willing to be the first of their peer group to enroll their child in a segregated school, and Early Majority and Late Majority Gentry Parents who will only enroll their children in a school once their peers have gone in and done the hard work of changing the culture of the school to feel “middle class.” After the Innovators, each subsequent wave of Gentry Parents will only enroll their children in a school if the prior wave keeps their children enrolled. This study suggests that Gentry Parents often take their children out of a school during the tipping in process, making retention of gentry children as important to tipping in as attracting them in the first place. Attracting gentry children appears to be difficult because Gentry Parents primarily prefer schools that are diverse and progressive, attributes not typically found in segregated urban schools. Retaining gentry children appears to be difficult primarily because Gentry Parent school expectations often do not match
the reality of an integrating school, and principals are described as struggling to manage the culture gap that reportedly exists between Gentry Parents and non-Gentry Parents.
# TABLE OF CONTENTS

LIST OF TABLES.................................................................................................................viii

ACKNOWLEDGEMENTS........................................................................................................ ix

DEDICATION........................................................................................................................ xi

Chapter

I. INTRODUCTION TO TIPPING IN............................................................... 1

Problem/Topic Rationale.................................................................................................1

Gentry Parents.............................................................................................................2

Theoretical/Conceptual Framework............................................................................4

Under-explored potential for school integration in gentrifying neighborhoods....6

Meaningful social-mixing as the missing link between proponents
and opponents of gentrification......................................................................................7

A gentry mindset...........................................................................................................8

A Gentry Parent mindset............................................................................................9

*Friends of the Mackey*............................................................................................12

Solving the Collective Action Problem........................................................................13

Tipping in: No adequate theory to explain this rare demographic shift.............14

Gentrification’s potential...........................................................................................17

II. RESEARCH DESIGN....................................................................................... 18

Research methodology: Grounded theory..............................................................18

Researcher bias........................................................................................................20

Selecting Gentry Parents to interview........................................................................21

Step1: Identifying schools in some stage of tipping in................................................22
School preference 3: Not Gifted and Talented

GT Programs: Why they are an option even if they are despised

GT Programs: A different kind of segregation

The choice between polarized extremes

School choice: The GP process of choosing a school

Different demographic groups have different school cohorts

The difficulty of considering new options

IV. TIPPING IN: ATTRACTING THE INNOVATOR AND EARLY ADOPTER GPs TO SEGREGATED SCHOOLS

Definition of a Stage 0, segregated school

Neighborhood desirable public school options have all reached capacity

Characteristics of a Stage 0 school that attract Innovator GPs

Not a failing school

Enclave programs

GT programs as GP enclaves

DL programs as GP enclaves

Pre-K programs as GP enclaves

Enclave programs no silver bullet

“Drift”

Characteristics of Wave 1 Innovator GPs entering a Stage 0 school

Unique seeking

Foreign GPs

Happy to be different

A life of interesting projects
Unusual childhoods........................................................................................................87

Shedding privilege........................................................................................................87

Pioneer neighborhood gentrifiers................................................................................88

Strong commitment to social justice...........................................................................89

The crucial role of the Innovator GP...........................................................................91

Moving to Stage 1 integration: a catalyzed school or a stagnant school?...............92

V. SOLVING THE COLLECTIVE ACTION PROBLEM..................................................95

Casual playground networking......................................................................................96

Using internet technology to network.........................................................................97

Capitalizing on existing networks where solid relationships already exist..............99

Organizing to solve the collective action problem brings with it the potential for backlash.........................................................................................................................101

GP visibility complicates politics for the principal......................................................104

Long-term benefits of GP organizing, despite the backlash......................................105

Co-opting the school leadership in GP organizing efforts..........................................106

No pacts..........................................................................................................................107

VI. TIPPING IN: RETAINING THE INNOVATOR AND EARLY ADOPTER GPS........111

The gentry/non-gentry culture gap..............................................................................113

The G/NG gap: GPs and non-GPs have different parenting styles............................113

The G/NG gap: GPs and non-GPs unable to debate progressive v. traditional philosophy.....................................................................................................................115

The G/NG gap: Cultural misunderstandings that defy conventional labels.............116

The G/NG gap: Incidents that cause confusion and dismay......................................117

The G/NG gap: The unbearable school norm of “yelling” adults............................119
“Yelling” v. “Telling”? ................................................................. 121

The G/NG gap: Final straws ...................................................... 122

The conflict between principals and GPs .................................... 123

GPs demand good services ....................................................... 124

Leadership exacerbates problems caused by the G/NG gap .......... 126

Weirdness and rejection ............................................................ 127

Bad leaders or bad GP tactics? .................................................... 128

School leadership successfully bridges the G/NG gap ................. 129

Neighborhood and school circumstances that appear to make tipping in easier for school leaders to manage ....................... 130

School leaders must appear open to their new demographic ........ 131

Innovator and Early Adopter GPs tolerance for the difficult process of integration ...................................................... 134

No school is ideal, not even private school .................................. 135

Sympathy for the principal’s competing demands ....................... 137

The children are happy, despite the trade-offs ............................ 138

GPs for a tight-knit community within schools ............................ 139

VII. TIPPING IN: ATTRACTING EARLY MAJORITY GPs TO A STAGE 2 CHANGING SCHOOL .................................................. 142

Characteristics of Early Majority GPs ......................................... 144

Selling a Stage 2 school to Early Majority GPs .............................. 146

School tours: The role they play .................................................. 147

Early Majority GPs respond to well-executed boosting ............... 150

School choice as a socially charged process ............................... 151

Private pre-schools as a key component of the GP school choice network ...... 153
The impact of not boosting a school.................................................................154

VIII. TIPPING IN: RETAINING THE EARLY MAJORITY GPs, A CRUCIAL
PERIOD IN THE SCHOOL INTEGRATION PROCESS.................................157

The mentality of Early Majority GPs compared with Innovators and
Early Adopters............................................................................................159

The school is too traditional......................................................................162

Changing a school: Can we? Should we? Is it for me?.................................163

The eventual exit of Wave 3 GPs.................................................................165

Enclaves harness GP energy and make retention of Early Majority
GPs easier.....................................................................................................166

More than one enclave complicates GP retention......................................167

Integrated v. integrating..............................................................................169

IX. TIPPING IN: A DIVERSE SCHOOL.........................................................170

Characteristics of a Stage 3 school, a diverse school.................................171

GPs appear to exert a disproportionate influence on a school’s culture.....173

Consequences of diversity: Losing Title I funding.................................175

The fundraising dilemma in a diverse school: how inclusive
must an event be? ......................................................................................176

Are apartheid schools diverse?.................................................................178

Are schools with DL programs also apartheid schools?..............................182

“Diversity is fraught!”...............................................................................184

X. SUMMARY AND POLICY RECOMMENDATIONS.............................187

A theory of tipping in..................................................................................187

Limitations and recommended areas for further study..............................190

Setting the context for policy recommendations.......................................192
Tipping in does make possible meaningful social mixing..........................194
Factors to consider when developing policies to facilitate tipping in.........195
External conflict in gentrifying neighborhoods........................................197
The gentry internal conflict over gentrification........................................200
Negotiating gentrification’s internal and external conflicts......................203
Exit, Voice, and Loyalty...........................................................................205
Lessons from other urban education reform studies..............................208
Policy recommendations..........................................................................210
Urban Education Cooperatives.................................................................210
UECs: Step 1............................................................................................211
UECs: Step 2............................................................................................214
UECs: Step 3............................................................................................216
UECs: Step 4............................................................................................216
UECs: Step 5............................................................................................219
Rationale for UECs v. controlled choice....................................................220
Target new charter schools in gentrifying neighborhoods......................222
Summary: A better bound place?..............................................................226
REFERENCES..........................................................................................228
APPENDICES...........................................................................................235
LIST OF TABLES

Table 3.1: School Preferences of Gentry Parents.................................................................48
Table 7.1: A demographic breakdown of schools GPs consider “changing”.................................142
Table 9.1: Demographic breakdown of zone schools GPs consider “diverse”...............................172
Table 9.2: Demographic breakdown of progressive choice schools GPs consider diverse..................172
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DEDICATION

To Andrew, my fellow Gentry Parent, my camarado through it all.
CHAPTER 1
INTRODUCTION TO TIPPING IN: SCHOOL INTEGRATION IN GENTRIFYING NEIGHBORHOODS

The purpose of this study is to examine the school choice process of Gentry Parents---white, middle and upper-middle class, highly-educated parents living in gentrifying neighborhoods---to determine how, through the compounding effect of their many individual choices, a segregated urban school in a gentrifying neighborhood is able to transform into an integrated school, a process I call “tipping in.” This study focuses on the school choice process of Gentry Parents precisely because they are considered a privileged group better able to avoid or exit their neighborhood school than their non-gentry neighbors if they deem it unacceptable. By developing a theory to explain the school tipping in process during gentrification as opposed to the tipping out process during periods of “white flight,” this study takes an optimistic look at the school integration potential that can accompany urban neighborhood demographic shifts.

Problem/Topic Rationale

It is widely accepted among education researchers that concentrated poverty and racial segregation in a school generally contributes to lower average student achievement levels, and that socio-economically and racially integrated schools tend to produce better results for poor children of color. The benefits of school integration are believed to reflect some combination of peer effects, access to social networks, enhanced parental involvement, and additional school resources, including higher quality teachers (Kahlenberg 2001; Wells and Crain 1994; Lankford, Loeb, and Wyckoff 2002; Rumberger and Palardy 2005). Additional evidence suggests that teachers in high poverty, high minority schools have lower expectations that lead to less challenging work, further disadvantaging poor children of color (Ferguson 1998).
Despite the substantive research that points toward integration as the best way to improve the life chances of poor children of color, policy makers have, in many respects, given up on this aspect of schooling. America's decentralized, fragmented system of education allows families to move from one school district to another (there are approximately 15,000 of them nationwide) as a way of exiting situations where the schools are considered "bad." This option allowed for “white flight” both prior to and during the early days of legally mandated racial school integration plans, and remains a back-up plan for any affluent and mobile person unhappy with their child’s school. Further, the Supreme Court's ruling in Miliken v. Bradley (1974) hindered the ability of state governments to orchestrate social mixing and break up concentrated district poverty and racial segregation by deeming inter-district integration plans as unconstitutional, except when the state or suburban districts are proven to have pursued policies that helped create the concentrated racial patterns. Thus, wealth and the ability to live in certain neighborhoods or pay for private school continue to dictate school demographics. Even diverse school districts that constructed effective intra-district integration plans suffered a setback with the recent Supreme Court ruling in Parents Involved in Community Schools v. Seattle School District No.1 and Meredith v. Jefferson County Board of Elections (2007), with school assignment based explicitly on race deemed unconstitutional. ¹

**Gentry Parents**

Operating under the current legal barriers laid down by the Supreme Court, intentional social engineering is difficult, and forcing parents into situations they do not choose for

¹ Justice Kennedy’s concurring opinion emphasizes a state’s compelling interest in ensuring that students are not racially isolated, and leaves room for states to strive for diverse student bodies as long as the use of race is not explicit, and is only one component of many being considered for diversity.
themselves can result in the exit of these parents from the system that is constraining their behavior. Accordingly, this study focuses on the school choice decision making process of Gentry Parents (GPs) in gentrifying neighborhoods, neighborhoods that already have the required residential integration necessary for school integration. GPs, as opposed to the non-gentry parents who are also living in these newly integrating neighborhoods, are the center of this study precisely because they are considered a more privileged group with the ability to exit their neighborhood school if they deem it unacceptable. If school integration is a desirable societal goal, as I believe it is, and if some groups have more exit options than others, then analyzing the actions and beliefs of the more privileged parents in the integration equation should provide the kind of data necessary to craft policies designed to manipulate the behavior of the privileged.

I am defining GPs as those white parents who are middle or upper-middle class, highly educated, and are contributing to the gentrification of their neighborhood with their presence and relative wealth. While middle-class black and Hispanic families can be, and usually are, part of the gentrification process, it is the entrance of white families into a neighborhood that overtly signals a neighborhood’s gentrification, and causes the non-gentry residents to take note and react. Freeman (2004), who studied the way the non-gentry members of a gentrifying community feel about gentrification, discovered that “the role of race as a marker of socioeconomic status and as a determinant of who gets what is a recurring theme in this discussion. More specifically, the perceptions that whites command and obtain better services and amenities wherever they live is a source of appreciation, resentment, and resignation” (p. 14). Accordingly, in an attempt to realistically limit the parameters of my research, I confine my definition of GPs to the white parents in gentrifying neighborhoods, since the entrance of white
gentrified children into a segregated school would also be a much more overt marker of a school starting to integrate than the entrance of gentrified black or Hispanic children.

Without the active resolution of GPs to integrate their neighborhood school, the schools will remain segregated. GPs, because they are highly educated, have a greater ability to navigate the public school system and seek out public options outside of their neighborhood school. And, although they usually can’t afford to move to a more desirable zone school within the city nor can they afford private school despite being relatively wealthier than their non-gentrified neighbors, GPs typically have the means to move out of the city to the suburbs if they are unhappy with their city school options. Thus, if GPs don’t choose to integrate their neighborhood school through their own actions, it can’t be forced under the current legal and structural schooling constraints, and it will not happen. Using the lens of how GPs go about choosing a school for their children—their school preferences and their process of choosing---this study develops a theory to explain how a school can integrate through the voluntary actions of many GPs.

**Theoretical/Conceptual Framework**

Neighborhood gentrification offers the potential for creating more socio-economically and racially integrated urban schools. In neutral terms, gentrification refers to the reinvestment of capital in poor, urban communities, a process that is designed to produce space for a more affluent class of people than currently occupies that space (Lees, Slater, and Wyly 2008). Proponents call it neighborhood revitalization and reinvestment, a liberating experience, and a public policy tool that can improve economic opportunities for the poor (Byrne 2003; Caulfield 1994). Opponents call it forced displacement, colonization, and genocide by race and class (Lydersen 1999; Powell and Spencer 2003).
Freeman (2006) discovered a middle ground in *There Goes the Hood* while interviewing the non-gentry residents of Harlem and Clinton Hill, two historically black neighborhoods in New York City, about their actual lived experiences with gentrification. His interviewees generally had nuanced feelings about the gentrification of their neighborhoods that they saw taking place. Homeowners welcomed the increase in property value that was accompanying gentrification, as many who purchased property when the neighborhood was extremely depressed are not affluent and could make a nice profit from a sale. But this obvious monetary benefit was not the only aspect of gentrification residents appreciated. They also were enjoying the improvements in amenities and services, which included better grocery stores with higher quality produce, and more conveniently located retail shops. Residents also saw better police protection and safer surroundings emerging. Freeman makes a key observation about the missing piece in most conversations about gentrification:

The discourse...has tended to overlook the possibility that some of the neighborhood changes associated with gentrification might be appreciated by the prior residents. Even apologists or boosters for gentrification often ignored the potential for the process to benefit existing residents. Early proponents of gentrification focused on the need to bring the middle class back to the city, the improved appearance of rehabilitated neighborhoods, and the strengthening of the tax base associated with gentrification. Detractors focused on displacement almost to the exclusion of any other impact that gentrification might have. Clearly the narratives expressed here are inconsistent with this depiction of gentrification as villain and suggest benefits extend beyond improving the tax base and attracting the middle class back to the city. (Freeman 2006, p. 71).

Though not explored by Freeman in any detail, the benefits *could* also extend to improving the public schools in gentrifying neighborhoods for poor children through socio-economic and racial integration. To date, however, the potential in neighborhood gentrification for urban school integration and reform has been under-explored, perhaps because of the small number of GPs, ideology, and a lack of social mixing.
Under-explored potential for school integration in gentrifying neighborhoods

Historically, gentrifiers have tended to be young, single, gay, or some combination of the three, all characteristics associated with not having children (Lees, Slater, and Wyly 2008). Thus, there has never been a large population of gentry grappling with school choice. Seeing promise for school integration in gentrification is likely also hindered by ideology. The often incongruous battle for school integration and the anti-gentrification war can both be framed in terms of defending the rights of poor, minority families, who are being denied justice and equal opportunity. Smith's (1996) analysis of gentrification in The New Urban Frontier is particularly scathing---likening "urban pioneers" to those who displaced Native Americans during the westward movement, calling them the embodiment of "monstrous incivility"(p.18). He further portrays the gentry as engaged in a class war, seeking revenge on the poor for ruining the city, hoping “to scrub the city clean of its working-class geography and history”(p. 27). Lloyd (2006), while not quite as harsh in his more descriptive and less argumentative book on gentrification, Neo-Bohemia, also offers a derisive view of the gentry as “yuppies”---upwardly mobile, selfish individuals who only care about their material well-being and not about the community that is currently occupying the neighborhood where they are moving. These anti-gentry tropes illustrate the difficulty, in some circles, of even acknowledging the potential of gentrification to improve circumstances for poor children. While segregated schools might be savagely unequal (Kozol 1992), those who oppose gentrification would likely argue that improving the schools should not come through the equally savage act of displacing poor people from their neighborhood, a widely held belief about gentrification that is actually not easily supported by the data. Freeman and Braconi’s (2004) quantitative study of gentrification and displacement in New York City in the 1990s found that poor people generally move more often
than the non-poor, regardless of where they are living, and they are actually less likely to move from a gentrifying neighborhood.

Because of the way gentrification usually plays out, however, with little to no social mixing between the gentry and the non-gentry populations, it is easy for critics to gain a foothold in fighting gentrification and demonizing the process. Even Freeman's (2006) more measured and optimistic examination of gentrification found that “…social ties rarely cross class and racial lines. Gentrification is increasing the socioeconomic diversity of …Harlem, but the social networks within these neighborhoods seem impervious to the changes taking place around them” (p. 128). The hypothetical middle-class "peer effects" that some espouse as justification for de-concentrating the poor (Goetz 2003) seem elusive. The following dialogue, between Freeman and a young man who lives in the public housing projects adjacent to Columbia University, illustrates the disconnect that can still exist between people who are in very close proximity:

*LANCE: There’s many colleges not too far from where you live, let me ask you did seeing all of these students ever motivate you?*

*MARC: No.*

*LANCE: Why not?*

*MARC: They’re strangers. I don’t know them. Seeing them doesn’t mean anything to me.* (p. 135)

**Meaningful social mixing as the missing link between proponents and opponents of gentrification**

Meaningful social mixing between people of different racial and socio-economic backgrounds is, arguably, the missing link in finding common ground between the proponents and opponents of gentrification. Without it, it is easy for opponents to vilify white people and those of a higher social class who are moving into a poor, minority neighborhood as only caring
about their own personal economic benefit as gentrifiers, with little concern for improving the neighborhood for those who already live there. Without social mixing, it is difficult for proponents of gentrification to make a compelling case that the arrival of a more advantaged group is doing anything more than displacing those who are already living there. Without social mixing, the theoretical benefits of social mixing are never realized, and the theoretical arguments in favor of gentrification are not accepted as valid.

Schools are a place where meaningful social mixing between the gentry and the non-gentry population (both children and adults) could occur. Schools provide structured, purposeful activities where the awkwardness of interacting with a culturally unfamiliar group can be ameliorated. Schools provide a meeting space, a pointed goal, and a reason to get to know one another on common ground. However, the limited data on GPs (presented below in "A Gentry Parent mindset") indicate that they rarely send their children to their segregated neighborhood school, preventing this important social mixing from regularly happening. Nonetheless, research on “the gentry” suggests that GPs should be open to school integration efforts, since a desire for diversity partly motivates neighborhood gentrification.

A gentry mindset

Ethnographies of the gentry reveal complex, progressive people, inclined to embrace diversity as part of their identity. David Ley's (1996) description of this "new middle class" in Toronto, Canada, is rich with their struggle to shed conformity and build a more individualistic life through entering a diverse environment. He describes them as being aware of their "...career and consumption opportunities, but also intrigued by diversity and difference” (p. 198). He calls them "urban people", who negatively value the suburbs as "...too standardized, too homogenous,
too bland, too conformist, too hierarchical, too conservative, too patriarchal, too straight" (pp. 205-206). Irving Allen (1984) similarly finds in his early ethnography of "the gentry" a people who seem to be making residential decisions based on an ideology of valuing diversity. He writes: "The value implicit here is that complexity, especially the complexity of ethnic diversity, is a desirable quality in the urban environment, more so when the reality is fully confronted and experienced"(p. 28).

Richard Florida's (2004) research and description of the “Creative Class”, a group that usually congregates in cities for both personal and professional reasons, adds further evidence that "urban people" have a unique way of thinking. While he doesn't specifically identify the “Creative Class" as gentry, there is a clear correlation between the two groups' residential preferences. Florida describes the “Creative Class” as "... the norm-setting class of our time. But its norms are very different: Individuality, self-expression and openness to difference are favored over the homogeneity, conformity and 'fitting in' that defined the organizational age"(p. 9). He goes on to argue that they "...share a common ethos that values creativity, individuality, difference and merit"(p. 8). All of these ethnographies suggest that a "gentry mindset" exists as a motive for a significant number of gentrifiers, and can be simply described as a desire for social and cultural diversity. Individuals who enter a gentrifying neighborhood and create a life there appear to be driven by a different set of values than those who move to the suburbs or other types of urban neighborhoods.

A Gentry Parent mindset

Due to this unique set of values, GPs should be more likely to embrace school integration efforts than those white, middle-class parents who are not urban people. Research indicates,
however, that integrated urban neighborhoods are not necessarily producing integrated schools and classrooms. Ellen, Schwartz, and Stiefel’s (2008) recent examination of the extent to which neighborhood integration in New York City results in school integration found that while there is a clear link between the two, there are many factors preventing a more exact match. Roughly 20 percent of New York City families use private schools, while many others utilize "school choice" options to send their child to a school outside of the immediate neighborhood (p. 200). Further, there are so-called integrated schools where the children are segregated by classroom through tracking programs, like Gifted and Talented programs that require scoring high on an IQ test (p. 184). Additional research done in the gentrifying neighborhood of Greenpoint, Brooklyn revealed that gentrified mothers are going out of their way to avoid using the local public schools (DeSena 2006). Likewise, a study conducted by Butler and Robson (2001) in London, England discovered that if schools are low performing, GPs keep their kids out as a strategy to ensure their children will also be middle-class.

The one major study that actually showed GPs sending their children to the neighborhood school and attempting to integrate a school along with the neighborhood was J. Anthony Lukas’s comprehensive case study on school integration in Boston in the 1970s, Common Ground (1986). This book followed the lives of three very different families, one of which was the Divers. Colin and Joan Diver were GPs who struggled with their school choices for their two children in a time wrought with forced integration and busing wars. The Divers moved to their gentrifying neighborhood, the South End in Boston, wanting “diversity and integration” (p.162), but, “like so many of their class who had settled in the South End, the Divers had regarded the Boston public schools as the principal peril of their new environment. It was one thing to sacrifice themselves for what they believed in, quite another to sacrifice their children” (p.332).

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2 The various public options available to New York City parents will be presented in detail in Chapter 3
Lukas describes the Divers as struggling over the question of what to do with their gentry children, weighing the moral complexity of what it means to “sacrifice” when a personal hardship could lead to a greater societal good. They resisted the easy answer of “exit”: exit for private school or exit for the suburbs. They couldn’t afford private school, and as highly educated, liberal, public school people themselves, they “shared Horace Mann's vision of the common school, in which all segments of American society were educated together. One reason urban schools were so bad, they believed, was that so many educated middle-class parents took their children out; they weren't going to make the situation any worse than it already was”(p.332-333). But living one’s beliefs isn’t always an easy road. Joan Diver is depicted as growing weary “… of the delicate balancing of private want and public weal that life in the South End demanded” (p. 338). She is educated enough to know what is good for the community at large, and to know what she should be doing if she were to always live her ideology. But, she is also a mother with something very personal at stake if she doesn’t do what seems best for her own children.

Ehrenreich (1990) would call this a “fear of falling,” a “rational fear” held by the middle-class that their children will not also be middle-class if they don't instill them with the right education and work values. She argues that unlike the lower or upper classes, where class is simply transmitted through birth, middle-class professionals cannot simply pass down their middle-class status to their children. The steep educational barriers to enter middle-class professions---law, medicine, engineering, business, etc.---keep out those who lack discipline and a willingness to delay gratification, something parents can't simply give to their children. The only thing middle-class parents can do ”...is attempt, through careful molding and psychological pressure, to predispose each child to retrace the same long road they themselves once took”(p.
If they fail in this task, their children could fall down the social class ladder. A child's school experience is key to this careful molding process, with peer pressure viewed by middle-class parents as equally important to parental pressure. Evidence from recent school integration research suggests that children from a high socio-economic status do not learn as much in schools dominated by children from low socio-economic backgrounds as they do in schools dominated by children from high-socio-economic backgrounds (Rumberger and Palardy 2005), lending credence to the reluctance of GPs like the Divers to utilize their neighborhood school.

**Friends of the Mackey**

Reluctance is not resistance, however, and the Divers remained open to their neighborhood school. Lukas describes a group of neighborhood GPs who were able to capitalize on the gentry mindset of the Divers and others like them to find an acceptable way into the neighborhood public school in Boston’s South End. This group of two-dozen or so GPs held several neighborhood meetings where they first explored the possibility of founding their own private school. These discussions revealed the challenges of starting a school, and lead to the decision that they could put the same organized energy into making their local public school “what we want”(p. 330). Subsequently, this GP group founded *Friends of the Mackey*, the Mackey School being their neighborhood school, which happened to have a new principal who seemed receptive to outside help.

*Friends of the Mackey* “quietly worked to transform the school, encouraging good teachers and supporting fresh ideas”(p.330). They recruited neighborhood GPs to send their children to the Mackey School, while at the same time they convinced the principal to experiment with progressive education and “open classrooms,” where teachers were facilitators.
and children pursued their own interests. This progressive teaching style—visionary and/or radical for that time—was the hook that convinced the South End GPs to give their neighborhood school a try. They were more willing to thrust themselves into a segregated school if they knew there was something unique and interesting about the schooling experience their children would receive. It also helped that there was a group of GPs who were doing it with them, organized via Friends of the Mackey, ensuring that their actions would be collective, and thus the school would no longer be segregated once they all entered together.

**Solving the collective action problem**

Lukas’s description of the Diver’s school choice dilemma and their ultimate decision to utilize their neighborhood public school paints a sympathetic picture of the GP. In his rendering, they appear to be parents who recognize their own power and elevated sense of agency as white, middle-class families living in poor neighborhoods. He describes GPs as knowing they have the social and political capital to make a difference in their neighborhood school through their own individual actions if they can just figure out how to get others to act with them. This GP challenge is a classic collective action problem, a situation in which everyone in a given group has a choice between two alternatives—A and B—and if everyone in the group chooses the alternative that is "individualistically rational", choice A, the outcome will be worse for everyone involved than it would be if they were all to chose alternative B (Hardin 1982).

With regards to the specific challenge of school integration in a gentrifying neighborhood, the individualistically rational choice of the GP, choice A, is to keep their child out of the high poverty, racially segregated public school, something the Divers seriously considered doing, and what appears to be the choice of most GPs. It is not rational for a person
with means to put one’s child in a situation where it seems highly possible that the situation will lead to a lower quality of school experience for that child than the one experienced by the parents, based on the available data about the average performance of segregated schools.

However, if every GP in the neighborhood makes choice A, they are all arguably worse off because none of them use the neighborhood public school, and they all have to pay for private school, move to a different neighborhood, or transport their children to a less convenient neighborhood for public school if they can get a variance. Most importantly, none of the non-gentry children in the neighborhood school benefit from the neighborhood’s socio-economic and racial integration, further fostering a negative image of gentrification.

Arguably, if all of the neighborhood GPs choose alternative B, i.e. all neighborhood GPs enroll their children in the high poverty, racially segregated public school at the same time, this could produce the best outcome for everyone involved. GPs use the local public school, creating through their own actions the diversity they claim to value, as well as saving themselves travel time and possibly money. And, the integration literature suggests that the school would significantly improve for the non-gentry children who will attend that school regardless of the actions of the GPs. GPs in the South End figured out how to move most of the neighborhood GPs toward alternative B through their formation of *Friends of the Mackey*, in effect solving the collective action problem.

**Tipping in: No adequate theory to explain this rare demographic shift.**

Lukas’s description of *Friends of the Mackey* is the one example I found in existing literature of how GPs have, collectively, integrated their neighborhood school, and it sparks the beginning of building a theory of tipping in. But, Lukas’s analysis of the process by which it
happened is too underdeveloped to instruct policy formation, as are other existing theories which have focused on integration’s reverse process: “white flight” or neighborhood “tipping out” (Schelling, 1972). While theories about why parents actively leave schools or avoid school integration may help explain the rarity of a school’s transformation from segregated to integrated in gentrifying neighborhoods, they can only partially explain the behavior of the GPs who are avoiding their neighborhood school, and get us no closer to understanding the choices of those GPs who do integrate their local public school.

For example, Ellen's (2000) “race-based neighborhood stereotyping” hypothesis concludes that whites "...automatically associate predominantly black neighborhoods, rightly or wrongly, with poor neighborhood quality (poor schools, high crime, and so on) and on that basis stay away"(p. 4). However, her theory doesn't account for the fact that GPs have likely not used stereotypes to make their residential choices, or have at least weighed the pros and cons of poorer neighborhood quality and determined the benefits are greater, more in line with their values of diversity, and they are not staying away. It may be that negative school stereotypes, if they turn out to be true, are considered by GPs to be far more potentially harmful than whatever a negative neighborhood occurrence could inflict upon them. A gentry mindset may be willing to ignore the negative stereotypes and take a chance; a gentry parent mindset may not be able to cope with that kind of risk.

Another theory that is inadequate for understanding the decision making process of GPs is Clotfelter's (2004) hypothesis of "white avoidance", which states that, "...other things being equal, white parents prefer not to send their children to racially mixed schools and, among racially mixed schools, prefer those with the lowest proportions of nonwhite students”(p.78). This theory does not take into account the fact that GPs are not avoiders. They have chosen to
enter a racially and socio-economically diverse neighborhood; they have already passed an important threshold in the integration process. It isn't clear why they often do not take that next step into the local, public school. It would seem that if anyone is going to make school integration work, it would be these people, and even they appear to have a hard time. There may be different thresholds for what Clotfelter describes as "cultural familiarity" in residential choices v. school choices. Since residential choices do not usually require much direct interaction with neighbors, choosing an apartment in a poorer neighborhood is a much safer form of diversity than choosing a school with a high concentration of poverty, as it doesn’t require much of an intimate journey into the culturally unfamiliar.

Wilson’s (1975) theory of "safe diversity" contends that the few urbanites who claim to value diversity usually mean "...a harmless variety of specialty stores, esoteric bookshops, 'ethnic' restaurants, and highbrow cultural enterprise"(p. 28), without any threat of crime on the street. He theorizes that the tolerance levels for this safe diversity increase with education and decrease with age, and disappear once the diversity is no longer safe. Having children may also cause these tolerance levels to disappear, as circumstances viewed as safe diversity to non-parents cross a threshold into unsafe diversity for parents. Many of the GPs in Common Ground, including the Divers, eventually leave their neighborhood school and the city precisely because the diversity they were enjoying becomes “unsafe,” both in school and on the streets.

Brad Diver (son of Joan and Colin) not only fails to make progress in reading, his scores actually decline over the course of a year. As a second-grader, he had tested as “Third Grade, 7-9 months”; as a third-grader, he registered only “Third Grade, 2-4 months,” (p.641) affirming the results of the 2005 Rumberger and Palardy study referenced earlier. The Diver children were also the victims of a burglary while they were home alone, and they walked to and from school
through a neighborhood where there were regular muggings and prostitution solicitation. Colin and Joan might have tolerated the crime spike were they childless, but it was difficult for them to remain resilient with children who were scared on the streets and not thriving academically.

While gentry adults without children might view “grit as glamour” (Lloyd 2006), deriving a “cool factor” from criminal activities and “a sense of vitality” from that sense of danger on the streets, GPs undoubtedly want their neighborhoods to feel safe and their children to be safe.

Even if the crime rates in cities have fallen dramatically since the 1970s when Common Ground was written, the issue of academic safety likely remains on the table as a legitimate concern for GPs today.

**Gentrification’s potential**

Gentrification is loaded with the potential to destroy something, but also with the potential to create something more integrated and dynamic than was there before. Arlene Davila (2005) explores the gentrification of East Harlem with great skepticism in Barrio Dreams, arguing that “space is never immutable or fixed, but an outcome of social relations and processes of social context to stabilize meaning and particularize identities” (p. 24). I agree that space is never immutable or fixed, and offer the idea that the identity of gentrifying neighborhoods could be stabilized to mean something more positive that it currently does. If the schools are integrated along with the neighborhoods, and the social relationships between gentry and non-gentry children become more substantive, the life chances of the poor children of color in these neighborhoods may improve as a direct result of gentrification, and the identity of gentrifying neighborhoods will have no choice but to morph towards good.
CHAPTER 2
RESEARCH DESIGN

Research Methodology: Grounded Theory

Using the grounded theory method of qualitative research (Strauss and Corbin 1998; Glaser 1992; Charmaz 2006), this paper identifies and analyzes the circumstances that enable GPs, through the compounding effect of their many individual choices, to integrate their neighborhood school. Integration, a term I use interchangeably with tipping in, is a process that unfolds in multiple stages, and is driven by the decision making process of the GPs in gentrifying neighborhoods who, in the integration equation, are the demographic with a greater ability to choose a school option outside of the neighborhood school. The grounded theory method is designed to elicit study participant's perspectives about a process and to explore how they construct a particular phenomenon---in this case, their contribution or non-contribution to the integration process of their high-poverty, racially segregated neighborhood school---without imposing *a priori* assumptions or theories.

Sensitizing concepts (Blumer 1954), ideas that do not prescribe what to see, but “suggest directions along which to look” (p. 4), were present throughout my involvement in this study, primarily those ideas from the gentrification literature that describe how a neighborhood goes through the process of change (e.g. Clay’s (1979) Model of Gentrification), as this was the same type of phenomenon I hoped to identify and explain about schools in these neighborhoods. I fought against these preconceptions, believing a public school community to be a very different type of interacting space than a neighborhood community, and carefully examined my data to discover how school integration can happen in a gentrifying neighborhood. However, I was never far from the gentrification literature as an orienting framework for trying to understand how change happens when dissimilar groups attempt to co-inhabit a contested space.
The process of grounded theory research can be conceptualized as a spiral insofar as cycles of sampling, data collection, and analysis are intertwined and proceed in a reinforcing manner. The analysis of each interview guides the next sampling target (known as *theoretical sampling*, explained in more detail below) and is used to generate new questions for subsequent interviews. The process of continuous analysis, using a structured coding system and memos (described in more detail in the "data analysis procedures" section) permits researchers to incorporate new relevant data into building theory as the study progresses.

Grounded theory particularly well suited to this study, as the method is intended to construct abstract theoretical explanations of social *processes*. School demographic change is, fundamentally, a social process, a collection of individual actions. Schools cannot be changed by a simple legislative directive; they must transform through the actions of the various actors who comprise the school organism. In the setting of gentrifying neighborhoods, the school choice decision making process of GPs drives the change. The action of each individual GP has the potential to impact the actions of other neighborhood GPs and the actions of non-GPs, school leaders, and teachers, rendering the concept of school change interdependent and dynamic. It is a process that is not easily captured in a single snapshot of data. Developing a comprehensive understanding of tipping in requires a thorough analysis of individual perceptions, a full data set of what has been happening, from multiple perspectives, over a period of time. Perceptions are an important part of the integration process, because part of what must change to change a school is GP’s perceptions of a segregated school, so that prior negative perceptions don’t continue to be self-fulfilling prophecies.

Appropriately for this study, grounded theory is rooted in the school of *symbolic interactionism* (Blumer 1969), a theoretical perspective that assumes society, reality, and self are
constructed through interaction and thus rely on language and communication. Interviews capture the communication of each person’s interpretation of reality, and intensive coding and comparison of these interviews reveal how the various players in a process create, enact, and change meanings and actions (Charmaz 2006). My attempt to understand the tipping in process in a school focuses on the perceptions of the GPs who are choosing to enter, or not enter, their neighborhood schools, where their perceptions come from, how they transmit their perceptions to one another, and to what extent they can influence their GP peers through the ways they communicate their own choice.

**Researcher bias**

I am a GP who has been through my own school choice process for my daughter, most of which was happening simultaneously with conducting interviews of other GPs, and thus my role as an investigator is biased toward understanding GPs and sympathizing with GPs. Group membership enabled me to ask the kinds of questions of my interviewees that non-GPs might not have felt comfortable asking---exploring the sensitive topics of race and class for example. By authentically admitting my own reservations about integrating a school and enrolling my daughter as a white minority, I was able to provide a safe space for honest conversations about the parameters of social justice and one’s own efficacy and responsibility. Making sense of social life requires both closeness and distance (Lofland and Lofland 1995), however, and thus, in addition to effectively utilizing my ability to intimately interface with GPs, I also sought “mechanisms for distancing” (p.23). To dissociate myself from my own bias as a GP, I employed regular self-reflection in my field notes to ensure that I was separating out my personal feelings from those of my interviewees. I also employed a line-by-line coding technique, described in detail later in this chapter, which forces the researcher to look at what each interviewee actually
said, and does not allow the researcher to simply recall the major points that were taken away from an interview. While I did record my impressions of each interview in descriptive memos, these thoughts were supplemental to a meticulous analysis of the words used by my subjects.

Selecting Gentry Parents to Interview

To explore the tipping in process using grounded theory, I formally interviewed 52 GPs—both those who contributed to the integration of their neighborhood school and those who did not. To select GPs to interview, I went through a multiple step process. First, I quantitatively identified elementary schools that had undergone some degree of integration over the past decade. I focused on change over the past 10 years to increase the chances that the GPs who either were or were not part of that change were still living in their neighborhoods with school age children, and the memories of their school choice process would be fairly fresh. Second, I identified the neighborhoods where these schools were located, choosing three of the neighborhoods for study that are described in both the media and in scholarly research as being gentrified or gentrifying. I chose to use the neighborhood as a GP catchment instead of the individual schools identified to ensure that I would capture the thought processes of GPs whose children were either enrolled in their neighborhood school, were not enrolled in their neighborhood school, or had been enrolled in the neighborhood school at some point but were not currently enrolled. All perspectives are necessary to build a comprehensive theory of tipping in. This approach also makes allowances for the fact that some schools may have started the tipping in process since 2008, the last year for which there was complete demographic data, and this change could be identified through talking to parents in the neighborhood even if the schools were not identified through quantitative data analysis. Third, I used newspaper articles
and personal connections to identify an entry point into the GP world of each neighborhood, i.e. an individual GP who was willing to be interviewed about his/her school choice process and educate me about the schools considered options by the GPs in each neighborhood. Finally, after identifying a GP entry point into each neighborhood, I subsequently used both snowball sampling and theoretical sampling to identify additional interviewees, and conducted interviews until theoretical saturation was reached. Each stage of the interviewee selection process will be explained in greater detail below.

**Step 1: Identifying schools in some stage of tipping in**

To quantitatively identify schools that have undergone some degree of integration over the past decade, I used the Common Core of Data (CCD), from the National Center for Education Statistics, which has detailed demographic data about every New York City public school through the 2004-2005 school year. For the years 2005-2008, I used the New York State Testing and Accountability Reporting Tool, merging this data base with the CCD using each school’s unique 12 digit state identification code. Gentrification is about both race and class. Thus, I approached the case selection process from both angles, attempting to quantify what it means to have tipped or be in the process of tipping in by first selecting schools based on their white student composition, and then further winnowing down the possible candidates using student free lunch data as a marker for poverty.

**Considering Race**

As explained in Chapter 1, for the purposes of this study, I am defining GPs as those white parents who are middle or upper-middle class, highly educated, and are contributing to the
gentrification of their neighborhood with their presence and wealth. Even if their child was bi-racial due to an interracial marriage, as long as one parent was white, I accepted that GP in my sample. I also interviewed a handful of Asian Americans, and consider them to be GPs for the purposes of this study, as they stood out in their schools as racially and socio-economically different, and themselves closely identified with the white families in the neighborhood.

Racial change is visible and tangible in a way that a neighborhood or school’s shifting class composition is not. The entrance of white families into a school overtly signals the beginning of the school's gentrification, the beginning of the tipping in process. Accordingly, I first identified schools that were no more than 10% white a decade ago as a starting sample, as I want to examine what it takes to get GPs to send their children to what is essentially a non-white school. Anything greater than 10% white would be considered by some as already integrated. Ellen (2000), in her book *Sharing America's Neighborhoods*, settles on the following definition: "Racially integrated neighborhoods are taken to be those in which the black population constitutes between 10 percent and 50 percent of the total population. This definition reflects the general feeling that integration should be about sharing spaces on relatively equal grounds, but also takes into account the fact that blacks make up just 13% of the total population of metropolitan areas around the country" (p. 17). I am most interested in perceptions, and how GPs approach the idea of sending their child to a school that they perceive to be non-white. Thus, the less than 10 percent threshold made sense for the purposes of this study.

I then identified those schools that have since increased their white student population by some measurable amount over the past decade. Schools that had a surge of white enrollment over the past 10 years would be indicative of a school possibly having tipped in. Schools in the early stages of the integration process would show less dramatic increases. An uptick in white
attendance, however small, could signal that more significant change is coming, that the tipping in process had started, and I was looking for schools in various stages of integration.

I didn’t quantify exactly how much of a white student increase was necessary for a school to be considered as having gone through a complete tipping in process. Prior to conducting research, it wasn’t clear what the various racial thresholds would be for signaling to GPs that integration was happening in their neighborhood school. I wanted to remain open, as the literature suggested I should, to the idea that integration is a concept difficult to define because different distributions of race and class can be perceived as integration depending on the context where the term is being used. In New York City, the race and poverty status breakdown of public school families is approximately as follows:

- White: 14%
- Black: 32%
- Hispanic: 40%
- Asian: 13%
- Other 1%
- Free and Reduced Lunch Recipients: 75%

Considering these numbers, it might be realistic to consider a school as having tipped in if the white students in the school comprise at least 14%, their proportion in the system. However, since whites still comprise the majority of citizens in America, the psychological threshold for GPs to perceive integration in their schools might be higher. Accordingly, I simply looked for schools that had some increase in white enrollment, and hoped a more official definition of tipping in would emerge from the analysis of my GP interviews. While I was never able to

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3 www.schoolmatters.com
determine an exact percentage of white enrollment that would define a school as having tipped in, these schools were talked about in GP circles as “diverse,” and white enrollment in a diverse school could be as low as 13%, with an average white percent in the mid-30s (See Tables 9.1 and 9.2 for a demographic breakdown of schools GPs consider diverse).

**Considering Class**

After identifying New York City elementary schools that had some increase in their white student enrollment over the past decade, I then determined which of these schools also had a reduction in their poverty rates, as defined by students receiving free and reduced lunch. While race is the most visible indicator that a public space is gentrifying, it is the comparably greater wealth and education level of the gentry that ultimately plays a role in changing the space---changing the types of goods and services that are demanded and provided, changing the aesthetics and the culture of expectations. A school may look different with an influx of poor, white families and cause a stir within the school community, but a change in a school’s social class composition is what is more likely to substantively change the school in terms of parental involvement, parental expectations, fund-raising ability, etc. Thus, both a change in a school’s racial composition and a change in a school’s socio-economic composition are necessary for a school to integrate in a way that is beneficial for the poor children of color in the school.

As with race, I didn’t set a specific poverty level as indicative of a school having tipped in. The number of children in New York City who receive free and reduced lunch is approximately 75%. Thus, a school with fewer than 75% of its students living in poverty might be considered socio-economically integrated. However, research done by Kahlenberg (2001) on the benefits of socio-economic integration for poor, disadvantaged children makes the claim that
schools must be at least 50% middle-class for the school to have a predominantly middle-class culture and thus impart the benefits of mixing. Accordingly, a 50% threshold to quantify a school as having tipped might have the most substantive meaning in the lives of poor children. A smaller threshold of 26%, though more realistic, would likely have less of a positive impact on the school's culture. Again, I simply looked for schools that had some decrease in poverty, in addition to having an increase in white student enrollment, and hoped a more official definition of tipping in, and what this means in terms of a school’s poverty rate in New York City, would emerge from the analysis of my GP interviews. My results suggest that the average poverty rate (% of students receiving free and reduced lunch) in schools that are considered diverse, schools that have tipped in, is in the mid-40s, but could be as high as 77% (see Tables 9.1 and 9.2 for a complete picture).

Case Selection Results

Out of the approximately 724 New York City elementary schools that had complete data, my selection process yielded 11 schools that appear to be in some stage of tipping in. I cannot name specific schools as per the confidentiality agreement with my interview subjects, where I promised to de-identify the individuals, the schools, and the neighborhoods to ensure their privacy rights are protected. There were no schools that met the white demographic composition criteria that did not also have a drop in the percentage of students receiving free and reduced lunch. Each school started with a white population of less than 10%, and showed some increase in the percent of white students attending, ranging from a low of a 2% increase to a high of a 38% increase. All eleven of these schools had some drop in students qualifying for free lunch over the past decade.
Step 2: Identifying gentrifying neighborhoods where some of these schools are located

After identifying these 11 schools that are in some stage of tipping in, I then placed them on a map of New York City and determined whether any of the schools were located in neighborhoods that are continually described in the media and in scholarly research as being gentrifying or gentrified neighborhoods. There were nine schools in four neighborhoods that met this criteria. I then further narrowed the selection process by identifying gentrifying/gentrified neighborhoods that contained at least two schools from my remaining list of nine that are in some stage of tipping in, ensuring more data would be available for within neighborhood comparison of attitudes about schools. This resulted in the selection of three neighborhoods. Neighborhood A contained three schools, Neighborhood B contained two schools, and Neighborhood C contained two schools.

Neighborhood A is considered fully gentrified, but still has segregated schools, due to the effectiveness of public housing projects and rent control laws that have maintained the neighborhood’s racial and socio-economic diversity throughout the gentrification process. The non-white population, the minority in this neighborhood, is a mix of black and Hispanic residents. Neighborhood B is in an earlier stage of gentrification, but is firmly established as a gentrifying community. The non-white population comprises a significant majority, and is predominantly African American. Neighborhood C is similar to Neighborhood B in terms of where it is at in the gentrifying process, but the non-white population, the majority, is predominantly Hispanic and recent Asian immigrants.

All of these neighborhoods are contained within school district boundaries that extend beyond their neighborhood lines. The district line is an important one in the New York City

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4 Asians are a difficult group to place in this study. The Asian Americans I interviewed as GPs clearly identified with the other neighborhood GPs in terms of income, education level, and being perceived by non-GPs as “white,” whereas recent Asian immigrants who are poorer and do not speak English do not fit into the GP mold.
public school search process, as families can often access extra seats in schools outside of their zone if they live within that school’s district. Lotteries for charter schools and other choice schools also give priority to families living within a school’s district lines. (All public options will be described in detail in Chapter 3). Thus, as this study evolved, I sometimes expanded my discussions with GPs outside of loosely defined neighborhood lines to include families within the same school district as the gentrifying/gentrified neighborhood, since the schools in these neighborhoods were part of a larger network of school options based on district. I also discovered other schools that were in the early stages of integration, schools not on my initial list of eight, by talking to GPs within these neighborhoods and the larger school districts and listening to the latest buzz.

**Step 3: Identifying GP points of entry in each neighborhood, and snowball sampling**

After selecting three neighborhoods for study, I sought an initial GP contact in each neighborhood to start the process of understanding what GPs in that particular neighborhood considered to be their elementary schooling options. In Neighborhood A, I was able to use my personal network of GPs, formed primarily through friendships at my daughter’s nursery school and through my residential acquaintances, to identify GPs using their neighborhood school, and GPs not using their neighborhood school. My own personal search for a public kindergarten for my daughter in Neighborhood A’s larger district allowed me intimate access to a wide variety of GPs within these boundaries.

In Neighborhood B, I found my point of entry through a newspaper article about a group, Our Neighborhood, Our School (ONOS), that sounded very similar to Friends of the Mackey, the group of GPs described by Lukas (1986) in *Common Ground*, who organized themselves and

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5 ONOS is a pseudonym
offered resources prior to enrolling their children in the neighborhood school. A simple Google search of one of the parents quoted in the article lead me to his place of employment, complete with a mini-biography and an email address. He responded to my query, and allowed me to interview him about his experience forming ONOS and his overall school choice process for both of his children. He also connected me with other GPs from ONOS, who then connected me with other GPs, who then connected me with other GPs, a form of sampling known as snowball sampling. Aware of the downside of snowball sampling, that the sample can be too restricted to a group of friends/acquaintances and thus slanted, I successfully started two or more snowballs in each neighborhood. In Neighborhood B, this second snowball started with the specific instructions of one of my interviewees not to talk to another neighborhood GP whom she considered “a liar” and named by name. Facebook allowed me the ability to locate and contact the “liar,” reach out to her for an interview, and use her as a starting point for a second snowball of GPs in that neighborhood.

In Neighborhood C, I made an initial GP contact through a friend of a friend, which started the snowball sampling process. As I interviewed GPs in this neighborhood and talked to them about their school choice process and what they considered their options, I discovered that although there are two schools in Neighborhood C that are in the early stages of tipping in, these two schools are in different school districts, as the district line runs straight through the neighborhood. Accordingly, I eliminated one of the schools from my study, and instead focused on GPs living in the neighborhood who were also all in the same district and thus had the same public schooling options.
Step 4: Theoretical Sampling

In addition to snowball sampling, this study also employs a Grounded Theory technique known as theoretical sampling. Rather than sampling on a pre-determined theoretical framework, “theoretical sampling” in Grounded Theory involves a type of purposive sampling to collect the most relevant data to construct a theory. Who to sample is intricately tied to and guided by the on-going analysis of interview data, and is determined in response to the developing conceptual model. While I limited my sampling target to GPs in three different neighborhoods, my developing model of tipping in, arrived at through an extensive coding process which will be described later in this chapter, suggested that there were different types of GPs who were willing or not willing to enter schools at different stages of integration. The different stages of integration appeared to be breaking down as follows:

- **Stage 0 Integration: A segregated school**—no white, gentry children enrolled, or there is a perception by neighborhood GPs that there are no white, gentry children

- **Stage 1 Integration: A catalyzed school**—either one gentry child or a small handful of white, gentry children enrolled in the early grades who have GPs that are very active in outreach to other neighborhood GPs

- **Stage 1 Integration: Stagnant**—either one gentry child or a small handful of white, gentry children enrolled who have GPs that are not interested in engaging in outreach to other GPs

- **Stage 2 Integration: A changing school**—a solid, stable presence of gentry children enrolled in the early grades who have GPs that are very active in outreach to other neighborhood GPs.

- **Stage 3 Integration: A diverse school**—a solid, stable presence of gentry children enrolled in all grades who have GPs that are very active in the school community. In New York City, a diverse school would be considered integrated, a school that has completed the tipping in process.

My emerging theory suggested that for a school to transition from one stage of integration to the next, it had to first retain each new wave of GPs, who would then attract the
next wave. Pivotal to understanding each stage of integration was the identification of different types of GPs: those who were willing to enroll their child in a school as the first white student or as part of a small group of white students, and those who were not willing to enroll their child in the school until it had an established group of gentry children already there. The size of the group of gentry children necessary to entice them also varied, and further differentiated the different types of GPs. For example, there were those who would enter a Diverse School, but not a Changing School. Or those who would enter a Changing School, but not a Segregated School. Thus, as I used snowball sampling to seek out additional GPs to interview, I also employed theoretical sampling by asking each of my GP interviewees if they knew, specifically, GPs who were part of the first group of GPs in a school, GPs who entered a school in later years, or GPs who were still reluctant to use the neighborhood school. By using theoretical sampling, I was able to identify and interview enough of the different types of GPs in each neighborhood to fully develop my theory of tipping in. I eventually categorized the GPs into four categories, borrowing terminology from Malcolm Gladwell’s (2002) *The Tipping Point*:

- **Wave 1 GPs: “Innovators”**--- GPs willing to be the first of their peer group to try a school that peers consider risky, able to imagine something different and take action

- **Wave 2 GPs: “Early Adopters”**---GPs willing to be the first of their peer group, but because of the timing of their child’s age, they end up in a second wave of school entry instead of the first.\(^6\)

- **Wave 3 GPs: “Early Majority”**---GPs who are not risk takers and will only try a school once other GPs have proven its viability.

- **Wave 4 GPs: “Late Majority”**---GPs who are not risk takers and will only try a school that is popular amongst peers and has made the official lists of “good” schools

\(^6\) Distinguishing between Innovators and Early Adopters is important because although the Early Adopters talk like they would have been the first, they weren’t, and I have no ability to determine whether this would have been true. I think there is something important about *actually* being the first to do anything. In attitudes toward entering and remaining in a school, however, Early Adopters are almost identical to Innovators, and both groups are lumped together for the majority of my analysis of tipping in.
Chapters 4 through 9 develop a detailed analysis of the characteristics of the neighborhoods, schools, and GPs at each stage in the integration process, and explore how tipping in can happen over a period of time.

**Interview Procedures**

While conducting interviews with GPs, I used a semi-structured interview guide (see Appendix A). Each interview lasted between 30 and 90 minutes. Questions were open ended, probing parents about their decision-making process when choosing an elementary school for their child. GPs who sent their child, or were planning to send their child, to a school that was either still segregated or in the early stages of integration were asked questions about their decision-making process and the circumstances that allowed them to be sufficiently comfortable with this decision. GPs who did not send their child to the neighborhood elementary school, or who had no plans to do so, were asked questions about their decision-making process, and the circumstances, if any, that might have made them more comfortable and open to sending their child to a school that is segregated or in the very early stages of integration. Interviews were conducted in person, by me, either at the GP's home or a mutually convenient public location, like a coffee shop or restaurant. Interviews were voluntary and obtained through informed consent. Since all GPs were literate, they were guided through a written consent process, and asked to read and sign the written consent form prior to starting the interview.

**Additional data collection through observations**

In addition to conducting extensive formal interviews with 52 GPs, I also spent time observing GPs at the local playground in my own gentrifying neighborhood, observing them on
public school tours, and observing them in my pre-school cubby room. As a GP myself, I was able to blend into these environments and listen to what they told one another and asked one another about various neighborhood schools. Utilizing eavesdropping provided me with an authentic window into how GPs talk about schools, their “perspectives in action”----accounts or patterns of talk formulated for the purpose of accomplishing a particular task in a naturally occurring situation (Snow and Anderson 1987). This mode of communication is different from “perspectives of action,” where, in this example, GPs are talking about their school choice process in response to the queries of a researcher, and framing their school choice process to make sense to someone else. While listening to GPs talk to each other about school choice instead of to me, I was able to add additional data points to my emerging theory of tipping in, affirming, for example, that natural GP dialogue involves the use of the words “changing” and “diverse” to indicate the stage of a school and GP comfort level with that school.

Through regular eavesdropping in GP venues I was also able to keep tabs on the rapidity or sluggishness of change in the schools in my own gentrifying neighborhood, as my informal observations continued long after I had completed my formal observations. These regular updates forced me to revisit my data and question whether I had appropriately labeled each school’s stage in the integration process. In one instance, a school I had identified as Stage 1, Stagnant had to be moved to Stage 2, Changing during the early stages of writing up my results, simply because the buzz on the playground was suddenly that the school was “changing,” with current pre-K parents offering specific demographic numbers to each other that suggested something had indeed shifted in the school. My first year of research didn’t initially pick up on the change that was to come in the pre-K, but keeping my eavesdropping ear open brought new information that allowed me to more fully develop my theory of how schools move from Stage 1
to Stage 2. The same thing happened with a school initially identified as Stage 2, Changing that had to be moved during my initial writing stage to Stage 3, Diverse. My theory was constantly being refined as I analyzed and reanalyzed my data in light of new information that continually streamed in.

The information obtained through eavesdropping was mentally recorded and quickly written into my field notes as soon as I arrived home. Particularly fascinating quotes were texted to myself so that I wouldn’t forget the verbatim reference to a school. But most overheard conversations were a summary of what was talked about and how it was talked about. See Appendix B for an example from my field notes of how observations were recorded. Sometimes I participated in the overheard conversations, telling the GPs who were talking that I couldn’t help but overhear what they were saying about P.S.____, and could they tell me more about X. Sometimes I identified myself as a researcher, sometimes I simply inhabited my role as GP and asked questions to help inform my own school search for my daughter. Both approaches brought a wealth of information that would have been missed had I simply relied on formal interviewing to capture the GP perspective of school choice.

**Data Analysis Procedures**

The in-depth interviews were transcribed, my observational field notes were meticulously maintained, and data analysis was performed using ATLAS Ti, a computer software program designed to facilitate the management and analysis of qualitative data. The Grounded Theory approach first requires assigning descriptive codes to chunks or lines of text, such as "GPs networking," every time this idea is discussed. Focused coding was then used to identify the most significant and/or frequent line by line codes, and to choose codes that best categorized the
emerging themes and patterns. Axial coding was subsequently used to identify relationships between the different codes and how the data could be rearranged to effectively describe observed patterns of behavior. Different kinds of memoing—e.g. analytic, reflective, descriptive, summative—were used throughout the process, first to define and describe various codes, and then to conduct theoretical coding, which is a way of rebuilding already coded data and establishing a conceptual framework by exploring the relationships between categories and subcategories. Theoretical sampling, as described earlier in this chapter, was used throughout the research process to identify the next batch of research participants, individuals who helped elaborate and refine the emerging categories constituting the theory, until no new properties emerged (Charmaz, 2006). Details of my own coding process will be described below.

**Line- by- line coding**

I started coding my data as soon as each interview was transcribed. Continuous coding while data was still being collected allowed me to effectively employ theoretical sampling, as I identified frequent codes, data patterns, and emerging theoretical ideas early in the process. Line- by- line coding led to the creation of approximately 300 codes. Charmaz (2006) recommends using action words whenever possible when ascribing codes, as this forces the researcher to think critically about the process being described by the participants as they saw it. Action words create a timeline of events that reveal a process as it unfolded. Since my guiding interview question was about the school choice process, my initial active codes included lists of what GPs believed about school, e.g. “GPs believing they have a choice,” “GPs having more interest in a school if other GPs are interested,” or “GPs believing diversity is important.” Eventually, I discovered that coding everything as a belief cluttered my ability to analyze the
data, so I went back and changed many of the codes to a simple summary of what it was that the GPs believed, since all of the data was essentially a belief—an individual’s perspective about reality, some which would be challenged by others, some which would be confirmed by others—and there was no need to preface each code with this fact.

The simpler line by line codes were a compilation of school choice preferences, such as, “Convenience an important component of school choice,” or “Emotional component of school choice,” and school choice complicating factors, such as, “Child not happy,” “Progressive parenting style,” or “Considering new options, the difficulty.” In vivo coding, where the interviewee’s own words are used as a code, was used only twice, for the code, “Drift,” which describes the act of students travelling from one zone school to another zone school considered to be superior, and “Free-K,” which describes public pre-school programs that are chosen by GPs precisely because they are free, a reminder that economic concerns are typically important for GPs.

**Focused coding**

After completing the line by line coding process, I then did focused coding, determining which codes were the most frequent and/or significant, and whether any of the other codes could be folded within them (Charmaz 2006). This process winnowed down approximately 300 codes to 200 codes. (See Appendix C for a list of the most frequent codes.) Most of the collapsing of codes was in the realm of problems with a principal or support for a principal. The specific complaints were merged into one code, “Principal Problem,” and the specific stories of support were merged into one code, “Principal key to changing a school.” Other coding collapsing was done to unite specific GP concerns about high poverty schools into one code, “Poverty concerns:
exploring the boundaries of socio-economic comfort,” and “Racial politics and their role in school change” was a compilation of the variations ways race was perceived to be negatively impacting GP efforts to integrate. The one area where I chose not to collapse codes was in the area of GP thoughts about gifted and talented programs (GT programs). The number of times a GT program was referenced by an interviewee and coded was approximately 240, under 33 subcategories about GT programs. As will be explored throughout this study, GT programs play a very complicated role in the school choice process of GPs and whether schools are able to go through a tipping in process, and differentiating between the many ways GPs talked about GT programs was a key aspect of this study.

Axial and Theoretical Coding

Focused coding was followed by axial coding, where I reassembled my fractured data (Charmaz 2006) to start building a theory of tipping in. I made index cards of all of my codes, then shuffled the cards about in many configurations to figure out how the ideas fit together. I first divided them into three major ideas, “Reasons for avoiding the local school,” “Reasons for entering the local school,” and “Reasons for exiting the local school.” This process revealed that there are different kinds of GPs with different thresholds for tolerating their own minority status, and different stages of integration, as was already described in the section on Theoretical Sampling.

Using the principles of constant comparison (Strauss 1987), I further extricated these differences by comparing codes---within the same interview, between and among interviewees in the same emerging category, and between interviewees in the different emerging categories---to find consistencies and differences. I then sketched out the relationship between the various
groups and schools (see Appendix D for a recreation of the sketch and how I put the pieces together), and then went back and reorganized the index cards based on which stage of integration each code related to. My theoretical codes emerged from this process, which were further developed and refined through memoing.

**Memoing**

The memoing process allowed me to explore my emerging theory of tipping in, and then follow up on my thoughts with additional memos that ensured my ideas were actually grounded in the data. For example, I wrote an extensive memo on different types of GPs and different stages of integration, playing around with what the properties might be of each category of GP and school stage (See Appendix E for a copy of this early memo). I then added GP categorizations to my descriptive memos of each GP, where I had previously summarized each interview, my impressions of each GP that may not have been captured in the interview, a brief physical description so I could better remember each individual, and a short summary of what I thought to be this person’s most important contribution to the study. The new categorization information was an analysis of which type of GP I thought each person was, and why. I then sorted the memos by GP type and meticulously went through the interviews and codes for each GP to further develop the properties of each type of GP, and re-label each GP if I determined that my initial assessment of their type wasn’t accurate. Again, I utilized constant comparison as a tool for fine tuning GP types.

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7 Four notebooks worth of field notes and the progression of my thoughts on this dissertation were stolen, along with the index cards, from an outdoor picnic in Riverside Park during a rainstorm. Fortunately, all of the important ideas had already been transferred to my computer, but an important archive of my research thought time-line is gone forever, or being used by a thief to create another dissertation on the same topic.
I went through a similar process to define the properties of the different stages of integration in a school. I first did descriptive memos of each school that was utilized or discussed by the GPs I interviewed, and identified which stage of integration the school appeared to be in based on my emerging theory. I then re-sorted my school memos so that I could analyze each group of Stage 0, Stage 1, Stage 2, and Stage 3 schools to determine what these schools had in common, and where they differed. Schools are dynamic in a way that individual GPs are not, and placing an integration stage label on a school was much more challenging that identifying a GP type. An initial assessment could easily be challenged as the new public school choice cycle started for different families than were in my early data pool. For example, I interviewed several GPs who had gone through the choice process a year earlier than I started my own choice process for my daughter, and the buzz I was hearing about which schools were changing or diverse was sometimes different than what my interviewees had heard a year earlier. Likewise, the buzz on the playground amongst parents going through the choice process a year later than me were having different conversations than I had had only one year prior. To fully understand the evolution of a school, I made sure that I interviewed GPs at many stages in a school’s timeline to capture how the story of a school changes over time. This was the core strategy of my theoretical sampling technique----identifying and interviewing GPs who entered the same schools but in different years.

**Member checking**

I also employed "member checking," a strategy of sharing preliminary theoretical findings with the research subjects to verify the results and bolster the credibility of the research (Creswell 2007). Member checks were done with both GPs who were interviewed for data collection purposes, and with new GPs to test the transferability of my findings. The responses
from these members were all very affirming. Eduardo\textsuperscript{8}, for example, would finish my sentences during our member checking conversation. I would tell him the beginning of some aspect of my theory, and he would finish the summation before I was able to get the words out, an end that was almost identical to my own. Jeremy emailed his reaction, and despite his concerns about whether any individual’s experience could be fully captured as part of a larger theory, he thought I described the GP reality as well as I could. He wrote: “This process is so nuanced and individual for each family that it’s hard from me, a statistical cynic to begin with, to readily subscribe to a clean sterile theory. Obviously it can’t reflect my views precisely, but I also don’t think it can reflect my linear/temporal experience, but rather some amalgam that sort of, kind of, gets the average of the idea of me (the generic GP) across. In all fairness, you have been able to put large parts of the experience into a written form that informs and explains all, (and I do think all,) of the questions and concerns that people have. So I guess I’m saying that I think it’s amazing.” Lisbeth, who also provided written feedback, was similarly supportive, using the words “spot on” and “marvelous” to describe her overall reaction to my theory of tipping in. She thought I captured “the difference between the gentry ‘sidewalk dance’ and what it means to invest deeply in the institutions of a neighborhood” particularly well. She also agreed that figuring out how to retain the third wave of GPs is crucial to the tipping in process. A couple of the GPs who participated in member checking did offer a few suggestions for improvement, their perception of a more precise assessment of reality. These suggestions were taken into account and incorporated into the final draft if appropriate. Since my findings reflect 52 perceptions, I weighed individual critiques within this framework.

\textsuperscript{8} Pseudonyms are used throughout this paper for all GPs quoted and described, as per the confidentiality agreement they signed when agreeing to participate in this study.
CHAPTER 3
GENTRY PARENTS: THEIR SCHOOL PREFERENCES, AND THEIR PROCESS OF CHOOSING A SCHOOL

The goal of this research is to determine effective paths toward greater school integration in integrated neighborhoods. As discussed in Chapter 1, this study focuses on the choices of GPs precisely because they are considered a privileged group with the ability to exit their neighborhood school if they deem it unacceptable. It is the GPs who must choose to enroll their children in the neighborhood school for it to integrate. My extensive formal interviews with 52 GPs in three different gentrifying/gentrified neighborhoods, and my observations and informal interviews with dozens of other GPs on the playground, in the pre-school cubby room, and on public school tours, allowed me to capture the data necessary for building a theory of school integration in gentrifying neighborhoods from the perspective of these individuals whose choice appears to be pivotal for tipping in to occur. This theory of tipping in, which will be fully developed in Chapters 4-9, starts with understanding what GPs prefer in a school, why the zone public schools in gentrifying neighborhoods are usually unable to match each preference, and why the GP process of choosing a school usually leads them even further away from considering their zone neighborhood school.

Public School People

Before exploring the specific school preferences of GPs, it is first important to note that these preferences will typically be searched for within the constraints of public school options. When asked what brought them to their gentrifying neighborhoods in the first place, the GPs in this study mostly expressed a desire to find housing that was relatively low-cost and conveniently located to their places of employment. When compared to their highly-educated
New York City peers (all of the GPs interviewed for this study had bachelors degrees, with many holding advanced degrees as well), peers who use their college degrees to make a lot of money on Wall Street or in affiliated industries, GPs tend to be relatively poor. The career choices of most of my 52 formal interviewees tended toward “creative” and “meaningful” professions---graphic designers, museum curators, comedians, chefs, artists, writers, magazine editors, college professors, K-12 teachers, human rights attorneys, non-profit workers of all stripes---professions that allow for a decent, solidly middle-class or upper-middle class life, especially if both GPs in the family are working, but not a life of opulence. Thus, GPs tend to end up in their gentrifying neighborhoods in part because it is the only place they can afford to live in a space large enough to make raising children tenable and remain in the city. Likewise, these “creative” and “meaningful” career choices prevent access to private schools, which can cost up to $30,000 annually in New York City. Thus, by choice or by necessity, GPs tend to be self-described “public school people.”

Most of the GPs in this study attended public schools themselves, and this fact oriented them toward “believing” in public schools as a democratic good. For many, it was expressed almost as an ideology. Lisbeth explained this general sentiment very well, first by labeling herself as “a public school kid,” continuing with, “I believe in public school, I feel like it’s like jury duty. It’s where you go to meet people who are not like you and form consensus. And you build a better society in public school, especially in an urban school environment.” Having a public school belief system appeared to keep GPs both grounded in their financial reality and able to feel good about sending their children to public schools.

GPs appreciated the irony that their non-gentry neighbors seemingly view the gentry financial reality as “rich,” a characteristic they definitely do not see in themselves. One GP I
interviewed, Brigitta, was very amused by my term “Gentry Parent,” because of her self-
perception as being middle-class and struggling to make ends meet. She laughed whole-
heartedly when I asked her to describe the school buzz she was hearing amongst her Gentry
Parent friends and said, “I love it! Gentry Parent friends, makes me feel like I ride horses or
something! If we were true gentry, we wouldn't be in public schools.” Leslie also laughed about
the economic divide between her and those New Yorkers she perceives to be rich, recalling a
conversation about schools with a co-worker where she thought to herself, “You guys make
enough money to send all three of your kids to private school? Well that’s a whole different
world than the one I’m living in!” She went on to explain how parents “of my grouping” all
have to send their kids to public school, which is “why the good public schools are so
competitive, you can’t get into them, because everybody wants to go to these schools.”

In New York City, where there is a flourishing private school industry offering a
tremendous variety of schooling options for the very wealthy, and a public school system serving
1.1 million children, roughly 75% who are considered poor, the “good” public schools for those
in the middle are perceived to be scant. GPs are typically as educated as the very wealthy, so
they have a certain sense of entitlement to a great education for their children. As Lisbeth put it,
“We don’t have any money, but we’re part of a power culture.” GPs’ position within the power
culture complicates their reality that they can’t afford to buy a private school education, even
though they have more in common with the types of families at these schools than with the
poorer, less educated families who are typical of the majority of public school enrollees. Most
scholarships at private schools are reserved for “diversity,” and these white GPs will not be
eligible. The few GPs I interviewed who ended up in private schools had bi-racial children, who
qualified for diversity scholarship money, or the GPs were assisted by their parents. And those
who were able to make the private school choice did so very reluctantly, believing that their GP peers would look at the decision as some kind of moral failure. Amber, for example, found it “very hard to admit” that she sends her children to private school, “because there is such an impetus, such a strong, such value attached to changing these public schools.” She admired her GP friends for “taking their energy and putting it into their local public school,” and “hung her head in shame” whenever the question of school choice came up.

Public elementary school options in New York City

Despite the fact that most GPs are not financially able to access the private school world (nor would they necessarily want to even if they could), they still all believed that they had a choice about how their children are educated. Not a single GP in this study was resigned to his child’s school situation as unchangeable or inevitable. Armed with their various college degrees, GPs are used to navigating their way through the world on their own terms, and not a one started and ended their school choice process with their zone school. Even those GPs who enrolled their children in their zone school saw it as a choice, a choice they made at the end of a search process. In New York City, there are many options for “public school people.” GPs all believe they have choices, in part because they really do. The New York City Department of Education offers a variety of schooling alternatives for those savvy enough to figure out what exists beyond the “zone school.”

There are roughly 7 categories of schooling a GP can access, depending on district or borough of residence. First, every child has access to his or her zone school. All a parent has to do is go to the NYCDOE website, enter their address, and a school will pop up on the screen, the school their child is eligible to attend simply because they live at that particular address. There
are many zone schools that are considered “good” by those who are in the business of rating schools, and what most of these schools have in common is their racial and socio-economic diversity, and their location in New York City’s more affluent neighborhoods. They are typically the non-segregated schools in the city that have both a large middle-class presence in the school, a substantial white and non-white student population, and an engaged, active parent body. When I talk about the goal of tipping in, the goal is for the zone school in a gentrifying neighborhood to become one of these diverse neighborhood schools. They need not have a majority of their students from the white, middle-class; they simply need to have a strong enough white, middle-class presence that the schools are perceived to be diverse, middle-class schools, and are considered a desirable school option for a GP (more on what it means to be a diverse school in Chapter 9). For a family that is zoned for one of these “good” schools, the school choice is usually an easy one. Many families with means move simply to live within the zone lines of these schools.

A second option for NYC children entering elementary school is to try and get an extra seat at another zone school in the same district. Principals are allowed to enroll children from outside the zone if there are spots left once all zoned children are enrolled. Some districts hold lotteries to raffle off the extra seats at individual schools to lucky families unhappy with their own zone school. Some districts and individual schools use more informal methods.

A third option is to enter the lotteries for the various “choice” schools in the city. These are schools that are not restricted by zone lines for admittance, because they supposedly offer something unique, like a “progressive” education (more on this type of education later). In Neighborhood C, all of the schools are “choice” schools, and students do not have a zone school, making the GP choice process in Neighborhood C uniquely different from the process engaged
by families in Neighborhoods A and B. All parents are able to rank their school choices out of the available options, and they are then assigned by lottery and rankings.

A fourth option is to apply to “choice” schools that do not employ a lottery system, but instead interviews families or screen children to determine whether they are a good fit for the school, e.g. The Special Music School of America, which identifies musically gifted 4 year olds, and both Central Park East 1 and 2, which are extremely “progressive” and they want to make sure families are committed to this style of education.

A fifth option is for families to have their child tested for Gifted and Talented programs (GT programs). All children are able to take the test for free, which is currently part Bracken School Readiness\(^9\), part OLSAT\(^{10}\). Children scoring in the 97\(^{th}\) percentile or above are eligible to enter the city-wide gifted programs lottery. Children scoring in the 90\(^{th}\) percentile or above can enter their district-wide gifted programs lottery. Families that rank every single GT program available to them are guaranteed a spot. Conversely, families that do not rank every option are not guaranteed a spot.

A sixth option for families in Manhattan only is to apply to Hunter College Gifted Elementary School, a state run public school. The screening exam, the Stanford Binet IQ test\(^{11}\), costs approximately $300, and the top 200 scorers make it through Round 1. Round 2 involves parent observations, as reported on a form, and a play observation session conducted by school psychologists. At the end of this round, the top 25 girls and 25 boys are accepted.

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\(^9\) This BSRA test is an individual cognitive test designed for children, pre-K through second grade, assessing six basic skills: colors, letters, numbers, sizes, comparisons, shapes.

\(^{10}\) The OLSAT test is a test of abstract thinking and reasoning ability of children pre-K to 18. The Otis-Lennon measures verbal, quantitative, and spatial reasoning ability. The test yields verbal and nonverbal scores, from which a total score is derived, called a School Ability Index (SAI).

\(^{11}\) The Stanford Binet IQ test measures fluid reasoning, knowledge, quantitative reasoning, visual-spatial processing, and working memory.
A seventh and final public elementary school option is to enter the lotteries for charter schools in the city. Charter schools are publicly financed but privately governed, and offer some sort of unique program to children who win the lottery, e.g. longer schools days and longer school years allowing for more enrichment and tutoring. What a New York City family chooses, or tries to choose, depends in part on who they are and what they prefer their child’s education to look like.

**School Preferences**

The school preferences of all of the GPs I interviewed were remarkably similar. Almost every GP in this study expressed a desire for schools that are diverse, and the majority preferred schools that are on the progressive end of the pedagogy and school culture spectrum. Almost 2/3rds were also opposed to GT programs. Table 3.1 displays the school preferences of the interviewed GPs. GPs who explicitly expressed a preference were given a “yes” or “no” for each preference. A “neutral” was ascribed to those GPs who didn’t explicitly care one way or the other about the school attribute. With regards to progressive pedagogy, most of the GPs who were neutral were families whose number one preference was a dual language program, and thus their pedagogical preferences were focused primarily on how a school’s dual language program was implemented. Each of these preferences will be explored in detail in light of how neighborhood public schools in gentrifying neighborhoods are usually unable to match each preference.
Table 3.1: School Preferences of Gentry Parents (n=52)

<table>
<thead>
<tr>
<th></th>
<th>Racial Diversity Preference</th>
<th>Progressive Pedagogy Preference</th>
<th>Gifted and Talented Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>86%</td>
<td>54%</td>
<td>18%</td>
</tr>
<tr>
<td>No</td>
<td>12%</td>
<td>30%</td>
<td>60%</td>
</tr>
<tr>
<td>Neutral</td>
<td>2%</td>
<td>16%</td>
<td>22%</td>
</tr>
</tbody>
</table>

**School Preference 1: Racial diversity explicit desire**

GPs of all types---Innovators, Early Adopters, Early Majority, and Late Majority----expressed a preference for schools that are racially diverse. The few who didn’t care about racial diversity were the Innovators who had no problem being the only white family in a school, usually Foreign GPs, which will be discussed further in the next section. In New York City, the phrase “diverse,” amongst GPs, takes on a completely different meaning than it does when white parents talk about “diversity” in the suburbs. Instead of measuring a school’s diversity quotient by how many children of color attend a school, GPs measure diversity in terms of how many white children attend the school. When a GP would tell me, as they often did, that their neighborhood school was “not diverse,” they meant that there were few to zero white children. “White counting” (my term) was regularly employed by GPs to gauge the extent of a school’s diversity. GPs either brought up the white count themselves, or when asked by me to provide one, they were easily able to do so. If the numbers were low enough that “white counting” was possible, the school would not be considered diverse by most GPs, and thus unable to meet this preference.

Diverse was not code for wanting a predominantly white school. GPs repeatedly made the claim that they “wouldn’t want to send my kid to an all white school either,” expressing a belief that “all of anything is not healthy.” Sharon chose one school for her daughter over
another because, although she would have been one of the only white children at either school, the school she chose had an almost even mix of black and Hispanic children, whereas the other school was “all African American,” and that “bothered” her, “not because they’re African American, but I thought no, too much of one, and she will stand out so much, too much.” Trista shared Sharon’s concern about “standing out,” and expanded on why it was especially important for her son, who is half Indian: “I don’t want him to stand out anywhere. Like, right now he does not stand out in his class. I wanted him to stand out in other ways, but not because of his... his racial features, and so, you know, it’s hard to say that, but it’s true. So it’s why I wouldn’t want him in an all-white school, I wouldn’t want him in an all-black school.”

Many GPs tied this desire for school diversity to their choice of New York City as a home. Marcia explained that she “lived in New York City for a reason, and I don’t want my kid in this all-white school, because I want her to be exposed to different backgrounds and everything and it just makes for an interesting place.” Robert also said that he “wanted to come to New York to live in a place that was more bi-cultural,” and he differed from many of his work colleagues who were sending their kids to “private, white schools.” That isn’t what he wanted. He wanted his daughter “to experience something that is a little bit more multi-cultural. And have that real experience, that real New York experience, to grow to appreciate all of those differences.”

Many GPs also considered diversity to be a key component of their child’s education, embracing what their children would learn from children from different backgrounds. Eduardo explained that he wants his children “to be exposed to the full range of society” because he thinks that “many of the issues of difference that are challenging to society are because people have really isolated segments of society, and we can’t understand each other.” He went on to
explain how his own upbringing in a class-mixed environment enables him to comprehend difference more than just “intellectually, because most of these thing are emotional reactions----words or body language or levels of communication or how close you speak to each other. These are things that, you can understand them intellectually at a certain level, but not be able to emotionally react to them appropriately.” He continued, clearly convinced that he held an important truth: “I’ve seen this over and over again with highly educated peers who just weren’t raised in that environment. Like, they can abstract it and say, ‘Yeah, I understand that in X culture they take the snot and throw it on the floor so everybody sees that they’re healthy, and that is considered a good thing.’ And it’s one thing to think about it and say, ‘Yeah, it’s just a cultural or anthropological thing,’ and another thing is to actually be there and not be grossed out by it.”

Laura also saw the basic educational value of diversity, and was “thrilled” that her daughters would just “have that,” that knowledge of what it means to live in a diverse environment, and “they won't have to learn it later,” something Laura felt like she had to do because she didn’t grow up within a diverse community. Laura also thought “diversity” was preventing her kids from compartmentalizing the world the way her peer group does. She proudly described how her kids, “to this day, don't... they don't know a difference. They don't see it... they don't see it that way. It's just kind of like, if they're describing a friend, it might be, like, she has peach skin, and curly hair.” Astrid had similar hopes for her own daughter growing up without the same “ridiculous grids we’ve set up as adults.” Her daughter currently had “no concept,” and Astrid believed that “if she grows up without a concept, then maybe she’ll live as an adult without a concept.”
The strong preference for diversity, expressed by GPs in many different ways, suggests that Clotfelter's (2004) hypothesis of "white avoidance", which states that, "...other things being equal, white parents prefer not to send their children to racially mixed schools and, among racially mixed schools, prefer those with the lowest proportions of nonwhite students" (p. 78), does not hold true for GPs. GPs do prefer racially mixed schools, and are not seeking schools with the lowest proportions of non-white students. The public schools GPs usually ranked as their first choice were extremely diverse, with whites usually comprising less than 50% of the school population\(^\text{12}\). GPs are not avoiders of diversity; indeed, it is their preference for diversity that keeps them from entering the neighborhood school. If their child were to be the only white child in the neighborhood school, that demographic reality would not be considered sufficiently diverse. Thus, gentrification’s initial impact on the demographic makeup of the neighborhood school is usually non-existent. The neighborhood school is usually racially and socio-economically segregated, and GPs don’t want their child to be in that non-diverse school environment. Accordingly, GPs typically seek out other public school options, choosing one of the other possibilities for their child beyond their own zone school.

**Foreign GPs and their role in the integration process**

There is one distinct group of GPs who appear to think about diversity differently than their GP peers: white foreigners, usually of European descent\(^\text{13}\). These Foreign GPs still value diversity, but *racial* diversity is not as important. White foreigners feel like minorities whether they are surrounded by white faces or dark faces, and their ability to “not care” about being the

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\(^{12}\) See Table 9.1. in Chapter 9 for a detailed demographic breakdown of schools GPs consider diverse

\(^{13}\) 6 of my 52 formal interviewees were Foreign GPs. While this is a small number, many other non-foreign GPs I interviewed made reference to the impact Foreign GPs were having on integrating their schools. Their presence has been noticed and noted.
only white family in a school stood in sharp contrast to American-born GPs. Katrine, whose son was the first white child at her segregated neighborhood school (though not her zone school, which she described as not being a place she wanted to send her child due to the way the kids from that school acted on the playground, and her accordant intuition that “that’s not where I’m supposed to be”), surmised that being a foreigner, “being removed from all of that stuff that you grow up with in American society,” allowed her to easily enroll her son without considering the racially segregated nature of the school. She clearly was discerning in other ways, as evidenced by her rejection of her zone school, but racial isolation didn’t matter.

Fran, another Foreign GP, similarly described her racial lens, “But for me, for example, I never, maybe because I’m European, I’m never really like, I never make the distinction between white and black, I don’t really see it strongly.” Astrid, although married to an American white man, echoed the sentiments of her European peers, “You’re already an outsider, it doesn’t really matter where you’re an outsider, you’re already used to that kind of discomfort. So, it’s not as threatening. And we have not lived through that kind of segregation in that way. We’re in some ways we’re blind to some of the ingrained things that other people have to struggle with. We have other hang-ups that our culture brought.” Even several non-foreign GPs recognized the role foreigners were playing in shifting the demographics of their school, admiring their ability to shed racial concerns. Amanda, a non-foreign GP, specifically remarked on the ease the “Europeans” show toward her racially segregated neighborhood school, describing them as “being like, ‘What are you worried about? It’s perfect!’” Lisbeth, another non-foreign GP, was similarly struck by the way “foreigners” are so much more relaxed about the school situation in her gentrifying neighborhood, observing that they “are less freaked out about it. It’s a whole different world.”
This “whole different world” seems to be much less constraining when choosing a school. Without “white counting” automatically entering the mind, as it appears to do for most non-foreign GPs, Foreign GPs perceive many more options for their children. Eduardo, for example, enrolled his son in a school he considered diverse but was avoided by other non-foreign GPs in this study, who specifically labeled it as “not diverse” (i.e. no white children), because he thought of diversity primarily in terms of class or country of origin. He saw tremendous variety in the school’s social class composition and ethnicity, and wasn’t bothered by the fact that there weren’t other “white” children. Astrid was somewhat enraged by the failure of non-foreign GPs in her neighborhood to see the diversity that she saw at her school, because she was tired of being asked about the school by potential gentry families who were interested in her experience in a school that “wasn’t diverse.” She would say to them, “It is diverse! There are people from Senegal, there are people from the United States, there are people who are rich, there are people who are poor, it’s a diverse group of people, they just have the same skin color! They’re just as diverse as any group of white people, no one would ever call a white group of people ‘not diverse,’ just because they’re white! You know, and there are different religions, there are kids not allowed to eat meat, there are kids allowed to eat meat, there are kids who wear scarves on their heads, there are kids who don’t. There’s a huge diversity in that school, it just happens to be that they share the same skin color!” This greater mental freedom exhibited by Foreign GPs often leads them to be part of the first group of GPs entering a racially segregated school, and will be explored further in Chapter 4.
**School Preference 2: Progressive Education**

“Progressive” education is also highly valued by GPs, second only to the GP preference for diverse schools. GPs repeatedly identified themselves and their peers as “on the more progressive end of the curriculum spectrum.” Brantlinger (2003), defines this type of education as “loosely framed, child-centered, problem-oriented, interdisciplinary, and multi-cultural ….The role of teachers is not to directly deliver information in a pedantic style but rather to facilitate intellectual, social, and affective growth by bringing interesting and diverse realms of knowledge into the classroom” (p. 62). GPs threw this word around a great deal, and this type of pedagogy and culture were very important to most GPs searching for a school for their child. There are many elementary schools in NYC considered progressive, and these schools also all happen to be among the most racially and socio-economically diverse. Since diversity is such an important preference for GPs, it could just be that they naturally gravitate toward progressive schools because they know this is where they will find diversity.

All of the explicitly progressive schools in the city are *not* zone schools, but choice schools, which is partly why they are able to achieve diverse student populations. These schools are not bound by zone lines in selecting children. Parents have to enter lotteries or complete another type of screening process to access these schools, and they are the most competitive schools amongst GPs. Further, as Leslie, a GP working in mass media, pointed out, “information is privilege, right? If I don’t know what a progressive school is, I probably won’t pursue this option for my child. People are self-selecting on many, many levels.” By selecting progressive schools, GPs are able to self-select into what is likely a more educated class of parents. In addition to surrounding themselves with fellow GPs, the poor children of color who attend these schools will likely have parents who at least care enough about their child’s education to
research the various options and select something outside of the zone school. Wells’s (1993) study of school choice and social stratification found that disadvantaged minority families who participate in choice plans tend to come from relatively more educated families headed by adults who are more assertive about their child’s education. This suggests that when parents have to make some effort, it has a noticeable positive impact on the student body.

**Segregated neighborhood schools not perceived as progressive**

Because “progressive” is an explicit desire, GPs are unlikely to choose their segregated zone school simply because it is perceived as not being progressive, in addition to not being diverse. This perception seems to be based on stereotypes about urban schools, generated in part from the media attention given to “successful” urban charter schools. Charter schools, because they are free to govern themselves as they wish despite garnering public funding, have more freedom to experiment, and the media likes to highlight the structure found in these schools, and the dedicated teachers and administrators devoted to longer school days and school years to get these children—poor, non-white children—on par with more affluent children. Headlines citing the “Miracle” (Matthews 2006), or the “Dream” (Headden 2006), introduce articles that marvel at the ability of an urban school to achieve such high test scores with such disadvantaged children. For a GP following these stories, the image of these schools is that they are not appropriate places for their children. GPs tend to be highly educated, and they generally follow the advice of child development “experts”: reading to their children every day, providing their children with appropriate stimulation and educational experiences. Enrolling their children in a “successful” urban school that appears geared toward remediating home deficits does not make sense to a parent whose child is not deficient. These schools may be engaged in excellent
pedagogy that is progressive, and would be appealing to GPs, but this aspect of the school, if it exists, does not appear to make its way into the media.

Thus, these urban charter schools rarely make it on to GPs’ lists of school options. And the segregated neighborhood zone school, if it has a decent academic reputation, usually gets automatically lumped into the “not progressive” camp with too much test prep, perhaps because of the similar demographics to the charter schools highlighted in the media. Louisa, a GP whose zone school had an excellent academic record, hesitated to send her child there because she was “concerned about the intense test prep,” and she didn’t want her son to be a part of a school that “focused so much on testing.” This was a common way GPs described their zone school—“too traditional,” “too much test prep.” Test scores seem to be a double-edged sword in the urban school choice process. If a segregated urban school has bad test scores, it is a bad school. If a segregated urban school has good test scores, they must be doing too much test prep. When asked why a charter school with a great reputation was not on a GP’s list of options, Genevieve’s response was typical, “I’ve just heard they do too much skill and drill.” Martha, an acclaimed artist, posed it as a question, “Don’t they do a bunch of skill and drill?” asking me, because I am a teacher and education policy researcher. “I just want something more interesting for my child,” she continued. “I don’t care that the school doesn’t have white children, I just want a school where interesting things are happening.” Kevin, though not working in a creative profession, substituted the term “creative” for “interesting” as he attempted to describe what he thought his segregated zone school was like in contrast to what he wanted: “So, for people who wanted kind of a very structured and somewhat more conservative, kind of middle of the road education, it was good. It was not a failure in any way. It was a good, solid, reasonable school that was a perfectly good option. It just was not one that we thought had enough of the kind of
creativity or emphasis or energy that was the kind of school we wanted to send our kid to.” This type of perception of the neighborhood zone school’s pedagogical practices, whether true or not, gives GPs an additional reason to cross them off of their list of public school possibilities---not diverse, not progressive.

**School Preference 3: Not “Gifted and Talented”**

The third school preference expressed by a large majority of GPs in this study was a negative preference. They generally do not want their child enrolled in a GT program. Although many GPs end up enrolling their children in GT programs, it is rarely because this option is a preference. Some GPs were open to the idea that some children really are gifted and need to be separated for accelerated schooling, but far more erupted against this sorting process of the very young. Margaret, a GP notable for her successful efforts to eliminate the GT program from her school, called it “a crime” to test four year olds and determine who is gifted and who is not. She believed it was “all smoke and mirrors,” nothing more than “a tracking program,” something “completely ridiculous” when children are four. She practically shouted during our interview, “But why are we tracking them at four years old and saying, you're smart, you're smart enough and you're not smart enough, I mean it's a crime! I think it's an absolute crime! It's a joke!” Faith, though much more mild-mannered and passive about the state of public schools than Margaret, also used the term “ridiculous,” questioning how it was remotely possible to determine, at four, whether a child is gifted.

Kate, a GP from a working class background, had a sickeningly negative feeling toward GT programs, explaining, “I can’t describe the gut feeling I get when I think about gifted education, it’s the same feeling I get when I talk about home schooling. You know, it’s like, it’s
just wrong, it’s just so wrong! And I can’t put my finger on why, but kids who are not as advanced need somebody to look up to, and everybody has something to offer, so the kids who are advanced and better behaved need to be mixed in with everybody so that you can see, grow up dealing with everybody. You’re not going to be surrounded in your life by just the best and the brightest, you need to deal with everybody.” Erich, a GP who is gay and adopted his son, echoed Kate’s sentiments, explaining, “I want my son to have a well-rounded life. I don’t want him segregated from the crowd. I want him to be with kids who are smarter and dumber than him, who are less capable, whatever the word is I’m supposed to use. And I don’t think it is good to have one class of three be the gifted class, because then kids who are in the one that is gifted feel one way, and the kids who aren’t…it’s just wrong, stupid!” Marcia simply stated that “the whole thing is crazy;” Ivy derided the GT program as “a designer handbag;” and Cindy, more diplomatically, described GT as “this kind of weird, false thing.”

Many GPs used less contemptuous language, instead explaining that they were simply philosophically opposed to dividing the kids up. They “didn’t believe in GT programs.” They thought it was “wrong to tutor a four year old in test taking.” Carrie, a GP who works in education, tested her son and then deeply regretted it, telling me, “I wished I hadn’t done it... I mean, it was fine. He totally thought it was fine, and he did fine and everything, but... I don’t really believe in that program, and yet, I, like, compromised myself that day and was just like, ‘Never mind, I don't care, my kid has to get into school!’ And we went to the test and then later, the more I thought about it I was like, I just... I don't want him to be a part of that.” She then told me she didn’t think there was anything wrong with it, probably because she knew I was testing my daughter, and she knew that if she hadn’t won the lottery of her choice, she might have ended up enrolling him in a GT program, despite her passionate opposition. This is common.
**GT Programs: Why they are an option even if they are despised**

The majority of GPs in my study were opposed to GT programs, but they almost all still had their child tested for these programs, and many enrolled their children in these programs. GPs consider it their obligation as parents to keep all remotely acceptable public school options open, even those that are far from their ideal, because, as Sharon explained, “You *have* to, you’ve got to do everything.” They don’t *prefer* GT programs, but they often end up in them for one of two reasons. First, in a hierarchical system, they don’t want to be on the bottom of the pyramid. Meredith’s reasoning was common amongst those who eventually succumbed, first labeling GT programs “ridiculous,” then going on to explain that “if you’re going to have a GT program, I want them to be in it rather than not.” Or, as Kate put it, “I’m very much against gifted classes. On the other hand, if everybody else in going to be in a gifted class...(voice trails off as if no further explanation is necessary).” Within a school with a GT program, no GP wants his or her child to be left out of what is clearly being labeled the better class of children with the better teachers. If their neighborhood school has a GT program, *of course* they want their child to be a part of it. Brooke, a single mother, acknowledged that “the whole GT thing is kind of a scam, but if it is a scam that I can take advantage of, then I will.” GPs will not disadvantage their own children simply because of their disgust with the GT concept.

Second, GT programs are often a GP’s *only* way into another option outside of their zone school. After Marcia sheepishly admitted testing her daughter for GT despite her opposition, she went on to say, “Oh, well you have no choice if you want another opportunity to go to a different school. If that’s what they’re using to get into schools, then of course she’s gonna take it, you know, just to give us opportunities and choices.” Winning a lottery into a preferred diverse, progressive school may not happen, and the GT option is at least an option. For a GP, their only
other public school choice might be their segregated neighborhood zone school. And since diversity is a strong preference for GPs, GT programs must be kept on the table, although this option often also keeps them from having their diversity preference met, since GT programs in NYC tend to be much whiter than the general school population. White and Asian students comprise a significant majority of GT seats despite their roughly 30% combined demographic number in the overall system (Winerip 2010).

**GT Programs, a different kind of segregation**

GPs are very aware of the segregated stigma placed on GT programs, the opposite kind of segregation than what they find at their neighborhood school. And they are tremendously uncomfortable with this stigma, another reason they do not prefer GT programs. Elizabeth described the “segregation problem” with the GT programs, recalling how on school tours, “you go into the G and T classrooms and they're one ethnicity, and you go into the gen.ed. programs and they're another.” She went on to explain that this was “one of the reasons why I really didn't want my son to go there.” Melanie was also “very uncomfortable” with the GT option, hating that “it’s so segregated,” and she did everything possible to find another option, even though her child tested in. Sheila, too, searched hard for a non-GT option, explaining how she and her friends call P.S.____ “the apartheid school,” and they “don’t want to be in a school like that where there is one track for one group and one track for another group.”

The racial segregation condemnations usually extended to a class segregation critique as well. Trista, for example, called the GT programs “notoriously middle-class white families, who aren't all that gifted and talented, they just passed a test.” This observation, that “passing a test” is simply a skill middle-class white families are good at, was shared by Brooke, who found the
segregated and “elite” nature of the programs inevitable, because “everything is elitist, because the people who are the most educated and have the most resources are the ones who have the ability to figure this stuff out.” Marjorie came to the same conclusion, calling the GT screening “tests for parents,” because they were basically testing a child’s vocabulary and whether the parent has been reading to their child.

The NYC Department of Education has attempted to temper this alleged built-in middle-class advantage for children testing for GT programs, standardizing the testing process and making it free for all interested families, whereas there used to be a fee involved that was paid to private testing agencies, and individual schools had their own standards for admissions. These efforts, thus far, have basically been unsuccessful. The standardization has made the entrance process even more test dependent, and principals have much less leeway to accept children who don’t test well, often leading to less diversity. The latest statistics (Winerip 2010) show black and Hispanic children in gifted kindergarten programs dropped to 27 percent under the test-only system, from 46 percent under the old system, despite the fact that roughly 65 percent of city kindergartners are black or Hispanic. Thus, despite systemic efforts to reduce the GT racial inequities, the apartheid schools persist, and are frequently disparaged by GPs, both those who enroll their children and those who do not. Few GPs seem comfortable with this situation. As Elizabeth lamented, “I was like there is no way I'm sending my kid to that school, I definitely did not want a school with a G and T, but….that's where we are.” Her choice, and the choice of many GPs like her, is simply the inevitable result of having to choose between two extremes.
The choice between polarized extremes

Schelling (1978) explores this idea of having to choose between polarized extremes in his investigation of individual behaviors that lead to segregated situations. He explains that "people who have to choose between polarized extremes---a white neighborhood or a black, a French-speaking club or one where English alone is spoken, a school with few whites or one with few blacks---will often choose in the way the reinforces the polarization. Doing so is no evidence that they prefer segregation, only that, if segregation exists and they have to choose between exclusive association, people elect like rather than unlike environments"(p. 146). This seems to be what is happening as GPs choose white, segregated GT programs over non-white, segregated neighborhood schools. It is not necessarily a racist decision, as some might accuse them, it stems from the desire for their children to be comfortable in “like” environments if the diverse environment they seek is not available.

Exclusive situations can be especially difficult to consider entering as a minority when they involve intimate relationships. Being a minority in a neighborhood, where street relationships are definitively casual, does not typically push the boundaries of discomfort that diversity can cause too far. GPs can casually experience what Jane Jacobs (1961) describes as “the sidewalk ballet,” where an assorted group of characters in a community can dance with each other, each with their own “distinctive parts which miraculously reinforce each other and compose an orderly whole” (p. 50), and simply escape to the privacy of their home if the “ballet” becomes disorderly or unpleasant. Maggie’s husband, a GP and long-time Neighborhood A resident before having children, was called “a slave owning blah blah blah,” and she had objects thrown at her by neighborhood children, but neither incident caused her gentry family to consider exiting the neighborhood. While “not pleasant,” she didn’t feel like the neighborhood
was “dangerous,” and she was able to brush off these negative sidewalk experiences as “kind of funny.” Heather, who had a can of white paint thrown in her small backyard, coating all of her flowers and plants, also found humor by labeling the experience “a gentry hate crime, because the paint was white,” and likewise didn’t feel danger. Katrine described “addicts in the corner shooting up,” and we laughed together during our interview that these “public characters” (Jacobs 1961) would be good at deterring our own children from trying hard drugs. Not a single GP I interviewed experienced the kind of crime described by the Divers, the GPs profiled in *Common Ground* (Lukas 1986)---daily muggings, burglary, rampant prostitution--- making the entire experience of gentrification undoubtedly much easier (i.e. less scary) for the gentry now than it was in the 1970s and 80s when urban crime rates were much higher.

But the light heartedness GPs muster in reaction to bizarre, hostile, or disturbing sidewalk encounters, even if they are not criminal, is difficult to extend into a school where their children won’t be able to simply head inside when things get uncomfortable. In a school setting, the relationships are intimate. Children form their friendships here, as do parents. And the “sidewalk ballet” in a gentrifying neighborhood doesn’t necessarily make GPs want to continue the dance on more intimate terms. Peter, a GP who was part of an integration plan as a child attending school in the 1970s, was very frank about his hesitation to enrolling his son in the segregated neighborhood school, explaining: “I have my doubts about integration. It's supposed to be about building understanding, but I find that it just makes people want to be even further apart.” Similarly, John, who is a social justice attorney and has developed many intimate relationships with his non-gentry clients over the years, was wary of school integration based on these experiences. When his daughter didn’t get into the middle school “that everybody wants to get into,” he confided to Ellen, a fellow GP and vocal community activist, that “he didn’t know if
he could send her to the school she got into because she’d be one of three white girls.” Ellen couldn’t believe this reluctance was coming from someone whose life work was committed to equal justice for the less fortunate. But, when the setting is intimate as it is in a school, and when polarized extremes are the only two choices available, GPs often end up enrolling their children in the white, segregated GT program instead of the black and/or Hispanic, segregated neighborhood school. It is not what they prefer, they prefer diversity, it is simply perceived as the less bad option when their preference is not available.

**School Choice: The GP process of choosing a school**

Because all of the GP preferences generally lead them away from considering their segregated neighborhood school, tipping in will not happen easily or quickly. In addition to having school preferences that do not obviously mesh with the neighborhood school, the process that GPs go through in choosing a school also takes them further from this option. As Leslie reflected on her own choice process, she conceded that “maybe we’re deluding ourselves, thinking we’re making individual decisions, we’re actually, you know, behaving like the herd.” A herd mentality was, indeed, on display as GPs recounted the ways in which they had gone about choosing schools for their children. GPs all read the same books, went on the same tours, and went to the same website, *insideschools.org*, to learn about what schools were considered good public options in New York City. *Insideschools.org* is a website developed by the non-profit organization, Advocates for Children of New York, to rate schools, list demographic data and average test score performance, provide a narrative description of the school’s strengths and weaknesses, and make available a forum for parents, teachers, and students to post their own comments about schools. GPs also all talked extensively with people in their own peer
group about what was considered acceptable, peers who had the same school preferences. Their segregated neighborhood school, of course, was not on anyone’s list.

**Different demographics have different school cohorts**

The list of acceptable options seems to vary in New York City depending on who you are. One of the first GPs I interviewed introduced me to this idea of the perceived school cohort, and its impact on school choice. Margaret was describing the varied perception of her own neighborhood school, depending on demographics. She thought that non-GPs considered her neighborhood school as “the best of that cohort of schools,” with “that cohort” described as containing the various segregated schools in their district. Her neighborhood school had a GT program that was not chosen by white families but instead utilized by children of color, and one of her work colleagues who had graduated from this school “trekked her kid” to the school from a distant neighborhood because “she thought that it was the best school that her child should be in.” Margaret went on to explain that for her friends, “obviously it’s a different, we’re in a different position.” She then listed the schools she would put in her group’s cohort of acceptable schools, and the GT program at her neighborhood school wasn’t even on that list, even though it was considered “the best choice” for someone in a different cohort.

After listening to Margaret’s cohort theory, I started tracking each of my interviewee’s hierarchy of choice, and identifying which schools were in their cohort of acceptable schools. Neighborhood by neighborhood, the same schools were in every GP’s cohort. The order of preferences varied, but the GP cohort was fairly consistent. It was extremely rare for there to be a school on one GP’s list that wasn’t on every other GP’s list in the same neighborhood. This finding makes sense in light of Jellison-Holme’s (2005) qualitative study of the school choice
decision making process of "high status" parents in the suburbs. The "high status" parents she interviewed seemed to rationalize their school choice almost entirely on the opinions of other "high status" parents. What other parents of the same social stratum thought about a school was more important than whatever school data was available. The "high status" parents, through conversation, reinforced each other's beliefs about what was, and was not, an acceptable schooling option, primarily based on whether other "high status" children attended a school, even though they believed they were rationalizing their decisions as based on school quality.

Saporito and Lareau (1999) similarly found that the school-choice decision making process varies depending on one's socio-demographic background, and is not simply a matter of picking the best school based on empirical data. Whites in their study used one process that was heavily influenced by the demographic make-up of a school, blacks used another process much less influenced by the student body. There was no standardized selection process like the one choice advocates assume. As Leslie put it, people tend to behave “like the herd,” taking their movement cues from those who appear to be the same.

**The difficulty of considering new options**

Within this herd mentality, it is not easy to insert a new school option onto the neighborhood GP list of acceptable schools and get GPs to consider this new option. It seems to be harder for GPs to imagine a new option, a school not already on the list of good schools, than for them to imagine a way to get their child into a school that is already on the list. Emily, whose plan was always to “find the school that worked for you and figure out a way to get in,” is emblematic of GP confidence. GPs know the good public schools are competitive, but they are part of the “power culture,” they believe there is always a way. Shawn’s pep talk was typical of
the attitude GPs had toward conquering the public schools. She assured me, a worried GP on my own public kindergarten quest, that if I waited until mid-October (i.e. almost 2 months into my daughter’s kindergarten year), I could find a spot in any public school I wanted, because schools need to meet certain enrollment numbers to get their full funding.

This kind of inside knowledge of how things work, and mastery of the various angles one can take to obtain a spot in a coveted public school, was common among my interviewees. Every GP knew they were supposed to harass schools, day after day, as a way of showing their love for that school, just in case a spot opened up. Carrie was reassured by her GP friends with older children that if she didn’t get a lottery slot at her desired school, “You just have to wait it out and pursue the school over the summer, and you'll get in by the first day of school. If you let them know that you want that school, there's so much shifting that happens when people go to G and T, or people decide to move, or whatever, that spots come open and they don't keep calling people. They don't call anybody. They might say they keep a waitlist, but they don't. They say yes to the people who keep showing up, or the people who write them a letter, or the people who keep calling.” Avery was given the same advice, that “the more times you call, the more times they check your name in a box on a spreadsheet,” but she refused to play this game out of principle. She believed that if her name was on a waiting list, “calling shouldn’t change where you are on that list.” Avery’s child didn’t get a spot at her preferred school. Carrie’s child did.

Every GP also knew how to borrow a childless friend’s address to fake their way into a “good” zone school where they themselves couldn’t afford the real estate. Jeremy, humorously, suggested maybe I should turn off the recorder when he admitted that people in his neighborhood often use the “standard solution,” which is “getting an address,” as if he was revealing a dangerous secret that the authorities, i.e. the Department of Education, were unaware of. The
authorities know, as was evidenced by Astrid’s fear that they might lose the kindergarten spot they faked their way into with her husband’s work address because “the school said that this year they were going to thoroughly check that you live in the apartment that you have registered. They made the parents sign a thing saying ‘I am aware that my address will be checked, and I have to live there.’”

Not knowing anyone to borrow an address from, and not convinced that the harassment strategy would bear fruit, my family moved 6 blocks south and 2 avenues east the summer our daughter turned 4 so we could position ourselves in a better school district with more options. We couldn’t afford the real estate within a good school zone, but we at least purchased the right to be eligible for extra seats and lotteries that always preference children who live within the district first. Kevin aptly referred to all of these types of maneuvers by GPs as “finagling their way in,” and he summed up what appears to be the truth about GPs: “they are people with options.” Faye called it “school shopping: educated parents who force themselves on the product to say ‘I want to check this out before I make the purchase.”

Due to the difficulty of getting GPs to consider a new option when they feel confident that they will conquer all roadblocks to existing acceptable options, GPs collectively integrating a segregated school in a gentrifying neighborhood is unlikely. Brie’s observation that GPs “start with the assumption that they shouldn’t go to their neighborhood school” appears to be the default mindset of nearly all GPs. In this sense, Ellen’s (2000) “race-based neighborhood stereotyping” hypothesis appears to hold true for most GPs when it comes to the specific realm of schooling for their children. They automatically assume schools that are not diverse, i.e. there are no white families, must not be good enough, or are deficient simply because they are not diverse. So, although their residential choices do not appear to be heavily influenced by
stereotypes about non-white families, they have trouble not stereotyping the schools. They place the burden on the segregated neighborhood school to somehow prove that it is not guilty of being unacceptable. And this is extremely difficult for a school to prove.

Despite the obstacles, however, GPs have managed, collectively, to integrate their neighborhood schools, or at least start the process of integration. Throughout the course of my investigation, I not only interviewed families who were attending the schools identified quantitatively as in some stage of tipping in, but also families who were just starting the process of integrating other schools that, as of 2008, had shown no signs of increased white enrollment. The circumstances that appear to be necessary for the tipping in process to unfold will be examined in detail in the following five chapters.
Tipping in is a process of group dynamics that evolves over time as individual GP choices play off of one another. Integration requires not only the choice of many individual GPs to send their child to a school, but also the choice of many individual GPs to keep their child in that school. “Taking a leap,” as several GPs described their choice to initially send their child to the segregated neighborhood school, is often not as difficult as sticking with the decision to be there. And, the decision of one gentry family to exit a school impacts whether another gentry family will consider entering the school the following year. GPs closely watch the choices of their GP peers to help them determine what is or is not acceptable for their children.

As outlined in Chapter 2, there are four stages of school integration in gentrifying neighborhoods---Stage 0, Segregated; Stage 1, Catalyzed/Stagnant; Stage 2, Changing; and Stage 3, Diverse. And there are four types of GPs----Innovators, Early Adopters, Early Majority, and Late Majority----who vary in their comfort level with regards to which stage of school integration they will willingly choose to enroll their child. For a school to transition from one stage of integration to the next, it has to first retain each new wave of GPs, who will then attract the next wave. This chapter explores the beginning of the tipping in process: attracting Innovator and Early Adopter GPs to a school in Stage 0 of integration, a segregated school.

Definition of a Stage 0, Segregated School

For the purpose of this study, a segregated school in a gentrifying neighborhood is defined as having zero gentry children in attendance, as perceived by the GPs who were interviewed. While there may have actually been gentry children enrolled, if the GPs believed
that their children were “the first” or among the first white children in the school, I classified the schools as Stage 0 prior to their entry, and classified the GPs as Innovators. Once a gentry child is enrolled in a Stage 0 school, the school becomes either Stage 1 Catalyzed or Stage 1 Stagnant (defined in detail at the end of this chapter). Every school in this study was, at some point, segregated in the last 10 years using this definition, with the exception of some of the Gifted and Talented schools, where only the non-GT classes were perceived as having zero white children. The segregated schools in this study ranged from being demographically almost 100% black to being roughly a 50/50 mix of black and Hispanic families. Poverty rates exceeded 70 percent in all of the racially segregated schools, making them both racially and socio-economically segregated. To attract the first wave of GPs, the Innovators, to a segregated school, there are characteristics unique to the neighborhood, the school, and the GPs themselves that facilitate the start of the integration process. Each of these three facets will be explored in detail below.

**Neighborhood “desireable” public school options have reached capacity**

For a segregated school to attract the first wave of GPs, there is one major neighborhood characteristic that must be in place: the neighborhood’s desireable public options, as defined by the school choice websites and books that make these determinations in tandem with the buzz coming from families on the ground, must have all reached capacity. The “neighborhood” is loosely defined as the larger school district that encompasses the GP’s place of residence (there are 31 districts within New York City), as preference for admittance to a public school is based on either zone of residence or district of residence. Neighborhood could also include a geographically adjacent school district if a school within that district is conveniently enough located to the gentrifying neighborhood, and the school hasn’t yet reached a point of popularity
that enrollment is limited to only residents of that district. The 6 or 7 different types of public school options available to GPs were outlined in Chapter 3, and the number of specific desirable schools that fit within these various options varied by neighborhood.

As also explored in Chapter 3, GPs, in general, feel confident in their ability to “finagle their way in” to their desired public school. The school choice plan of the typical GP is rooted in this confidence. However, there comes a point when the sought-after options reach capacity. Popular zone schools eventually entice enough families (with the assistance of eager real estate agents) to move within the zone boundaries rendering “extra seats” non-existent for non-zone families. And, the sought-after progressive schools---both lottery and application---also reach a point where the school becomes so wildly popular that getting a spot is extremely unlikely. Many of the GPs I interviewed still vividly remembered their crushingly long-shot wait-list numbers for their most desired schools, all in the high 100s. Getting a spot in a GT program is also a strong possibility since gentry children tend to perform well on these tests, but GT is not a preference for most GPs, nor a guarantee, and GPs never want this to be their only plan.

It is at this point that the neighborhood circumstances force the consideration of a new option. As long as GPs can still easily secure a spot at a school in their neighborhood that is already considered “good” by their peer group, it is very unlikely that a GP will consider a school not yet being talked about by other GPs. Only a very small handful of Innovator GPs framed their school choice decision in a way that suggested they were committed to sending their child to the segregated neighborhood school, regardless of whether they got into a more established desirable option.
Characteristics of a Stage 0 school that attract Innovator GPs

In addition to the desirable neighborhood schools reaching capacity, Innovator GPs will usually only consider a segregated school as a possible “new” option if the Stage 0 school itself has certain elements in place. All of the Stage 0 schools referenced in this study were 1) considered decent schools, not failing by any standard other than being segregated; and 2) had some sort of enclave program within the school that served as an anchor for attracting gentry families. Most also had some significant percentage of their students coming from outside the zone, a phenomenon one GP referred to as “drift.” Each characteristic will be explored in detail.

NOT a failing school

Most importantly, a Stage 0 school could not be considered “a failing school” and still have the potential to attract Wave 1 GPs. This sentiment was expressed by Innovator GPs as a matter of fact. Karen was very firm in her statement: “If it was a failing school we wouldn’t have gone. It isn’t a failing school.” Kevin was equally adamant, telling me “It was always a perfectly fine school. It was not a failure in any way.” Meredith was more specific: “The academics were very strong there. I think they got a B.”

For a Stage 0 school to be considered as an option by Wave 1 GPs, the narrative on insideschools.org had to be positive. The school had to be described as having a strong leader who was providing a solid education. Leaders who are considered excellent when working with

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14 There was only one Stage 0 school in this study that was considered “failing,” and still attracted GPs due to the outreach efforts of a new principal who is very charismatic and clearly wanted to do things differently in the school. Understanding the importance of insideschools.org, the small group of GPs entering this “failing” school convinced the Inside Schools staff to come and meet with the principal and rewrite their description of the school to reflect the potential that now seemed to exist.

15 The NYC Department of Education uses progress reports to evaluate the schools. The reports give each school a letter grade—A, B, C, D, or F—based on the academic achievement and progress of students as well as the results of surveys taken by parents, students, and teachers last spring. Each school’s grade is based on its score in three categories: school environment (15%), student performance (30%), and student progress (55%).
a fairly homogenous population may end up not being very strong when confronted with diversity, as will be explored in detail in Chapter 6. But when their schools were at Stage 0 of integration, they were perceived by insideschools.org investigators to be good.

The “word of mouth” within the GP community about a potential Stage 0 school would likely be non-existent, not bad. There wouldn’t yet be any GPs inside the school to say anything authoritatively one way or the other, though some might mention hearing it was a good school based on what they had read on insideschools.org. “Great” would never be used as a descriptor. GPs were not trying to fool themselves with inflated expectations. Jeremy, for example, was clearly trying to be realistic about the process of integrating his neighborhood school, explaining, "I am not trying to lead a revolution. I don't expect kindergarten to be great. Just fine."

**Enclave Programs**

In addition to being a decent school, Stage 0 schools that were able to attract Wave 1 GPs had some sort of enclave program within the school that allowed the few entering GPs to at least be sorted into the same classroom. Without an enclave program to harness a group together, Innovator GPs have a harder time networking with other GPs to solve the “collective action problem,” an important process most Innovator GPs engaged in, and will be explored in detail in Chapter 5. Without an enclave program, there is no guarantee of gentry children ending up together in the same classroom, even if they enroll in the same school. Most elementary schools have multiple sections of “general education classrooms” at each grade level, but usually only have one section of the special program. For GPs exploring their kindergarten options, the two enclave programs typically available to gentry children are Gifted and Talented (GT) programs and Dual Language (DL) programs. An additional enclave possibility is the pre-K program, as
there is also, typically, only one section of this special point of entry into a school. Each of these three types of enclave programs will be explored in detail below.

**GT Programs as GP Enclaves**

As explored in detail in Chapter 3, GT programs are typically not appealing to GPs, in part because they are *not* considered diverse, and because they often exist within what are derogatorily referred to as apartheid schools. However, not all GT programs in the city are white sanctuaries, and there are some schools where the GT programs are utilized exclusively by non-white families. If the local school in a gentrifying neighborhood has a GT program that is not currently being used by gentry families, it offers a potential tool for helping GPs solve the “collective action problem.” Even if these programs are typically disdained by GPs, they still recognize the benefit of utilizing a GT program for both keeping all gentry children together in the same class (assuming they all test in), and for effectively sorting the worst potential behavior and school-readiness problems out of their child’s class, problems typically associated with poverty. The GT screening mechanism usually allows gentry children through the gate, since the test primarily measures school readiness, something GPs are extremely good at instilling in their children, and usually keeps out the children who are most burdened by their poverty.

Thus, if a segregated neighborhood school has a GT enclave where the gentry presence can be concentrated, GPs will usually try to concentrate themselves there. Margaret, passionate in her stance against GT, still utilized the program, calling it “a safe haven,” because she knew her daughter would be with other kids “like her.” This sheepish, but forthright, sentiment was shared by many GPs, such as Paula, who described the GT program as a place where “the parents were more involved, they were more like me in some sense.” The GT choice by many
GPs, despite it not being a preference, might be considered an affirmation of Wilson’s (1975) theory of “safe diversity”---valuing difference only if it is harmless. GPs, in choosing GT programs as an enclave entry point in a Stage 0 school, are specifically expressing a preference for the “safest” classroom. They may be one of the only white families in the GT program, but at least they can find comfort in being part of a selective group. As Marjorie explained, “Teachers do an awful lot of teaching to the bottom third of the class, and that’s less of an issue in G and T. The bottom third is pretty much the bottom third just because they were born later and are catching up. But it’s not somebody who has major problems or something.”

**Dual Language programs as GP enclaves**

DL programs are another popular enclave program capable of attracting GPs to a Stage 0 segregated school. Anna used the DL enclave hook to try to organize GPs into her segregated school, explaining, “I was really trying to generate any kind of interest from like minded people through highlighting the French program. And I specifically wanted these people in my classroom.” As Anna was clearly aware, DL programs offer the same benefits that GT programs offer---allowing the GPs to concentrate their middle-class energy into one class. The ideal DL class composition is half-native language speakers and half-non-native. Gentry children can apply for spots in the non-native half of the class, and also often apply for spots as native speakers. Many GPs are white foreigners, and they speak two or more languages at home. In New York City, it is also common for children to be raised by Spanish-speaking nannies or French-speaking au-pairs, creating bi-lingual children who are ideal candidates for these programs.
DL programs are also much more appealing to GPs who do not like GT programs. They can self-segregate under the guise of being “cosmopolitan” and “open to ethnic diversity” as opposed to “elitist.” As Trista aptly surmised, “I think Dual Language is the new Gifted and Talented. Without the same kind of, you know, baggage.” GPs choosing a DL program don’t have to feel guilty about it the way they claim to feel guilty about GT programs. These programs are not perceived as being “exclusive,” but as “inclusive” of families from diverse language backgrounds who want to raise their child in a multi-cultural environment. Any stigma associated with DL is positive. Parents who choose DL programs feel proud that they are opening the world up for their children, as opposed to parents who choose GT programs and fear that they are shielding their children from reality.

As outlined in Chapter 3, reasons given by GPs for enrolling their children in GT programs often included some aspect of the negative. Reasons given by GPs for enrolling their children in DL programs, however, were all effusively positive. Marjorie chose a DL program for her daughter because “languages in general are sort of an exercise for your mind. There are not many things it can replicate.” Sharon agreed, and rooted her educational choice in language immersion because she wanted her daughter to “be as exposed, as close to an immersion style as possible to as many different languages as possible.” She continued her effusive praise for DL: “Based on my own understanding of the value of different languages for kids, young kids, really young kids, what that does for them developmentally, not just for their future in terms of getting a job, but their future ability to think in complex ways. Because the world that my daughter will meet as an adult is extraordinarily complex, with so many different cultures, and issues and thoughts, and I want her mindful of that in as many ways as possible.”
Monica put her DL support much more plainly, telling me that “China is going to be huge in their generation, you know, if you speak Chinese you'll probably get a great job,” and thus a dual language program in Chinese was “an amazing opportunity.” Amanda, very aware that her Stage 0 school had many challenges, believed that “in the end, the advantages of the Dual Language program so far out-weighed those things.” This sentiment is very important in understanding the allure of the DL enclave for prospective Innovator GPs in a Stage 0 school. GPs appear to be much more willing to put up with the discomfort of integrating a school if they feel like they are getting something out of the school that they simply can’t get elsewhere.

**Pre-K Programs as GP Enclaves**

A third enclave program utilized by GPs is the pre-K program. In addition to serving as a concentrator of GP energies at the classroom level (many schools only have the funding or the room for one section of pre-K), GPs also often believed that academically, it wasn’t consequential, and if it was a bad experience, they could try for something else for Kindergarten. Ivy, an Innovator GP who was actively trying to recruit more gentry families to her daughter’s school, used pre-K as part of her hook, telling potential GPs, “It’s an amazing school, send your child there. Look, it’s pre-K, if it doesn’t work out, you know for kindergarten send them somewhere else, but give the school a shot.” Mary similarly spoke of pre-K as an insignificant stepping stone, explaining, “For me, it was pre-K, I didn’t feel like any harm was going to come.” Emily described it as a “testing ground that gives you a sense of what the school is going to be,” and provided insight into why GPs might view pre-K as an easier entry point than Kindergarten: “So, we did love it for pre-K, but pre-K is such an intimate little thing, the way it
is set up everywhere: two teachers for the classroom, 18 kids. I mean, so you’re in this sweet little mandated play-based environment.”

“Free-K”, as one GP called it, was also a way to try out the school before committing to a kindergarten and save money that would have gone to private pre-school. Monica explained her decision as pure economics: “Why spend a thousand dollars a month when you can spend zero. And it's pre-k. Who cares, you know?” Further, pre-Ks are more flexible in accepting non-zone families since not all elementary schools in the city have pre-Ks. This allows pre-K’s to pull their student body from a more diverse lottery of district-wide applicants, often making a school’s pre-K more racially and socio-economically diverse than the rest of the school that is restricted by zone lines.

**Enclave programs no silver bullet**

It is important to note that creating an enclave program in a Stage 0 school is not enough to attract GPs to that school. There are several segregated schools in gentrifying neighborhoods with pre-K programs, GT programs, and DL programs that have failed to attract any gentry families. These enclaves seem to fail as a seed agent in schools that do not have the number one characteristic required to attract GPs: the school is a good school, and not considered to be a failing school by any measure. If the school housing the enclave program is not considered to be particularly strong, the enclave program won’t make a difference. Karen, for example, did not enroll her son in a predominantly non-white GT program because, as she explained, “It was a school that I knew was a failing school, except for G and T.” Sam shunned the French DL program at a Stage 0 school, despite his passion for finding a French program for his son, because of the school’s weak leadership. The principal “was failing,” and, as Sam explained,
“the tremendous challenges of running a dual language program require a strong principal who is on board.”

“Drift”

Another interesting school characteristic found in most Stage 0 schools in this study was the phenomenon of “drift”. When a neighborhood school is not being utilized by many of the children in the neighborhood, which often happens in gentrifying or gentrified neighborhoods as GPs seek out what they perceive to be better options, the seats in that school get filled by children from other neighborhoods, a phenomenon Lisbeth referred to as “drift.” Parents of different social classes living within different spheres of influence all have a perception of what cohort of schools are acceptable for their children. While a typical GP doesn’t include his segregated neighborhood school on his list, parents from other neighborhoods might consider that segregated school to be a much better option than their own neighborhood school.

So parents drift from their own neighborhoods to nearby neighborhoods seeking out the best option within their hierarchy of choice. Shawn described her Stage 0 school as being a place where “…something like half the kids were from other neighborhoods, because no one wanted to go there, from the neighborhood. And that was the thing, for a lot of people this school was a salvation.” For a school to be “salvation” to one parent and “unacceptable” to another parent highlights the wide variety of preferences that come into play as parents choose schools. Parents are not making a choice based on some objective measure of “good” and “bad” that is viewed the same way by all who reference the data. Choice is a social process, not just for GPs but for all parents who consider themselves to have some kind of choice, and drift is one way this social process appears to play itself out.
Erich aptly described drift as a form of “voting with your feet,” and was unsettled by the number of children in the Stage 0 school he was trying to integrate who were coming from outside the zone, and what this meant in terms of parent involvement since no one was showing up for PTA meetings, as he explains: “So there was discussion among the cluster of more progressive parents, what really is going on here? And the parents were saying that a lot of the kids in the school don’t even come from this neighborhood. So I said, ok, let’s figure this out. I’m a consultant, I study numbers, so I’m very passionate about studying things objectively rather than subjectively. So I said maybe I’m the crazy one, maybe everyone here is really from the neighborhood. And I’m the loco person. So I filed a Freedom of Information Act request, and find out the percentage of kids at the school who come from the zone is 37 percent, or somewhere around there. So almost 2/3rds of the kids at P.S._____when my daughter was there came from outside of zone, which means they were coming from an even shittier school than P.S._____!!! I thought that was really interesting. And to me, it became something like, if you’re going to grade the schools, I know this city has a big problem grading schools, I know this system is so massive, but this should be a part of the equation, because the community is voting with their feet whether to go or not.”

Drift also adds fuel to the debate that neighborhood gentrification unleashes about displacement. If GPs successfully start to integrate their Stage 0 neighborhood school, there are fewer seats available for non-GPs coming from other neighborhoods. Margaret was very sensitive to the potential anger displacement in a school could cause, and she explains why she and her GP friends chose P.S._____ as a place to send their children, “Partially, we chose P.S._____ because it was a school that had a lot of capacity, it really wasn’t about pushing kids out, it was about there was plenty of room, it was listed on the DOE website at being at like 60%
capacity, there was clearly a lot of room to grow, and that was the idea, to grow this school.” Despite this understanding of the potential political problems, there was still supposedly anger from families in other neighborhoods who had planned to “drift” to P.S.____, anger that Margaret and other GPs were “taking their spots.” Lisbeth, one of the targets of anger, grappled with whether she should feel guilty about this: “Are you really displacing them? It’s not their neighborhood. But you are displacing somebody racially. So what makes a community? Is it a group of people who live next to one another? Is it a group of people who have the same basic philosophy? Is it a group of people who all have the same skin color? It makes you question so much about….like I said, my putting in at this school has just made me see this world and the city in such a different, in such a less idealistic way, a much more complex and nuanced way”

With regards to the integration process in a school, drift appears to have a positive impact. Drift’s sorting mechanism stocks under-enrolled Stage 0 schools with children whose parents may be poor, but who also have the social capital required to seek out a better school option for their child than the one that is given. These families clearly care enough about the education of their child to network with other families and find out what other options exist beyond the zone school. Accordingly, children who drift are likely to be better prepared for school and not as burdened by their poverty (Wells 1993), creating an educational environment that is much easier for teachers to manage, and thus more inviting to GPs who might be interested in enrolling their children in the school. If a GP’s worst fears about a high poverty school are not manifest due to the more self-selecting group of families who have drifted into the school, the integration process has a much better chance of successfully maturing.

Brie, an innovator GP in her high drift neighborhood school, specifically mentioned the optimism she felt knowing the poor, minority kids at the school were being bused in: “But it's
sort of interesting to look at that school... Somebody could look in that school and say, ‘Oh, none of the people are white, none of the people are middle-class,’ but in point of fact, the people that are getting, you know, quote-unquote bused in, are people who are spending a lot of time thinking about their children’s education. Right, because actually, it's easier to stay where you are in your zone school that's farther north, than to bother to figure out that there's a District lottery that you can enter, and that there's this school that you could go to, and your kids could get bused to, which, okay, is difficult, but it's something. And so sort of, actually, I saw those parents as people who were, you know, they already had one check in their favor in terms of caring about their children’s education.”

**Characteristics of the Wave 1, Innovator GPs entering a Stage 0 school**

While neighborhood and school characteristics are important components of attracting Innovator GPs to segregated schools, the characteristics of the Wave 1 GPs themselves are probably the most important in sparking an integration process. As defined in Chapter 2, Innovator GPs are willing to be the first of their peer group to try something that peers consider risky---enrolling their child in a segregated school. These people are rare, and I have attempted to figure out what shared qualities they possess that distinguish them from their non-Innovator GP peers. From a wide range of backgrounds, all of the Innovator GPs in this study exhibited at least one of two traits: unique seeking and/or a strong commitment to social justice. Each characteristic will be described in detail below.
Unique- Seeking

“Unique seekers” are people who take pride in being different, people who want to be different, and many of the Innovator GPs in this study told stories in the course of our interview that suggested they fit within this niche. The unique seekers expressed their desire to be different in a variety of ways and contexts; but they all, at some point, honed in on this part of themselves.

Foreign GPs

All of the foreign GPs in this study easily fit the mold of unique seekers. Seeking a unique experience is part of their expat identity, part of the reason they left their country and came here to try on a new life. And, as described in detail in Chapter 3, foreign-born GPs simply see the world differently than American-born GPs, and thus are very different in their school choice decision making process, whether they are consciously wanting to be different or not. The foreign GPs in this study all comfortably wore their difference after years of practicing assimilation, and were the most fearless in starting the integration process in their local school, in part because they weren’t thinking about the larger societal context of their decision. They were able to enroll their white children in a non-white school without fretting about what this said about them as people---be it good or bad. Astrid, a Foreign GP, observed that at her school, “all of the parents who are integrating right now…well, 95% of the kids that came in that are white in the last two years are foreigners, or have at least one foreigner in the family.”

Happy to be different

The non-foreign unique seekers in this study appeared to be in search of a unique status similar to the kind one looks for when going abroad, they just realized they could do it within New York City and never have to leave. Margaret, who grew up in Florida, put her desire to be
unique front and center, as part of her identity. When asked why she moved to her gentrifying neighborhood, she responded: “I mean the diversity, we liked, we were happy to be the minority of this kind of diverse neighborhood. I didn't like Neighborhood P16. I didn't want to be like, I didn't want to look like every other couple pushing a stroller, every other white couple pushing a stroller down the street. So for us we were just much more attracted to this neighborhood from the start.” Margaret also thought growing up in a politically active household was partly why she felt driven to buck GP peer norms and try to integrate her neighborhood school, and she had the strong support of her mother (possibly also a unique seeker), who would regularly encourage Margaret with comments like, “That is so great, that's what I always wanted to do, and your father would never!!” This familial support was not mirrored by Margaret’s husband’s family, however, whom she described as looking at her like, “You are a freak!!” whenever she talked about her daughter being the first white child in the neighborhood school and her integration efforts. As Margaret retells this story, it is obvious that she doesn’t mind being called “a freak” by her in-laws. It is proof she has succeeded in not being like every other white woman in her peer group.

Avery, who was raised as a fundamentalist Christian, something rare in her native Chicago, also seemed to revel in being different, and she reflected on how her youthful involvement in a borderline religious cult might have shaped her view of herself: “And so I think that influenced me a lot in terms of… it’s good to be different, it’s good to be stubborn, I don’t want to be one of those walk on the other side of the street parents. I deliberately go down the seediest blocks.” Both women reference “the street” as the place they want to be viewed as distinctive, suggesting their uniqueness must be visible to others for them to find fulfillment.

16 Neighborhood P is a pseudonym for a neighborhood adjacent to Margaret’s neighborhood, a neighborhood not considered diverse, but very white and wealthy.
A life of interesting projects

Jeremy, a Californian who was brought up by “leftist artists,” revealed his unique seeking qualities in talking about the various projects he has undertaken over the years, and how he likes to keep life interesting. Attempting to integrate his neighborhood school is simply one of these projects. As he explains: “I am engaged, now that I’ve started, I am engaged by this process (integration) as a project, and I’m a person who likes projects. I installed this floor on my own--local wood, from local mills-- it was a project, I didn’t know what I was doing, I still don’t know how to do it, doesn’t look very professional, but it was a project. And so for me, this is like a project that I’m engaged in, because it is fascinating, it’s everything. It’s politics, it’s parents, it’s humans, it’s social. I find it very interesting to see how people react, to see what peoples’ expectations are… and as someone with an arts background, that’s how you work. You start, you don’t know what the end result will be. That’s how I’m starting.”

Ivy, a native New Yorker who did years of volunteer work in her Stage 0 neighborhood school before her son was a student there, appeared to share Jeremy’s life approach of searching for interesting projects. She clearly took pride in being the unique person who dedicated herself to helping a school when she wasn’t even a parent there. And, like Margaret and Avery, she seemed to want her uniqueness to be visible to others. She described her sidewalk interactions with non-gentry community members who would say, “Who’s this really nice lady who just did this? Wow, you’re not even in the school and you’re doing this!” She clearly felt validated by these encounters, and enrolling her son as one of the first white children in the school was also something she did with pride.
**Unusual childhoods**

There were a couple of Innovator GPs who had the unusual experience of being white minorities in school when they were children. This experience seemed to make them unique as opposed to unique seeking. Like the foreign GPs in this study, they weren’t consciously trying to be different in their school choice, they just were. Timothy, for example, talked about his integration efforts at his segregated neighborhood school with a surprising nonchalance, telling me, “I went to an almost all black high-school in the South, so I wasn’t super worried about it.” Kate shared Timothy’s casualness about enrolling her white children in an almost 100% black school, explaining how her own history of being part of legally orchestrated integration in upstate New York in the 1970s made her comfortable with her kids being minorities too. She was still able to remember the details of her city’s busing for integration plan and the mostly positive experience she had, as she describes: “The law was that you couldn’t have a school that was more than 65 percent of any race. The entire time it was 65 percent black and 35 percent white. I started Kindergarten the year that the public schools were desegregated. So they got a shit load of federal money to start a bunch of magnet schools in bad neighborhoods. So I was actually bused 45 minutes each way for 13 years. We had a completely free magnet public Montessori school. The Montessori school around here is like $27,000 a year.”

**Shedding privilege**

Several unique seekers had completely opposite upbringings from Timothy and Kate, being raised instead in sheltered white enclaves, where they were the advantaged majority. For these GPs, unique seeking was manifest as an attempt to shed privilege. Maggie explained it as “not wanting to be around all those parents, even though I can kind of be like them, I don’t want
to be. And I know them well, I went to prep school, I went to Harvard, and you know, I’ve been around very very type A people, but, and successful, and not to say that there is something wrong with it. I just don’t want to be that.”  Sharon, a very well-heeled professional operating in the upper echelons of Wall Street who also attended elite private schools, expressed her rebellion against peer norms in terms of what she saw as the negative peer pressure that comes from being in the “in” group in a wealthy society: “I have many years in my life gone with the crowd and have suffered as a result, not so much that I went with the crowd, but more so that I didn’t establish my own criteria, and stick to that.”  These anti-elite sentiments were echoed by Paula, a successful investment banker, as she explained why her family left a coveted city-wide GT school and instead tried to integrate the neighborhood school: “I felt extremely, I mean although I've been there for years and years, it's a very clicky kind of a thing.  And although I'm in the click, I don't want to be in the click, I'd rather be independent.”

**Pioneer neighborhood gentrifiers**

Paula also honed in on the possibility that one’s entry into their neighborhood during the early stages of gentrification was a direct personality pre-cursor to attempting to integrate their neighborhood school, a sign of their unique seeking. She moved to her neighborhood when it “was still 99% black,” and did so because, “it was affordable. OK, I think that was the main reason. And, um, I don't know. You had a good vibe here. And I always go with my intuition. I mean, I didn't want to be in Bensonhurst, because my husband is Italian, and I could imagine my daughter with like big hair, long fingernails, and then I didn't want to be in Sunset Park with all the Chinese either. You know, so there was a level of comfort and coolness that I liked here.”  Lisbeth, another early white resident of her gentrifying neighborhood, self-analyzed her choices
as stemming from “…a really poor sense of boundaries and limits.” She continued, “I’m serious, it would be fascinating to do a complete psychological case study. It’s like you move to a new neighborhood, I think on some level because you don’t feel secure, you prefer to be the outsider. You’re somehow more comfortable with that role. Maybe you don’t want to compete. I’ve shrunk myself about it one hundred times over why we chose the things we chose. In some ways you want the adventure of it, you want to try something new, you want to be the first, you need to, you know, but it’s really condescending, you’re not the first person in the neighborhood who ever existed, who ever came along! But there is this kind of, I definitely think there is a real psychological aspect that goes along with gentrifiers, for lack of a better word.”

**Strong Commitment to Social Justice**

In addition to unique seeking, or in lieu of unique seeking, Innovator GPs possessed a strong commitment to social justice. They believed that it was their civic responsibility to instigate change, *and* they believed they could make a difference through their own actions. Once the neighborhood circumstances forced the consideration of a new option, these Innovator GPs looked at the new option and made it a mission.

Shawn exemplifies the efficacious attitude of the typical Innovator GP. After describing herself as “a socially conscious do-gooder,” who wanted to “make the subpar school better for everyone,” she listed all of the ways she planned to effect change: “I’m going to be a class parent. I’m going to organize potlucks. I’m going to join the School Leadership Team. I’m going to join the PTA. I’m going to become president of the PTA. I’m going to join the president’s council. I’m going to become president of the president’s council of my district. I’m going to exhaust every possible option. I’m going to meet with the superintendent. I’m going to
devote 20 hours of my week, every week, as an unpaid employee of the God damn school system, because my school sucks and no one will change it.”

Ivy was similarly committed to the idea of utilizing one's own efficacy to improve a school, passionately preaching this idea: “Like I said, if parents stopped being so freakin’ neurotic and started devoting a little time and energy in a school that shows promise, it doesn’t have to take that much time. But if every parent donated one hour a month in a neighborhood, the effect that would have on a school, that would be huge! That’s a huge moral boost for the school. That’s a huge actual boost for the school!” Ivy continued with an argument for what GP involvement in schools could do for eradicating the racial tensions that accompany neighborhood gentrification: “It could potentially….it’s great to raise your visibility in a neighborhood if you’re talking about trying to assuage some of the tension between the people who come in and gentrify. What better way than to get involved in a school and for people in the neighborhood to see, ‘Hey you’re white, but you work in my school and I think that’s great.’”

Margaret shared this devotion to changing society through her own actions, describing her “greatest heartache” as being “for these 500 kids who were getting completely shafted of a good public school education.” She then added another child’s face to her story of school choice, not her own child’s, to illustrate why we should all consider it a moral imperative to do what she did and make the hard decision to integrate our schools. “My daughter’s best friend lives in this building where like, I mean I don’t know, that building is so scary! The lock is broken on the front door, the elevator smells like urine. And her best friend is so super smart, and they never would have left P.S.______, and it breaks my heart to think how this child, my daughter’s best friend, would have been shorted an education if no one ever took the initiative to improve this school.”
Brie, while also clearly committed to “the other 500 kids,” took a less emotional approach to explaining her choice to enroll her child in a segregated school, rationalizing it as the only sane thing a person could do if they didn’t want to be a “nasty” person. She very calmly articulated that “there was enough that was really great about the school that I didn’t see the lack of a socioeconomic and racial diversity as a problem. It just feels too nasty to say, ‘Well, my child can’t go there, because there are no light-skinned people there.’ I mean, there’s just a side of it that’s nasty, and you want your kids to learn a lot of things, including reading and writing and math, and you also want them to learn about goodness and kindness and justice, and their own agency.” While committed to social justice, she didn’t want her own actions to be viewed as something heroic. Part of her commitment to what is “right” was reflected in her desire to normalize a decision to not take skin color into account. For Brie, true social justice is when these things don’t matter.

**The crucial role of the Innovator GP**

Innovator GPs play a crucial role in starting the integration process in their local schools. It is difficult to be “the first” at anything. And being the first white face in a segregated school can be, despite Brie’s insistence of its normalcy, psychologically challenging for white Americans raised in a country with our racial history. Lisbeth bluntly expressed this challenge: “I think that the culture of race relations in this country, white people are a lot less afraid of Hispanic people. You know I think they know they screwed black people from time immemorial, and they are worried what is going to come back to bite them. You are only scared of the things you have wronged, in a way.” Whether this fear is justified, and even though it is rarely expressed, it may exist for many GPs. And GPs, who have choices, have to figure out how to
overcome this discomfort for what they view as the greater good of integrated schools. Many try to overcome this discomfort by networking with each other to solve the collective action problem, a practice exhibited by most of the Innovator and Early Adopter GPs in this study. The various manifestations and consequences of GP networking is the subject of Chapter 5.

Moving to Stage 1 Integration: A Catalyzed School or a Stagnant School?

For a Stage 0 school to move toward integration, the entry of the first wave of GPs is only the first step. The second wave of GPs, the Early Adopters, must then follow. Early Adopters are very similar to Innovator GPs in terms of who they are, and the neighborhood and school circumstances that inspire them to be part of their local school’s nascent integration effort. Whether one is an Innovator or Early Adopter appears to be determined by the random timing of neighborhood births. A GP who sends her child to a school in Stage 1 of integration would also likely have sent her child to a school at Stage 0 of integration, if the school had been Stage 0 when her child reached pre-K or kindergarten age. A Stage 1 integrated school is not, fundamentally, much different from a Stage 0 school. Having only one white family, or even a few white families in the school, does not yet alter the school’s basic culture. Some Wave 2 GPs are part of the gentry networking groups I will describe in the next chapter, they just had younger children who, because of timing, enrolled in the second wave instead of the first. Indeed, some seemed to be jealous that they were not able to be “the first,” because they, too, are unique seekers. Candice, a Wave 2 GP who joined her Innovator GP friend at a Stage 1 catalyzed school, spoke with admiration: “So I mean she was the first one to send her kids there, that’s pretty cool.” Another Wave 2 GP referenced the high status she perceived bestowed upon the school’s first white mother: “And she was kind of a big deal with the principal, she had a
really good relationship with the principal, because her son was like the first ‘non,’ he was like the first Caucasian kid to ever enter that school.”

This early group of GPs---Innovators and Early Adopters---share a similar world view. The reasons why they stay in a school, or exit a school, are basically the same, and will be explored in detail in Chapter 6. It also takes the work of both Waves 1 and 2 to attract the third Wave of GPs, a crucial step in the integration process, which will be explored in Chapter 7. What is important to recognize at this stage in the process is the difference between a Stage 1 Catalyzed School and a Stage 1 Stagnant school. Most Stage 1 schools are catalyzed, because the type of GPs who enter as an Innovators have the personality traits that make them want to network with other GPs and bring in more GPs to the school. If they are entering the school with a social justice mission, the mission will not be achieved if they remain the only GP in the school. For a school to integrate, there must be additional GPs who come after them. Thus, while most Innovator GPs don’t mind being the first, they do not want to remain alone. They network prior to their own entry and bring others into this network who will enroll their children in subsequent years. They catalyze the school through their activism in the PTA and their outreach to other GPs in the neighborhood. Meredith, a Wave 2 GP, describes how her friends with older children who had enrolled at her neighborhood school as part of the first Wave 1 were “like booster booster booster. Bring your son to P.S.______, blah blah blah. They were really pushing it.” She enrolled. Other Wave 1 GPs thought of themselves as “cheerleaders,” or “representatives for the school.”

However, in the course of this research, I came across a handful of Stage 1 schools that seemed stagnant. Despite a small GP presence, there was no movement toward further integration. The Wave 1 GPs in the school were not boosting the school. They were not
networking to try and bring in more GPs to the school. They were GPs who were simply comfortable being the only white family, and they didn’t feel the need to do anything to bring in more white families. Most of the Foreign GPs I interviewed fell into this category of not caring about bringing in other white families, also evident in the fact that they didn’t feel the need to network with other GPs to solve the collective action problem prior to entering the school. One foreign GP’s son was the only white child in her neighborhood school for four years before the next white family enrolled. She was not a catalyzer, she simply didn’t care to be. Another Foreign GP I interviewed not only didn’t boost her school, she seemed put off by the idea that a new crop of GPs was networking to enter her school, because she found these people annoying. As someone who enrolled her child in this school from outside the zone, she thanked God “for racism,” viewing this as the reason she found such a good school with open seats outside of her own terrible zone school.

It is not clear what impact Wave 1 GPs, who simply create a Stage 1 Stagnant environment, can have on the long term prospects of that school integrating. It is possible that these few white faces can provide comfort for other GPs considering entering the school. But if the GPs on the inside are not boosting the school and trying to bring in other GPs, it is likely that prospective GPs won’t even notice that they are there. My research suggests that Innovator GPs must intentionally try to bring in other GPs for the school to eventually integrate, and will be explored further in Chapter 7.
CHAPTER 5
SOLVING THE COLLECTIVE ACTION PROBLEM

While the characteristics of the neighborhood, school, and individual GPs outlined in Chapter 4 appear pivotal to whether a segregated school can attract GPs to start the integration process, there is an additional question that most of the Innovator and Early Adopter GPs in this study grappled with prior to entering their Stage 0 school: can we solve the collective action problem? As explored in Chapter 1, the collective action problem is a situation in which everyone in a given group has a choice between two alternatives--A and B, and if everyone in the group chooses the alternative that is "individualistically rational", choice A, the outcome will be worse for everyone involved than it would be if they were all to chose alternative B (Hardin 1982). The majority of Innovator and Early Adopter GPs in this study believed they had social and political capital that could help improve their neighborhood school, and that through their own individual actions they could make a difference if they could just figure out how to get others to act with them.

GPs in Common Ground (Lukas 1986) figured out how to solve this collective action problem through the formation of Friends of the Mackey, as was recounted in Chapter 1. My research revealed that this type of formal organizing is only one of many ways GPs have tried to unite their individual capital, and that no method is without its pitfalls. Through my questioning of GPs about their school choice process, I tried to determine how GPs go about networking with each other, how their relationships form and evolve, and the sequence of GP involvement, i.e. what does it take to get one GP to follow the lead of another and to trust one another that collective action will be taken. Understanding the various ways GPs attempt to solve the
collective action problem is crucial to developing a robust theory of integration in gentrifying neighborhoods, and will be explored in detail throughout this chapter.

**Casual playground networking**

The most informal style of networking undertaken by GPs in search of a solution to the collective action problem is talking with each other at the playground. I had many of my own playground conversations with other GPs about kindergarten, and also overheard many conversations between other GPs about kindergarten. These discussions were usually about what other people in the neighborhood had done for elementary school, and how the seats at the “good” schools were becoming increasingly hard to come by. Discussions of Stage 0 schools usually started and ended with the fact that none of the conversation participants knew anyone there.

Playground networking appears to be able to help create momentum and buzz for a school at Stage 1 or 2 of integration, because there are GPs on the inside who can share first-hand information. Katrine, an Innovator GP in her Stage 1 school, recalls being bombarded on the playground by interested GPs. As she describes it: “And then this summer, and the previous summer, in the playground, I was just completely swamped, completely swamped with questions and conversations over and over again, with different women, the same women over and over again: ‘Tell me about the school, we’re thinking about this school, we’re not sure, what do we do….”” But, if there is no Katrine to share first-hand knowledge, if the school is still in Stage 0 of integration, the informality of the playground setting appears to be largely ineffectual. Casually talking with GP strangers or acquaintances about the possibility of going to a segregated school together is unrealistic. There is no foundation of trust, nothing to illuminate whether the people conversing are serious.
Using internet technology to network

A more formal and more effective style of networking utilized by GPs to solve the collective action problem is on-line networking. This type of networking, at least for the GPs in this study, was always combined with some type of face-to face component. In one example, Jeremy parlayed the acquaintanceships developed in his apartment complex into a substantive effort to collectively attend his neighborhood Stage 0 school, simply by creating a virtual space where the interested parents could continue their casual conversations. Recognizing that spirited discussions started in the apartment building’s adjacent playground were not enough to demonstrate whether the talk of entering the segregated school was serious, he demonstrated his own commitment by starting an on-line group dedicated solely to exploring the possibility of attending P.S.______, and recruited other acquaintances to join. His pitch to those willing to entertain his thought process, both on-line and off, was that “we can change the school to be whatever we want it to be.” He argued that all of the great schools people get excited about were nothing special until parents got involved and “made them great.” The internet conversations he facilitated were honest and explicit about intentions, they were in writing which gave them an air of permanence, and Jeremy’s efforts brought a small handful of GPs into his Stage 0 school.

Another example of using the internet for networking purposes worked in reverse. The GP relationships started on-line, and then continued off-line. Maggie, a GP interested in enrolling her child in her neighborhood Stage 1 Stagnant school if she could entice others to join her, reached out on the neighborhood kids list serve, putting her consideration of this school in writing, looking for others who might be serious enough to respond to the discussion thread. Her posting, as she remembers it, read something like, “Anyone else considering sending their child

\footnote{I was invited by Jeremy to join the group so that I could follow the discussion}
to P.S.______? Respond off-list to _________.”¹⁸ By their very nature, list serves are used by a more affluent class of people since they require computer access at home and some degree of internet sophistication. So, while Maggie’s posting did not explicitly mention race or class, any response was likely to be from a person with a similar demographic background. Her posting eventually lead to a small gathering of GPs, providing the interested parties a chance to meet face-to-face. The meeting was described by one participant as gauging the interest level of other GPs about the school they were all considering, with GPs in attendance making comments like, “I’m really interested in it, we haven’t heard from all these other schools, what are the pros and cons, and, if you guys are going to do it, I’m more interested.”

In addition to exploring the interest level for the Stage 1 Stagnant school, the GPs at this meeting attempted to address their shared anxieties about the school’s high poverty level. Faye described how the GPs danced around this primary concern: “It was more talk about, they were more talking about, obviously the issue was poverty, because you know there was actually one woman who was black there... and she is considering, was….I don’t know. So, you know, we all had, you’ve got to be smart with your words. It’s not color, it’s economics. It’s poverty. Do you feel comfortable with sending your kid to a place where 7 out 10 kids are from an impoverished family? With poverty, we know what that means. You know what kind of household and language and television exposure and even toys and games, you know, so that’s the issue. It was more about safety, and socio-economic comfort. I was the one spewing all the stats and information saying, ‘It’s going to be great, it’s going to be great, blahhhh (says in a voice kind of mocking herself).’”

¹⁸ After learning about this connection tool, I joined the neighborhood kids list serve in 2 of the 3 neighborhoods in my study to follow the school buzz. I have since seen more postings of this nature. I was unable to identify a formal kids listserv in the 3rd neighborhood.
The statistics Faye is referring to are the awards the school had won for academic excellence, and the incredibly low class-size numbers, something she and other GPs recognize is a benefit of being a Title I school: more resources for impoverished children means more money to hire additional teachers. Intellectually, GPs like Faye are able to make the case for a Stage 1 Stagnant school. Emotionally, however, many of the GPs I talked to simply couldn’t get past a gut feeling telling them not to enroll their child, unless there was absolutely no other option. In the end, only two GPs who attended this meeting enrolled their children.

**Capitalizing on existing networks where solid relationships already exist**

While using the internet to strengthen acquaintance relationships or to locate like-minded GPs showed some limited success for the parents in this study, GPs networking with people they already know well, people who are legitimately their friends and not just acquaintances, appears to be the best way for them to solve the collective action problem. If GPs know each other, like each other, and trust each other, agreeing to enter the same segregated elementary school together does not appear to be an insurmountable mental leap, especially if there is a strong leader within the group taking the first step. In one example, pre-school friendships formed the basis for this type of group transition.

Several GPs at the Sunshine Bear Academy, a popular neighborhood pre-school for gentry families, were good friends from the hours spent volunteering together at the school. When the time came to look for a kindergarten, these friends weighed their options together, agreeing informally to go somewhere as a unit. Bonnie described the camaraderie: “We had all started in the pre-school together and we decided we would all go to elementary school together

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19 **Sunshine Bear Academy** is a pseudonym. No pre-schools in New York City currently have this name, and any future schools that might use this name are in no way connected with this research.
so the kids would have a community around them. And as I always said, nothing gets integrated unless you go to it. It’s like you can’t wait for somebody else to do it, if people don’t go, nothing changes. So I’m like OK, we’ll go with a certain group of kids who already know each other, black and white, who are neighborhood kids, we’ll have a support system as we work on change, you know just fundraising and stuff’ like that in the school.”

Harnessing the kind of enthusiasm expressed by Bonnie was relatively easy under the charismatic leadership skills of a GP within the group, Timothy, who played a large role in determining where the group of friends would go, and was repeatedly referred to by other GPs as “a force of nature.” With two nearby segregated neighborhood schools as possibilities, Timothy picked one over the other, and used his clout as a leader at the pre-school to bring his friends with him. Since neither school was popular, yet, with neighborhood GPs, getting admitted as an out of zone family at either school was not a concern. There was space in both. His decision remains controversial in the neighborhood, as the school he did not choose was undergoing the beginnings of a demographic shift, and his leadership could have bolstered that effort instead of being funneled into a new effort. The story ends with the school he did choose reverting back to segregation, after he and his fellow GPs fled, and the school he didn’t choose stuck in Stage 2 of integration, a possible indication that within a neighborhood, only one school can integrate at a time, and that gentry efforts that are too diffuse will result in no school fully integrating.

Regardless of the long term impact of his decision, Timothy had legitimate concerns about the already integrating school, and he utilized his influence to push for his school of choice, demonstrating that a GP leader amongst friends can successfully manipulate a moment of collective action. He recalls his own power of persuasion: “And I told the other pre-school parents who were also all zoned for another school, that we’re (him and his family) going to go
to P.S.____. About P.S.____, I was like look, check it out, make your own decision. You know, this seems like a great school.... And at that point I had a lot of influence, I understand that, over parents, because I was so involved in the pre-school, and at this point it was flourishing, and people, I was always at the park because my kids were young. And I had a reputation. So I knew that if I started to go to P.S.______, I could get some other parents to go there.” His self-confidence was accurate. Under Timothy’s leadership, half of the pre-K class at the school he chose was comprised of GPs.

**Organizing to solve the collective action problem brings with it the potential for backlash**

Although networking with friends appears to be the most successful strategy for solving the collective action problem, there is no guarantee of success. Friends who over-organize risk stirring up racial politics in the neighborhood to a point where none of the originally gung-ho GPs maintain their interest in enrolling their child in the segregated school. The most organized, mission-driven example of GPs attempting to harness their neighborhood’s changing demographics to the benefit of the community school is illustrative of the dangers of over-organizing. In one gentrifying neighborhood, a group of GPs, who had been friends in the neighborhood for years, took their organizing efforts to a level that reached out beyond the friendship, and in the process appeared to overreach.

After many angst-ridden school conversations at dinner parties, these friends decided that they might be able to solve the collective action problem by forming an official group, “Our Neighborhood, Our School”(ONOS),\(^{20}\) that would work to raise money for their local, Stage 0 school, and generate the necessary interest and buzz to bring in a critical mass of neighborhood

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\(^{20}\) ONOS is a pseudonym, and there is currently no group of parents, to my knowledge, in New York City with this name. If a group in the future takes this name, it is in no way connected to this research.
GPs. Kevin, one of the group’s founders, described ONOS as responding to the simple fact that “if parents (like him), who sort of had broadly kind of a middle class set of expectations for what a school should be, parents who were not happy with the neighborhood school opportunities but felt very connected to the neighborhood….if these parents who were finagling to get their kid into whatever magnet school or better public school option or sending their kids to catholic school instead sent them to P.S.____, that would be, that would be a really good school.” The goal of ONOS was to figure out how to get these parents to make that choice, and was thus very similar to Friends of the Mackey. Like Friends of the Mackey, ONOS not only worked to recruit other GPs to send their children to the neighborhood school, but also tried to transform the school itself in small but significant ways. Most notably, ONOS raised money to upgrade various facilities in the school. ONOS was not able, however, to alter the school’s pedagogy, as Friends of the Mackey did with its persuasive efforts in favor of “open classrooms.” This has made long term integration efforts at this school more difficult, and will be explored in detail in Chapter 8.

The efforts of ONOS were also complicated by fact that “racial harmony in the neighborhood is thin,” as Margaret put it. While the organizing got GPs to seriously consider the school, the organizing also “set off alarm bells” within the mind of the school’s black principal, despite the conscientious efforts of ONOS to avoid tension. The members of ONOS were self-aware enough to know that their efforts might be perceived as threatening, so, as Kevin explains, “we sort of tiptoed toward creating this ONOS thing as a way of saying look, we’re not inside, we’re not in the school yet, we’re outside parents, but we have kids who are 2 and 3 and 4, and this is our neighborhood school, and how can we be helpful? And through helping, how can we help bring more resources to the school? And how can we help these parents with other options to get to know the school and instead pick that school? And then, once there is a bunch of those
types of parents in the school, then we’ll just join the PTA and be part of the school, and there will no longer be an ONOS, then that’s how we’ll go forward. And that was the notion, it was a very sort of intentional strategy of let’s do this in a way that is minding of the community, and minding of the parents. Let’s really try not to use coded racial language. Let’s not set off people’s alarm bells that we’re all racist.”

Despite these earnest intentions to be respectful of the existing school community, “alarm bells” went off, and the principal, Dr. Caraway, described by many as “paranoid,” unleashed a fury. None of the GPs from ONOS that I spoke to could pinpoint exactly what her grievances were with the group—race? class? attitudes? tactics?---they just perceived that she was not open to a new demographic shaking things up in her school. Kevin didn’t even end up sending his own child to the school, vaguely explaining; “I had a particularly poisonous series of interactions with her, and she made clear her personal vitriol. And I really didn’t trust her to not, not have that reflect on my kid. And so, I think we had to make the decision to send him somewhere else.” He was one of at least four ONOS members who were turned off by Dr. Caraway’s animosity to the point of turning away from the school, despite hours of volunteering for the school and large financial contributions. Helen provided the most vivid description of the principal’s backlash and her decision not to enroll her child, despite her involvement with ONOS: “It was really negative. The principal was really awful. She did not want anyone in the school, not at all. And it was going to be a fight to get in there and to be successful. And I went on a tour, and she made these sweeping statements about how white people were coming in and threatening her Title I status…it was ridiculous.” Thus, despite the substantive work done by ONOS, only one gentry family in the group ended up enrolling their daughter that first year.
Word of Dr. Caraway’s animosity spread beyond ONOS members to other GPs in the neighborhood, impacting their school choice process as well. Meredith, who wasn’t involved with ONOS, didn’t even give P.S._____ a chance, explaining, “There had been a lot of problems with the principal there, who was, it just seems like, a tyrant---this horrible woman who was really divisive. Parents would come in and say, ‘We want to write a grant for blah blah blah,’ and she would say, ‘No, I don’t want you to.’ So, really discouraging. And as happens often, she was encouraging division between parents, and was saying, ‘I’m a black woman, blah blah blah,’ even though half of the parents who were trying to make change in the school were themselves African American.” Amber, a GP who had sent her child to an all-black nursery school and clearly would have been open to trying the school, heard that “the principal was atrocious and it was filtering down to the level of the student’s experience, the student and family experience wasn’t great, it got very just…ugly.” Connie’s critique was probably the harshest result of the rumor mill, stating that she had heard “… this woman was mis-educating an entire generation of kids.”

**GP visibility complicates politics for the principal**

Dr. Caraway’s reported resistance to change was on display in part because she knew a group of GPs was planning to enroll in the school. Had she not known ahead of time about the intentions of the GPs through the well-publicized work of ONOS, perhaps there could have been a more conventional assumption of school leadership by these GPs within the PTA, a less threatening venue. A principal in a gentrifying neighborhood facing “new” parents knocking on the door is in a difficult political situation. It understandably feels threatening when a group *with zero children enrolled in the school* is already making demands, even if the demands are veiled
under the premise of “volunteering to improve the school.” The changing neighborhood is already causing tension within the larger community, and all constituencies are navigating the boundaries of what the neighborhood might or might not become. The “old” parents are not necessarily going to embrace the “new” parents coming into the school (despite research on the benefits of school integration), especially if the “new” parents have a different vision for how the school should be, and are asserting that vision before they are even members of the school community. Dr. Caraway seems to have felt forced into a position where she had to publicly defend her turf to prove her loyalty to those families already in the school.

The experience of ONOS stands in sharp contrast to the experience of Friends of the Mackey, suggesting that the school leadership variable is a key component of whether GPs are able to successfully organize themselves for the purpose of integrating a school. The Mackey School principal is described as “being receptive to outside help.” Dr. Caraway, as perceived by the GPs, was not receptive, rendering much of the work of ONOS obsolete since their goal was a collective enrollment of gentry children, and only one gentry child went, at least that first year. This leadership variable appears to become even more important in determining whether GPs who enter a Stage 0 school keep their children enrolled, and will be discussed in great detail in Chapter 6.

**Long term benefits of GP organizing, despite the backlash**

Despite the backlash, ONOS did have some long term benefits in terms of solidifying the loyalty of some neighborhood GPs to the school. Once a new principal was firmly in place (the resistant principal was “ousted” or “retired,” depending on who is telling the story), GPs who had younger kids and had been involved with ONOS before it was disbanded, cited this as their
reason for giving the school a chance. Mary, a GP who had the option of sending her child to private school, tied her decision to try P.S._____ directly to ONOS, explaining, “I went to that ONOS meeting, that initial meeting, my kid was probably 9 months old, so I felt vested with them, because I had donated to ONOS, done bake sales for ONOS, raised money for ONOS. I just felt more of a psychic connection with P.S._____ because of that involvement. I didn’t really look at anything else. I did look very heavily at private schools. But if I was going to do public, I was going to stay at P.S._____ That was my feeling about it. I knew the people.”

Lisbeth shared Mary’s sense of loyalty, and also cited an event that had been organized by ONOS that had a long term impact on her thinking about the school and her decision to enroll her children: “What convinced me to do it, honestly, is they organized a meet the teacher night, ONOS organized it, and, well they suggested it to the principal and the principal went through with it, and there was a lot of this on the list serve, this was the big thing, the neighborhood list serve, and so there was a lot of talk on the list serve, and it was like oh, I can be part of something. I’m a person who is going to make a difference in my neighborhood. And a lot of people with interest were wary, and when the teachers stood up to talk, I was like these are really intelligent women, they were, the lower grades especially, they had a really interesting pedagogy, they were excited, they were upbeat, and I’m like this is not so bad, this is much more people making assumptions about what this school is, than what the school actually is. It’s not a sit down, shut up, you know I went to one of those schools that was still using corporal punishment in the 70s! So it’s like, it wasn’t that kind of place. So I was like OK, I can do this.”

Co-opting the school leadership in GP organizing efforts

The “meet the teacher” night organized by ONOS, described above, was a strategy employed in another neighborhood by a single GP, Sharon, who simply focused her GP
networking efforts on meeting not with each other, but with the school’s leader. She never thought the collective action problem GPs faced would be solved through self-contained conversations about whether they were willing to take a chance on a segregated school together. After meeting the principal of her Stage 0 neighborhood school, Dr. Boxer, whom she found very impressive, capable, and assuring, Sharon thought the collective action problem could simply be solved through other GPs meeting the principal and having the same positive experience. So, as Sharon explains, she “simply went to her and said ‘Look, if I get you some more parents, will you do a special evening?’ and she said ‘Yes.’ I said ‘Where you are basically talking about the school?’ and that’s what we did. I just used my own resources, and we got about 60 parents in the catchment to come and talk and listen.”

Sharon’s “own resources” were far more old-fashioned than the list serve or other types of internet networking described earlier in this chapter. She simply made a flyer describing the evening information session, and then sent it to all of the pre-schools, churches, and community centers in the area, and also asked the doormen at every building in the zone to hang it up and share the information with young families. The families that listened to Dr. Boxer’s presentation were similarly impressed, and Sharon’s efforts brought in a few gentry families the year she enrolled her own son in Kindergarten, setting the stage for an explosion of demographic change.

No Pacts

None of the organizing efforts described above—neither the informal nor formal---tried to utilize pacts: promises by GPs to enroll their children. Jeremy aptly labeled pacts as “an unrealistic expectation.” He knows that “everybody is agreed that there are preferred options out there, and everybody has a subjective thing of what that is.” If the preferred option materializes,
he wouldn’t want others “not to do that” if that is what they really want, because of course, given the chance, he would pick his preferred option too, which is not the Stage 0 school.

The school choice process in New York City involves many waitlists, making the process quite open—ended through the first couple of months of school (recall Shawn in Chapter 3 assuring me I could get any school I wanted if I was willing to wait until October). It is difficult, then, for GPs to “take a leap,” as several described it, and enroll their children in a Stage 0 school based on faith in the intentions of other GPs in their network, knowing that all it would take to back out of a commitment to enrolling in the Stage 0 school would be getting off of the wait-list at a popular, already diverse school. Faye explained how everybody at her GP meeting gave the caveat that “they were going to go (to the Stage 0 school), unless their kid got into________(most desired neighborhood school),” and they all said this with an assumption that they wouldn’t get in.

But, of course, some people get lucky, and group resolve can quickly disintegrate, severely complicating the collective action problem. GPs trying to solve this problem want to hear others commit, even though they are usually not willing to commit themselves, making some sort of formal pact completely unfeasible, and the informal intentions of others all a GP can look to when making an individual decision. Even members of ONOS, which came closer to being a pact type situation than any of the other GP organizing efforts, made it clear to each other that one’s child would always come first. As Kevin recalls: “But we said from the beginning to everybody, this is not a moral question. No one is going to be judged whether you send your kid here or you don’t. This is not a ….. moral question, you have to do what is right for you kid in the end.”
The complication of relying on informal intentions sometimes causes those GPs who do enroll their children in a Stage 0 school to be taken aback at how few of them show up on the first day of school. Maggie and Candice both expressed “surprise” that they were the only two GPs who enrolled their children, based upon their impressions of how their GP networking meeting unfolded, and the positive feelings they witnessed. Maggie reminisced about losing a supposed ally, and how it was really impossible to connect anyone’s decision making process with their final decision. She recounts how Faye “was like super gung ho, super interested in scoping out the joint all year, and she had the numbers, and her husband is an economist or a banker or something, and they had done these massive spreadsheets. I mean I’d seen some of it, but I hadn’t really gotten that elaborate. You know the funding per child was higher than P.S.______, and this is this, and everything is great about this school. And then in the end, it killed me, because she was the most into it, and then she sent her kid to a GT program. I was like we lost her, we lost Faye!”

Lisbeth was similarly stung by the loss of supposed allies, after years of working with ONOS, and remembered the process as “ugly.” She tried to find a way to explain why some of her friendships ended over the “ugliness” of people not following through on what she thought were genuine commitments to sending their children to school with her children: “When your children are very young, and before you have to start making hard choices, there are so many things that people agree on, let’s give them organic milk, and stuff like that, and so you get the sense that people have the same basic belief system. My back yard neighbor calls it a ‘constellation of prejudices,’ we all kind of believe the same thing, until really, you’re forced to make a larger societal choice. And my feeling was, you kind of have to walk the walk. It’s very easy to say, ‘Yes, I believe in a good education for everybody,’ but most people won’t do
anything about it. They won’t do anything meaningful about it, or they’ll write a check, or they’ll sponsor a kid in a read-a-thon, and that’s fine, but society doesn’t change that way.”

These examples suggest the difficulty of solving the collective action problem by organizing neighborhood GPs into a group willing to enter a Stage 0 school together. Each gentrifying or gentrified neighborhood in this study was different in the way friendships and acquaintances developed and played themselves out. As the above stories demonstrate, relationships must be delicately cultivated, and loyalty must somehow be nurtured without pacts. The emotions of caring for one’s child can never truly be separated from what GPs would like to be a very rational school choice process. And the pressure of making the “right” decision for a child can lead to a sense of betrayal amongst friends. These complicated feelings start prior to entering a school, and often continue once the gentry children are enrolled. Whether gentry children stay enrolled in a school is an important part of the integration process, and will be discussed in the next chapter.
CHAPTER 6
TIPPING IN: RETAINING THE INNOVATOR AND EARLY ADOPTER GPs

For a segregated school to integrate, attracting the first 2 waves of GPs and getting them to enroll their children in the school is a solid beginning. However, to continue this demographic shift, not only must these two waves of GPs subsequently attract Wave 3 GPs, the Early Majority, they must also keep their own children enrolled in the school. Retaining Innovator and Early Adopter GPs is not a given. Despite having solved, in most instances, the collective action problem, and having an accordant close group of GP friends in the school, being a super minority can quickly become untenable for many Innovator and Early Adopter GPs, and exit can be rapid.

In one school, the Innovator GP exodus happened after a couple of weeks, too brief for the school to even be considered Stage 1 Catalyzed. In another, the school lost all of its Innovators after a year, but got most of them back after a new principal was installed, an unusual double bump of catalyzing in a short period of time that illustrates the importance of school leadership in integrating a school. A third school was catalyzed for a year by a particularly energetic group of Innovator GPs, and it attracted the second Wave of GPs, only to have almost all of them—Waves 1 and 2—leave by the end of that second year, preventing the school from ever reaching the second stage of Integration. For a school to be considered Stage 2 Integration: A Changing School, the Innovator and Early Adopter GPs must stay in the school long enough to attract the third wave of GPs. If Waves 1 and 2 exit, the integration process halts.

After they have made the decision to enroll their child in a Stage 0 or Stage 1 school, the familial strain must be exceptionally rough for Innovator and Early Adopter GPs to give up on integrating their local school. As explored in Chapter 4, Innovators and Early Adopter GPs are either unique seekers, extremely committed to social justice, or both, and the way they describe
their decision to enroll their child in a segregated school suggests that, for most, this decision has become part of their identity, or part of a mission. They take pride in being the kind of person who would make this decision, and backing out would remove a part of themselves. Most of the schools in this study that were catalyzed sometime within the past 10 years made it to Stage 2 of integration, suggesting the early waves of GPs that enter a school will stick it out if minimal conditions are met. They are not looking for reasons to leave, only for reasons to stay.

Innovator and Early Adopter GPs who persisted usually cited their close friendships with other GPs in the school, a belief that their child is getting a good education, and strong support for the school principal. Alternatively, Innovator and Early Adopter GPs who exited the school had negative relationships with the school principal, ranging from zero faith in the school leader’s competence to outright hostile interactions. Even if they thought their child was getting a good education, and even if they had a strong support network of other GPs, extremely poor school leadership is what drove them out. Because most GPs entering Stage 0 and Stage 1 integrated schools had concerns about the “gentry/non-gentry culture gap,” which will be explored in detail in the next section, they needed a school leader who could acknowledge and try to bridge this gap. In the schools that failed make it to Stage 2 of integration, the principals were described by GPs as being resistant to the new gentry demographic, and as incapable of doing anything to accommodate a group with different expectations and needs. These principals were perceived by GPs as not having the skills necessary to handle a new type of diversity, and were blamed for exacerbating the significant gap that exists between what gentry and non-gentry families expect from their school.
**The gentry/non-gentry culture gap**

The “gentry/non-gentry culture gap” (The G/NG Gap) is the perceived difference in attitudes, opinions, and priorities about parenting and schooling that often exists between GPs and their neighborhood counterparts, the non-GPs. Both race and class appear to contribute to this gap. In New York City, where race and class are often inextricably linked, it is not easy to determine. In a school system where approximately 75% of the students receive free or reduced lunch, poverty is likely the biggest contributor; but the G/NG Gap described by GPs in this study appears to be more prevalent and challenging in the segregated schools that are predominantly African American, as opposed to schools where the non-white population is more racially diverse with a black and Hispanic mix. The G/NG Gap can most easily, but inadequately, be summarized as gentry families preferring a more “progressive” style of interaction with their children, both at home and in school, and non-gentry families preferring a more “traditional” or “authoritarian” style of interaction with their children in these same venues.

**The G/NG Gap: GPs and Non-GPs have different parenting styles**

Kohn (1963), in *Social Class and Parent Child Relationships*, attempts to discern the different values of middle versus working class parents, categories that do not perfectly correspond with gentry versus non-gentry parents, but come close in terms of education level and income. Succinctly, his findings reveal that while both groups value honesty, decency, and respect for others, there are real differences in their approach to parenting. Working-class parents “…put far greater stress on obedience to parental commands than do middle-class parents,” and also on ”neatness” and “cleanliness,” believing that children must conform to “external proscriptions”(p.475). Alternatively, middle-class parents derive their values from the
ideal of “self-direction,” and they stress the importance of “curiosity, happiness, consideration, and ---most importantly---self-control” (p. 475). Kohn explores the possible causes of these different orientations toward parenting, honing in on occupational differences, and what is expected of workers in different types of jobs. He concludes that “middle-class occupations require a greater degree of self-direction; working-class occupations, in larger measure, require that one follow explicit rules set down by someone in authority” (p. 476). Accordingly, these expectations translate into what parents expect from their children.

Anyon (1980) builds on these ideas in Social Class and the Hidden Curriculum of Work, arguing that teachers also have different expectations for children from different social classes. She found that progressive education—with lots of opportunity for students to engage in their own decision making---was more likely to be implemented in high- but not in low-income schools, and that working-class students were more likely to be assigned mechanical tasks that involved rote learning. Most importantly, she found that conservative pedagogy was dominant in the schools with lower-class students, affirming a perception held by GPs about their neighborhood school. Anyon views this type of schooling dichotomy as part of a larger subversive goal to disempower the lower-class and reproduce society’s prevailing power structure. Alternatively, one might interpret Kohn’s work on parenting differences and argue that schools are simply meeting the expectations of the parents who utilize these schools. It isn’t clear who is right about why predominantly low-income schools tend to be more pedagogically conservative---the causal direction---but most of the GPs in my study affirmed Anyon’s assessment that the lower-class schools in their neighborhoods were too conservative, too focused on skill and drill, not progressive enough. And these attributes were a major reason for avoiding them.
The G/NG Gap: GPs and non-GPs unable to debate “progressive v. traditional” philosophy

The existing literature, while helpful in explaining possible origins of the G/NG Gap, fails to fully capture the divide and what it actually looks like when these competing parenting ideals---complicated by gentrification’s race and class divide---are on display in the same space. Because our neighborhoods and schools are typically segregated by race and class, the G/NG Gap is rarely made real with an actual public clash. When the “progressive” v. “traditional” debate plays out in parenting and school reform circles across the country, it is usually amongst people of the same race and class who are debating on a nuanced continuum: How progressive is progressive enough? Does the Whole Language approach go too far? How traditional is too traditional? Does memorizing multiplication tables and regular quizzing help kids or hurt them? Within newly integrating school communities, these debates are much more delicate and fraught. Because of this country’s racial history, questions about intent and outcome appear to become much more personal, especially in gentrifying neighborhoods where the sense of “the haves” v. “the have nots” is particularly stark. Thus, what might be a simple discussion in a Westchester County suburban school board meeting---whether too much homework at a young age is appropriate, for example---potentially becomes a race/class battle in these gentrifying neighborhoods.

Shawn, an Innovator GP who found herself engaged in many school culture arguments with the principal during her time in a Stage 1 school, bluntly described the difficulty of talking about change in this environment, and how “the problem is there is this sick little switch in the system where if you go in, and even if you positively critique or show people possibilities, they’re like ‘What, what’s wrong with my thing?’ And people get really defensive, they defend their shitty thing, because it’s theirs.” Avery also referenced the non-GPs’ “happiness with the
status quo,” their perception that “you’re judging what we have as inadequate,” and her impression that they were “watching the gentrified come in and do their song and dance, waiting for the explosion,” sending the silent message to the GPs that “we don’t need you.” Timothy was completely bogged down by this defensiveness and seeming inability to discuss changing anything. He was willing to accept that the school’s program was traditional, but wanted to be able to discuss the boundaries of what was an acceptable amount of strictness. As he explains: “I thought it was really punitive, the kids often got recess taken away from them. And those things really bothered me at my core. I hated waiting in the auditorium in the morning for my kid to be dismissed, and watching the guidance counselors yell in the bull horn in their faces and stuff like that. But I seemed to be one of very few who was bothered by it. So, there were certain things I was willing to kind of let go of, because I felt like well, I can’t change everything just because of me, and they were feeling like that was the right thing to do, but what bothered me was that there was no room to discuss it.”

The G/NG Gap: Cultural misunderstandings that defy conventional labels

The G/NG Gap goes beyond a simple progressive v. authoritarian dichotomy in more ways than being difficult to discuss within the integrating community. It can embody larger cultural misunderstandings that don’t necessarily fall into these neat categories, and are hard for GPs to define with conventional labels. Sharon’s attempt to describe some of the non-GPs at her Stage 1 school is a good example of language failing: “It’s really tough, some tough parents in there. We just would not mess with like…. I wasn’t going to walk up to someone who weighs three times as much as I do while she is screaming epithets as she is dropping her son off. I don’t know what that is, but it’s a very different way of …everything. And um….you know,
like gang member type parents. And that is not color, that’s something else. That is class, that is…. (long pause) culture.”

Shawn offered the term “thug” to describe this “…. (long pause) culture,” reminiscing that “…by the end, after all I’d been through, I was like, I’m not from around here, I’m not from ____ (her gentrifying neighborhood)._____ is a totally different place, everyone is a thug---from the guy on the corner to the superintendent of schools. These people are crazy.” Lisbeth suggested “ghetto families, for lack of a better word,” describing them as “…living in projects, on cell phones in nail salons, selling drugs,” and gave an example of how she has seen these life circumstances impact the children in her school: “There was a girl in my daughter’s class in first grade, who came to school in first grade and was simulating fellatio on boys in first grade! You know, it’s first grade, you can only imagine what that little girl has been exposed to.” The GPs who offered these harsh descriptions of the non-gentry made it clear they didn’t see all non-gentry as exhibiting these characteristics, just a small subset. But this subset created moments in their schools where they were truly taken aback by what was going on. These were moments of genuine culture shock that stuck with them.

The G/NG Gap: Incidents that cause confusion and dismay

The G/NG Gap is exacerbated by these small moments of culture shock, as they can add up over time and leave both sides undoubtedly confused, and often dismayed. This was the case at one Stage 1 catalyzed school, where the GPs were trying to organize volunteers to come in to the cafeteria at lunchtime to help manage the chaos, only to be kept out by fear of child molestation. As Meredith recounts with both humor and horror, some non-GPs in the school responded to the proposal with, “How do we know who is coming into the school? We need to
protect our children! How do we know these people aren’t going to molest our children?” To which Meredith sarcastically replied (in her mind only, of course), “Yeah, right, that is something we really need to be afraid of!” Avery, another GP in the school at the time, explained how the non-GPs wanted these lunchroom parent volunteers to go through a Learning Leaders program before they could come in and open milk cartons, and she was equally baffled by the resistance to something that seemed so innocent and helpful. The G/NG Gap is evident in her recollection: “You know, it was basically bringing hands and ideas. It was not trying to change curriculum, nothing dramatic. It was simply, ‘Let’s ease the hardest part of the day, when you have no teachers and few adult hands in the lunchroom.’ We were literally going in and opening up milk cartons and handing out sewing cards. And yet, somewhere along the line, there was an ego that got trip-wired. I don’t know what it was. But all of a sudden, it was ‘Oh, you have to go through the Learning Leaders Program before you can even volunteer in the lunchroom! No, you cannot touch the students at all!’ I heard yelling at a meeting, from another parent, ‘I don’t want you in the lunchroom opening my kid’s milk unless you’ve gone through Learning Leaders! I don’t want you touching my kid!’ Like heaven forbid you put your arm around a kid’s shoulder!”

Since this study focuses on the perceptions of GPs, I don’t know why there was such great concern by non-GPs about child molestation at this school. But, the GPs who were at the school at the time didn’t know either, and in the course of debating this parent lunchroom volunteer proposal, they never found out. It was as if they couldn’t have a conversation about it, because each side was so taken aback by the other side’s sensibilities that there was no room for discussion.
Another example of the G/NG Gap that was on display at a Stage 1 school happened during a Kindergarten graduation ceremony. The principal, after watching the 5 and 6 year olds walk across the stage to get their Kindergarten diplomas, got up to offer remarks. As Shawn recounts, his speech played completely differently with his two audiences: “He gets up and he says, ‘I didn’t really prepare remarks, I just want to talk to everyone, I’m so happy to see you all here. I just want to say one thing, I said the same thing at the 5th grade graduation, look at these boys, they’re looking sharp, I never saw so many nice suits. And girls, just ‘cause it’s in the store, doesn’t mean you have to buy it. Kids today with their inappropriate clothing!’ And I was like, ‘What? Are you kidding me? All of the girls are wearing white dresses and fold down ankle socks!’ But he is making these strange comments, and the black parents were giving him the, ‘Uh huh, uh huh, yeah, that’s right, look at the girls today in their outfits,’ like you hear in church, and I’m like, ‘What? Are you looking at what I’m seeing? What did he just say?’ And there is clearly this divide. There are people in the audience who are like, ‘Oh My God!’ And people who are like, ‘That’s right!’”

The G/NG Gap: The unbearable school norm of “yelling” adults

If the G/NG Gap were only manifest during infrequent events, like a graduation or a PTA meeting, it might not drive GPs from a school. But when the G/NG Gap is evident in day to day school norms, the GPs in this study clearly found it intolerable. The most unbearable school norm described by GPs, which was prevalent in schools in the early stages of integration and kept coming up over and over again as contributing to the exit of Innovator and Early Adopter GPs, was the perceived common practice of adults “yelling” at young children. The GPs viewed “yelling” at these schools to be an accepted way of adults interacting with children, and in the
schools where the GPs left in droves, they saw “yelling” coming from principals, teachers, school aides, and non-GPs when they were picking up and dropping off their kids.

No GPs I interviewed were comfortable with this perceived norm, though the Foreign GPs tended to be more understanding. And many were truly surprised to find that not only is the authoritarian end of the schooling spectrum alive, which would be tolerable for most of these Innovator and Early Adopter GPs, but it is also flush with what GPs perceive to be extreme and outdated manifestations of a more traditional school environment—strict discipline with yelling adults. Avery, clearly resigned to the stickiness of the norm at her Stage 1 school, explained that she was leaving “primarily because of the discipline issues. I figured the older, the higher up you got, the more effect there would be on him. I didn’t know enough about the upper grade teachers to automatically be comfortable, because I know there were some yellers in the bunch. And I didn’t want him to get a yeller. It’s a crap shoot every year who you’re going to get.” Amber was “appalled” by what she “saw in the hallways and in the cafeteria with the way some of the teachers would speak to students.” She remembers many teachers “screaming at the students,” and quickly concluded that “the pre-K was fine, but there was no way she was going to see the Kindergarten year of that school.” Erich used the word “insanity” to express his disdain for the yelling and strictness norm, which he attributed primarily to the administration: “There was just a lot of yelling in the halls, a lot of screaming at the kids, if the kids were acting up they would be punished by not allowing them to go to recess. It was like, you need to give them more recess time if they are acting up! Punishing the whole class if one kid is acting up is insanity to me!” Cindy’s son “hated” school, and she attributed it to a classroom that “was kind of disorganized and there was a lot of yelling and there was no standard of discipline in place.” Clearly trained in diplomatic speak, Cindy expanded on how the yelling drove her out of the school, explaining, “I
do think it is a little strange when you’re walking down the halls of the school and you hear teachers shouting and screaming shut up at the kids, that is not a good thing. You know, it is one thing if, our kids get yelled at enough at home, but to have to go to school and get yelled at too, it is not a good thing. So, I just wanted out of the school at that point.”

Meredith was not just concerned about “the policing of kids” and the impact this was having on her own children, she was especially aggrieved by the way the yelling seemed to target the young black boys in the school. She described a scene where the black boys were “…being treated like prisoners, lined up against the wall, like they’re being incarcerated already!” She was clearly pained recalling this story: “It was so tragic, so so tragic. You know I was so aware of my own privilege in the situation, knowing I could pull my kids out at any time. And there are some parents for whom this is their chance!” Lisbeth was equally horrified by the way the school aides’ yelling always seemed to hone in on the black boys, and she told her principal, “They would never dare speak that way to my children. They speak that way to the black boys. So not only is it horrible for everybody, but they’re reinforcing a stereotype that black boys can be spoken to in a way that white boys and white girls are not spoken to.”

“Yelling” v. “Telling”?

In “Other People’s Children,” Delpit (1996) explores the different styles of communication exhibited by people from different racial and class backgrounds, and how these differences might negatively impact learning. For example, Delpit sees a problem when a typical white, middle-class teacher uses a passive communication style with her low-income black students, such as asking them to take their seats instead of telling them to take their seats. She argues that this passive communication style is confusing for a low-income black child's
expectations of how authority figures should act, a mismatch that hinders their academic progress. She asserts that white, liberal educators who value student-centered pedagogy and soft, conversant, negotiated power end up alienating and confusing children who are used to explicit instructions and assertive, strong authority figures, a parenting style more common in the black community. My research suggests that this cultural mismatch also appears to be working the other way. The teachers in predominantly poor, minority schools, who are reportedly mostly black and have adopted the more teacher-centered, authoritarian style of instruction that they view as appropriate for their students, are turning off GPs who want school climates similar to their own progressive, child-centered homes. The “yelling” described by GPs could simply be a misperception of Delpit’s described “assertiveness.” What GPs think of as “yelling” might just be a firmness and directness that these GPs are not used to, that is not part of their culture. Regardless, it contributes to the G/NG Gap in a powerful way, because GPs do not want their children spoken to in that way, whatever its label.

The G/NG Gap: Final Straws

The G/NG Gap is not always as overt as the “yelling”, the lunchroom battles, or the playground tensions. It sometimes appears in very subtle ways that would never be enough to drive out an Innovator GP if it were the only thing. But when a subtle thing is combined with the overt discomfort and a seemingly subpar education, it can be the last straw. Anna, whose integration efforts were also hampered by the extremely small number of Innovator GPs who entered her segregated neighborhood school with her, describes the classroom scene that convinced her she had to go: “So I would be in the hallway looking through the window. It was heartbreaking for me because I’d put so much into making it a success and to see it fail was
heartbreaking. But also coming face to face with my own classism and racism. Most of the children were from poor black families, parents brought their kids to the door, didn’t even take them to the classroom, kids made their way into the building by themselves. And what really drove it home for me, I’ll never forget, is institutional school lunch being delivered to more than 90% of the class, their little aluminum trays with soggy green beans, and my daughter would take out her little Care Bears lunchbox with an apple, and I just thought, ‘She is so different, she is so clearly different.’ And it wasn’t about her being the only white kid necessarily, she was a different class, she brought different food every day than everyone else around her. And that really hit home for me, the food.”

**The conflict between principals and GPs**

The G/NG Gap, despite the very complicated emotions it generates, doesn’t automatically drive Innovator and Early Adopter GPs away from a school. They *want* to stay, and they *will* stay if the G/NG Gap is perceived to be effectively managed by the school’s leader. In the schools in this study where the Innovator and Early Adopter GPs left before the school was able to reach Stage 2 of integration, the principals were described by the GPs as ineffective. The theme of weak leadership came up repeatedly as a reason for GP exit during the fragile early stages of tipping in, which was generally surprising to the GPs considering the fact that all of these leaders were either described positively on insideschools.org by the school reviewers and by the pre-GP parent community who made comments on the website, or, if they were new principals who had yet to be reviewed, they had made a notably strong first impression on the GPs. Seemingly excellent leadership was, in part, why these schools were chosen. But decent reviews and encouraging first impressions were not adequate predictors of a good leadership fit.
for newly integrating communities. What it means to be a strong school leader depends on the context; and the eventual GP disenchantment with many principals highlights the reality that different criteria are used by different groups of school consumers to make decisions about what a high-quality education should look like.

Different cohorts of parents not only have a different list of school attributes that they find important and seek out—causing certain schools to be viewed by some groups as unacceptable while the same schools are viewed as top choices by other groups, as was explored in Chapter 3—but they also seem to have different attitudes toward school leadership and what is expected from the head of a school. For a leader who has been successful with one type of parent and student body, new demands by new parents are not simply going to be accepted as best for the school community. Principals and GPs often ended up on different sides of various debates over what should or should not be allowed in the school, with principals sticking with what had been working for them and their families prior to the arrival of the GPs. The resulting negative perceptions of principals shared with me by Innovator and Early Adopter GPs, and their explanations of why they left schools before integration had a chance to securely take root, will be described below.

**GPs demand good services**

GPs repeatedly attributed their exit from Stage 1 schools to the perceived failure of the principal to listen to their concerns, which were admittedly different concerns than principals were accustomed to hearing. In Anna’s school, where her daughter ate quietly with the lone Care Bears lunchbox, the principal, Dr. Carson, is described by Anna as simply “failing” to do anything to meet the different expectations of the incoming GPs. She staffed her new French
Kindergarten program with “extremely weak,” last minute hires “from hiring halls,” despite what Anna described as her voracious efforts to help Dr. Carson find good teachers through her own education network. Anna was a teacher and had spent many years at a prestigious education graduate school. She had connections and resources that Dr. Carson reportedly never tapped into, despite Anna’s repeated offers. Anna remembers her as “totally inept when it came to taking charge of quality. She just seemed totally unable to help herself to make it a better school. Here is someone, she didn’t know how to accept help or use help.” When Anna tried to discuss her daughter’s “completely unorganized” Kindergarten classroom, where “the cubbies were not even assigned,” Dr. Carson gave her “some lame answer, the run around,” appearing completely uninterested in working with these weak teachers to improve her daughter’s situation. Anna left the school after 2 weeks. The other two Innovator GPs in the school pulled their kids out the first week. Anna would have stuck it out longer, but for her husband, also an educator, who was “completely devastated and appalled” and said, “We have to go now, we’ll home school if we have to.”

GPs demand that their school leaders be responsive, this is part of their ethos, this is why education researchers think the very presence of middle-class families in a school can make a difference in the lives of poor children. As Kevin, a GP particularly sensitive to what his own gentrifying actions might do to others, put it, “There is one thing that gentrification could do that’s positive--- make stronger institutions. Because if there is one thing that middle class parents are really good at, it’s demanding good public institutions. Right, that’s what the middle class knows, we know how to operate bureaucracy and demand good services, especially for our kids.” When Anna tried to take her privilege and help all of the children in the Kindergarten

21 It is possible that Dr. Carson was restricted by union rules on teacher transfers, teacher certification requirements, and she couldn’t simply hire the teachers Anna was recommending. If this was the case, she did not effectively communicate her constraints to Anna.
class by demanding a better service, she was ignored. At a minimum, GPs will not be ignored. They have choices; they will leave and go to a school where they think their voice is respected. Even if a principal can’t actually do anything, she must at least demonstrate in some way that she is hearing the complaints of her parents and appreciates their commitment to improving the school. Timothy made this point when he told me that he would have kept his child enrolled, despite the many challenges, if, as he put it, “I had at least felt like my work was appreciated.”

**Leadership exacerbates problems caused by the G/NG Gap**

In another school that experienced mass GP exit before reaching Stage 2 of integration, the teachers were generally described by GPs as “very good,” “great,” “excellent,” so the principal, Dr. Fox, had a solid starting point for retaining his GPs. But, Dr. Fox is described as exacerbating the G/NG Gap problems---complaints from GPs were mostly about lunch and recess---with his “race baiting” and “bad mouthing some parents in the neighborhood to other parents, saying things like, ‘Oh these nouveau-riche parents want to come in and take over, remember how our neighborhood used to be before all these nouveau riche people showed up?’” One GP described him as “acting like Al Sharpton.” Another said he fostered an “us against them environment,” and he allegedly sent “horrible, stupid, hostile, mean, petty, threatening” emails to two of the GPs at the school, accusing them of “trying to bring down a strong black man.”

Dr. Fox is portrayed as parlaying the G/NG Gap into extremely negative racial politics, and trying to turn any criticism about the school into a racial issue. Shawn described him as “thwarting every attack by saying, ‘It’s these white people, they’re racist, they want private school, they want this, they want that, they want to make this school into a cooperative,’ things
that make no sense at all.” But his tactics were effective if his goal was to drive away the GPs, as Shawn concludes, “If you say enough of it, and people want to believe you, they’ll believe you. So, eventually we all just sort of left, in fear and in shame.” Her choice was not easy, despite the difficult situation she described, because, as she explained, “I’m not a racist, there is nothing wrong with these kids. And having to take my daughter out of the school, it hugely undermines what I’m trying to teach her about race relations. It’s really weird, it’s a weird situation.”

**Weirdness and Rejection**

Weirdness is a common theme among the many descriptions of these school leaders who are remembered as being both unwelcoming and unaccommodating. Cindy explained how her son got in trouble in his kindergarten class for raising his hand during a lesson, “because apparently you can’t do that.” He now lived in fear of getting in trouble and having to sit under the big T for Time Out. Cindy found this disciplining for hand raising so “bizarre” that she took her concerns to the principal, Dr. Caraway, who didn’t think it was strange at all, and who did nothing to help mediate the classroom culture disagreement between one of her teachers and one of her parents. Kate was driven to tears within the first week of school by Dr. Caraway, because she unknowingly violated some vague flier protocol by inviting fellow pre-K families to a pizza party without first getting Dr. Caraway’s approval to distribute the invitation. It was Dr. Caraway’s weirdness about the situation that Kate found so maddening, as she describes, “We were at a meeting with parents about procedures and things, and the principal was talking about how, I mean the way she was talking you would think that somebody had distributed some kind of communist propaganda, and she is talking about how somebody had the audacity to distribute something without it going through her office! And I’m thinking ‘Oh my gosh, how horrible,
what did this person do?’ And I had no idea that she was talking about my pizza party invitation. And then once it finally dawned on me, I don’t know how I made the connection that she was talking about me inviting my child’s classmates to pizza, on a Saturday in the park, but I went up to her and tried to talk to her calmly about it. And she was just so defensive, trying to hold on so tight to whatever little power she had left. And she just made me feel like I had done something awful. I invited the kids to pizza! I just don’t get it!’”

Paula described an even stranger interaction with this same principal when she and a few other active GPs in the school organized getting Barnes and Noble to give $4000 worth of book cards so all the teachers would have a $100 gift card for books. According to Paula, Dr. Caraway thought they were “trying to bribe the teachers and turn them against her,” so she left a message on Paula’s answering machine telling her, “Oh you can’t do this, the DOE, it's against the rules,” and then, thinking she had hung up, continued to say on the machine, ”Just wait til Ms._____ and Ms. ______ (referring to Paula and her friend) hear that! Ha ha ha ha ha (cackling like a witch).” Paula concludes, “It was so bad, it was straight out of the movies.”

**Bad leaders or bad GP tactics?**

Whatever was driving these principals to seemingly reject the GPs and their attempts to bring resources to their schools is not clear. Some GPs thought these school leaders felt threatened and were trying to hold onto their power base; some simply thought the various principals were “not the brightest bulb in the box,” “insane,” “crazy,” “incompetent.” A few GPs blamed themselves, and thought, perhaps, their tactics were insensitive to the existing school culture and off-putting to the non-gentry. And, due to the G/NG Gap, they simply couldn’t find the right way to enter the school and offer what they had without inciting tension, despite their
earnest intentions to do good. Paula thought *successfully* integrating GPs “showed the proper respect to teachers and parents,” whereas those who were not successful “felt like they were a little better than everybody, they didn’t mesh with the old parents, they didn’t know how they dynamics of the school really worked.”

Avery offered a similar critique of herself and her GP peers for possibly failing to have the proper “cultural sensitivity” in their integration efforts. Her reflection on what happened is an attempt to take some of the blame off of the school leader: “There wasn’t enough, honestly, ego-stroking or catering, there was not enough acknowledgement. It came across as, ‘You’re broken and you need fixing,’ rather than, ‘We’ve got extra hands, we’ve got extra energy, let’s build up what you already have.’ The perception, for whatever reason, was ‘You’re judging what we have as inadequate.’ I think that there needed to be a bit more weaving of the parents together. Before saying, ‘We’re doing this,’ there needed to be more weaving. The pack mentality was so strong in our group, we knew each other so well, and it’s far easier to stand on the playground and talk to those people you’ve known for four years than to introduce yourself to someone new…So I think that’s where some of the breakdown happened. It was, ‘You guys stick to your own kind.’ Even though we weren’t all white, but there was still that feeling of gentrified, and a pack.”

**School Leadership Successfully Bridges the G/NG Gap**

Standing in sharp contrast to the perceptions of school leadership described above, the schools that successfully retained the Innovator and Early Adopter GPs had principals who were highly respected by the GPs, who were viewed as willing to listen to GP concerns, and who were described as at least *attempting* to meet the different expectations of their competing
constituencies. These successful school leaders faced the same conundrum of how to bridge the G/NG Gap, but they are portrayed as taking on the challenge and showing the necessary respect to GPs to get them to stay. Different neighborhood and school circumstances made this political balancing act much easier for some than for others.

**Neighborhood and school circumstances that appear to make tipping in easier for school leaders to manage**

Two factors seemed to make it easier for principals to bridge the G/NG Gap. First, a school with a diverse *non*-gentry composition appears to be more welcoming of gentry families, as there is no one dominant culture that already exists in the school beyond the school culture. The principal is already skilled in managing a diverse constituency, and adding GPs to the mix is not jarring in the way it is when a school is primarily comprised of one ethnic/racial group.

Schools considered “diverse” and thus desirable by GPs also tend to have a healthy racial mix of the non-white student population, which will be explored in more detail in Chapter 9.

Second, a school that is in a neighborhood much further along in the gentrification process has a surrounding community much more accepting of school change, which gives the principal political room to adjust the school’s culture to better match the preferences of the GPs. In neighborhoods in the early stages of gentrification, the battle over who the *neighborhood* belongs too is still being fought, which seems to make principals feel pressure to side with the non-GPs if there is disagreement over school culture. In neighborhoods further along in the gentrification process, principals also benefitted from the large number of *non*-gentry students who drift to under-enrolled schools in gentrifying neighborhoods from other neighborhoods, a phenomenon described in detail in Chapter 4. Parents not of the immediate neighborhood have a harder time finding the time to engage in the PTA and fight change, making the adoption of GP
ideas much easier for a principal. Additionally, principals with a large number of Innovators who are foreign GPs seem to face far fewer suggestions for change, a circumstance that appeared to make managing the G/NG Gap easier, but also often lead to stagnation, since Foreign GPs do not typically engage in boosting. But, regardless of neighborhood or school circumstances, all principals who successfully retained their Innovator and Early Adopter GPs were described as being open to their new demographic, and willing to listen to their concerns.

**School leaders must appear open to their new demographic**

Sharon, who was a GP leader in the efforts to bring more GPs into her Stage 0 school in a fully gentrified neighborhood, attributed her school choice primarily to the principal, Dr. Boxer, whom she viewed as being “so open.” Sharon school shopped more than most GPs, because she actually could afford private school and was not constrained by family finances in her schooling options, and she described the superiority of Dr. Boxer to the others she saw: “I’ve been to many schools, and I’ve sat through tours, and I was so turned off by the principals. They were contemptuous, condescending, stupid, in the sense that they don’t recognize the value of parents and just take advantage of everything that comes their way. Dr. Boxer knows, because of how bad the budgets are, she will look at anything. She embraces the help from the parents.” Tom, an Early Adopter GP in the school, shared Sharon’s assessment of Dr. Boxer’s openness, recalling that when he “said to Dr. Boxer, ‘When can I come see you?’ She said, ‘Make an appointment and I’m there to listen to you.’” He continued, “She’s not hiding. She probably knows I’m going to come in and not be that happy, but she’s willing to listen, that’s her job to deal with that. And I think she respects that our kids are there and we’re concerned about them and we’re active in their lives.” Melanie, another Early Adopter GP, also spoke of Dr. Boxer’s
openness as a key reason she enrolled her child in the school. She recalls “meeting the principal and seeing the school and saying, ‘Wow! The principal is so amazing and her door is open and she definitely has that policy where if you have an issue, if you have a problem, whatever, you can come to her.’”

Dr. Jones, whose neighborhood was far less advanced in the gentrification process, also used openness and inclusiveness as her primary political strategy for retaining GPs, and was aided by the fact that her predecessor was considered ineffective and un-inclusive. Since the previous principal is described as driving out the first group of Innovator GPs at the school, Dr. Jones had a very clear example of what not to do if she wanted a more diverse school, if she wanted to retain this second group of Innovators, many of whom were also part of the first group that left the school, but who came back to give her a chance. She succeeded in appearing open to change, and was described by all of the GPs in this study as “wanting to be inclusive,” and “wanting everybody to get along and feel like they are welcome.” Margaret was particularly effusive in her praise, perhaps because she was one of the Innovator GPs who helped oust the previous principal. She enthusiastically explained why she stayed, “Listen, the big difference is that the new principal has really opened the doors wide open, welcomed increased parent engagement across the board, so you have many more involved parents than you did before…. One of the greatest lessons of this school is the power of the principal. I mean you can just see how the new principal just raised the standards across the board, and improved the school in just a myriad of ways and made it so much more comfortable for so many parents” Mary, another GP who returned to give the new leadership a chance, called Dr. Jones “a breath of fresh air, because she has at least made parents feel welcome. And the more parents feel welcome, the more they will contribute, and that is across the line, socio-economic or whatever, she is able to
reach out to parents who fit my demographic, she is able to reach out to parents who are low-income, middle-income, black parents, white parents.”

Dr. Jones has had to mediate battles between her diverse constituents, most memorably a battle over how cold is too cold to send children outdoors to play, a drama particularly important to Early Majority GPs that will be further described in Chapter 8. The integration has not been easy. But her simple willingness to open up the door to dialogue is what has made the beginning of the integration process at this school possible. GPs in the neighborhood know her as a principal who “cares about parent’s concerns.”

At another school in a neighborhood even less gentrified than the one where Dr. Jones has been working to build bridges, Dr. Smith wears his openness to the GPs much more quietly, and instead preempts GP concerns with supreme confidence in his school’s program. He has won awards for turning his school around and has a reputation amongst GPs in the neighborhood as “a mover and a shaker,” and is considered a “big deal” because “he took this school from crap and he made it into a big deal.” The majority of Innovators and Early Adopters in his school are foreign GPs, a group less concerned with the G/NG Gap than non-foreign GPs, and he has benefitted from being able to welcome these foreign GPs without having to worry about them clamoring for change. In the rare instance when a GP approaches him about change, however, he has appeared open to their suggestions and given them what they want. For example, Ivy, one of the few non-foreign Innovators at the school, recalls a meeting with Dr. Smith where she expressed concern that the school required mandatory Saturday school, something she didn’t think her son would need, to which he responded, “Well, it’s not really that mandatory…it’s not that mandatory, but if your kid isn’t doing well, I don’t want to hear anything.” This answer satisfied her, and she doesn’t send her son to the Saturday program.
Dr. Smith also seems to skillfully handle the school’s new diversity by being able to talk to his different constituents in different ways, just like a successful politician, highlighting the things he thinks they will care about, thus appearing open and approachable to everyone. In our interview, Ivy mentioned the school’s “Renzulli” method, something not referenced by any of the other neighborhood GPs I interviewed, neither those who chose to enroll their children in Dr. Smith’s school nor those who didn’t. Ivy bragged to me about how Dr. Smith refused to become a G and T school, “because he believes every child is gifted,” and how “he uses the Renzulli method, going above the G and T model.” He seemed to know Ivy would be impressed with “Renzulli,” and made sure this was a part of their conversation. Robert’s portrayal of Dr. Smith provided further evidence that he is able to morph into being open to whomever he is talking to. Robert described him as one of those “guys guys” who will “pull you aside” to talk about sports, “that kind of thing.” Robert also acknowledged Dr. Smith’s self-assurance, and how “he is very big on maintaining control of the school, he wants to do things his way, he doesn’t want any of that to be changed or to be challenged.” But, despite this assertion of control by Dr. Smith, Robert also viewed him as “realistic, he can see what people can bring to the school, and I think he is enjoying that, he is definitely appreciating us being there.” This feeling of being appreciated is affirmation that a school leader is open to the arrival of GPs, and a large part of what GPs need to stay in a Stage 0 or Stage 1 school.

**Innovator and Early Adopter GP tolerance for the difficult process of integration**

Skillful school leadership is crucial to a school’s chances of making it through the early stages of integration, as Innovator and Early Adopter GPs must have confidence in the principal’s ability to manage the G/NG Gap and feel appreciated by the principal to stay in the
school. Additionally, the GPs who stay have an unusual ability to tolerate an imperfect situation, even when they realize they could choose something else. This trait is part of the social-justice orientation exhibited by most Innovator and Early Adopter GPs, introduced in Chapter 4. They realize that part of caring about their community and believing in social justice is a demand on them that they not get everything they want. As minorities, they can fight to have their voices heard, but because of their small numbers, they will not always prevail. Astute principals can listen to GPs and assure GPs that they are all working toward the same goal, but astute principals also have to manage their relationships with the non-GPs in the school, and choose their battles wisely. Thus, Innovator and Early Adopter GPs who enter their segregated schools and stay in their now less segregated schools, seem to be able to handle not winning every battle, and are able to deal with not having an “ideal” educational situation for their child.

No school is ideal, not even private school

In some cases, the GPs are able to rationalize their way out of even thinking there is such a thing as an “ideal.” Lisbeth was particularly good at this, explaining that because she had three kids, she would have to find a school that was ideal for each child’s unique needs, transport them around to three different schools, and that was “crazy.” She went on to argue that “when parents chase around after the perfect school, they’re basically sending their child the message, ‘You’re helpless, you must be taken care of in a certain way,’ instead of teaching them to figure things out.” Kate managed to turn her ideal into the local school, arguing that “there is nothing better than knowing that the kids my children are going to be hanging out with for the next 15 years have a good education. Those are my kids’ friends, whether they end up going out of the neighborhood and going to a private school or not, they are still going to be on the playground
with those kids. So I want those kids to do well, so they’re not trying to get my kids to do bad things.”

Kate also made the case that too much privilege was scarier than deprivation. She argued that “you want what is best for your child, but it’s hard to always know what that best thing is. A lot of people think the best thing for their child is to spend $25,000 a year on their education. But if you look at those kids 10 years later, who has had the drunk driving conviction? Who is doing blow jobs in the bathroom? That kind of exclusivity at those schools, it scares me more than somebody bringing a gun to my kids’ school. It’s much more likely that my kid would get in trouble with a bunch of rich kids than with kids from the neighborhood.” Loren had similar misgivings about private school, even though he ended up enrolling his biracial son in private school when he was offered a full-scholarship. Reflecting on this decision, he concluded that “private schools bring a whole different set of problems. Instead of having to deal with less educated, lower-income people, we’re having to deal with such high income people that they are living in a different reality. It’s certainly a weird existence now, we go back and forth between my son coming back from school saying, ‘Can we get a country house for the summer?’ to kids on our block saying that we ‘live in a mansion,’ because we live on all of the floors in our house. So every time my kids say something outlandish like, ‘Money is no object,’ I have to refer them back to the block that we live on and get some perspective through the community we live in.”

Astrid went on an anti-private school tirade as justification for choosing her local school, exclaiming that she didn’t want her child to come home and say, “Why don’t I have a Gucci bag? I want to have this hairdresser and not that hairdresser.” Astrid’s husband, who tutors private school students, has described his students as “coming in and crying because they have last year’s Gucci bag and not this year’s Gucci bag. And it’s a disaster to them!” So, as a
couple, they decided they were “not going to subject ourselves to that kind of thinking.” Patricia could see the value of private school if her children “develop some special talent that only this one private school has,” but for Kindergarten, with twins, it would simply be “$60,000 for them to draw pictures,” or as Faye put it, “$30,000 so your kid can learn the difference between citron green and lime green.” Patricia also didn’t want her children to get that sense of entitlement Loren was experiencing, where they “think it’s normal to have a house in the Hamptons.” Brie, who herself attended private school for 13 years, could find value in private school, because, as she humorously put it, “there are clearly some benefits that accrue for a child who is in a class of kids, a disproportionate number of whose parents think that it’s really fun to kick back and read a book by Henry Gates, because that’s just their idea of a good time.” But, she argued that the greater upside comes in public school, where kids learn to be “in the real world, and learn about being with people who are not as rich as you are.”

**Sympathy for the principal’s competing demands**

In addition to being incredibly good at rationalizing their decision making process, GPs are also a very self-aware demographic, and several expressed their understanding that despite the resources they can bring to the table, they pose a challenge to their principals. They sympathize with the difficulty school leaders face in trying to please all of their constituents, including themselves. Amanda assumed that her principal was not “adverse” to trying something new, she just “hasn’t had a lot of parents coming in and saying let’s try something different out.” She understands that it can take “years of pressure” to change a school’s priorities and norms. Lisbeth also expressed tolerance for the time it would take to figure this integration thing out, explaining: “We are the minority, we have to play by other people’s rules. We don’t get to just
come in and start pushing people around, pushing our agenda. Some families want more homework, no recess, more of a pull yourself up by your bootstraps sort of thing, and then you’ve got the white and middle-class black families who want this more Renzulli, progressive approach, and everybody is at each other’s throats, and the poor principal is like Obama. Nobody is happy.”

The children are happy, despite the tradeoffs

Lisbeth’s children were happy in the school, as were all of the Wave 1 and Wave 2 gentry children who stayed enrolled (in the minds of their parents at least), so “nobody is happy” referred to the adults struggling with the parameters of good schooling and wading through uncomfortable race/class politics. GPs who didn’t exit always assured me that their children were happy. They didn’t want me to think they were negligently sacrificing their children as guinea pigs for a greater good. But, they also didn’t want me to think that they were unaware of the trade-offs they were making in choosing to integrate their neighborhood school. Maggie, for instance, while not thrilled with her son being given homework in Kindergarten, rationalized it in terms of how she thought is might benefit the whole community, “The whole idea of homework in Kindergarten for some people is like, ‘Whoa! What is this!’ But you know for me, I am not loving it, but I realize what it’s for. I mean it’s for your kid, but a great deal of it is for the family. And I think it is really like this way of putting expectations on families that they may not have had before for their child’s education. I mean you have to sit down and do these things. We have a reading log where you are supposed to write down the books you are reading each week, and the kid is supposed to color in the chart if they liked the book. And it seems very basic to me, of course you would read every night to your child. But I think the idea is, hopefully, that it
is going to be basic for everyone.” Amanda, a GP in a different neighborhood in a different Stage 1 school, had an almost identical response as Maggie to the homework, “I mean, the other thing is the homework, which I just think is excessive. It's so unnecessary. I mean, she could do a little bit. I think a little bit of training is good. But frankly, you know, in the school the reason they have it is that they're dealing with parents who may have never had a tradition of sitting down with their kids. They feel if they don't get parents involved when it's easy, you know, they're never gonna get them involved, and I see that that's partially necessary.”

Too much homework wasn’t the only nuisance GPs thought they were tolerating. Candice, a foreign GP whose second language is English, was bothered by “that language that African Americans often use, that wrong grammar,” (I gave her a quick history of the Ebonics debate and how “wrong” grammar is considered by many prominent linguists to be a different dialect) but she knew that her own child would “grow up to learn proper English,” so it was tolerable. Sharon had to tolerate her son’s coinage of the term “yo people,” and be prepared to engage in regular discussions about these people who are “always saying ‘Yo,’” and how it isn’t about race, because there are white kids in his class who say, “yo yo,” all the time, and there are black and Hispanic students who don’t. Sharon had to discern, with her son, what it means to talk this way, and why it is appropriate sometimes and not at other times, a verbal journey for mother and son likely unique to gentry families immersed in the challenges of the G/NG Gap.

**GPs form a tight-knit community within schools**

Aware of the trade-offs of their school choice decision and in a heightened stress situation as the school’s minority group, Innovator and Early Adopter GPs sought each other out, if they weren’t already friends prior to enrolling their children in the school, and they formed “tight knit” communities within these schools. The strength of these relationships also
helped keep them from exiting their schools. Astrid referred to her community as “almost like a family.” When she had to take her daughter to the doctor at the last minute, she said, “Who wants my son?” and within seconds, two or three GP friends volunteered. She expressed to me, with genuine warmth, “It’s so nice to have that kind of community.” Candice, not used to being part of such a close group of people, expressed “surprise” at how much she liked hanging out at the playground after school because she “really liked the parents.” Margaret talked about how she and her fellow Innovator GPs “cried together” as they struggled to find their place in the school, a powerful bonding experience. And Paula called herself “very, very lucky to find such a nice group of people to work with.” In this supposed age of “Bowling Alone,” the word “community” was used repeatedly by the Innovator and Early Adopter GPs who persisted in their schools to express why they felt comfortable doing what they were doing. In each other, they found the support they needed for making what they perceived as a difficult choice.

A handful of GPs also finally found acceptance from their non-GP neighbors in these schools, and were able to shed a bit of their outsider status, something they valued as “unique seekers.” Now, not only did they get recognition from their own peers for the uniqueness of their attempt to integrate a school, but also, they found some recognition of their uniqueness from non-GPs. Avery describes her acceptance by non-GPs in her school as “gradual,” claiming that she “honestly didn’t feel fully accepted as a parent by the rest of the parents (referring to the non-GPs) in the class until this year.” She “didn’t feel dissed,” but she felt like many of the non-GPs were simply “waiting to see what I would do.” And because she stayed, after four years she thinks she has finally “earned their respect.” She expressed this with a glimmer of unique seeking pride, prompting me to remember a similar feeling of pride in finally being accepted by

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my students when I started my third year in the same urban high school. They expressed such
surprise that I had returned, again, and that was finally enough to earn their respect. Actions
were the only thing that had meaning. GPs who persist in their integration efforts show they are
serious about being true neighbors. Bridging the chasm of the G/NG Gap takes time, and GPs
must have the patience and tolerance for an imperfect schooling situation to persist, because they
are the ones who can easily choose to leave and do something else. This is what their privilege
affords. This is why their choice is key to integration.
CHAPTER 7
TIPPING IN: ATTRACTING THE EARLY MAJORITY GPs TO A STAGE 2, CHANGING SCHOOL

For the purposes of this study, a school reaches Stage 2 of integration when it successfully retains its Innovator and Early Adopter GPs, and is now called a “Changing School,” in reference to the way GPs talk about a school at this stage of the integration process. The number of GPs needed in a school for it to be called “changing” varies slightly. Table 7.1 provides a demographic breakdown of the schools in this study that GPs referred to as “changing.”

Table 7.1: A demographic breakdown of schools GPs consider “changing”

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</tr>
<tr>
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<td>79</td>
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The three schools in this study referred to by GPs as “changing” had a white percent of 5 percent or less. Most of the demographic change in a newly integrating school is concentrated in the lower grades, so the overall school percent of white families can be tremendously low and the school can still be considered changing. Emily best summed up this type of GP interpretation of what change can mean, explaining that “what had been happening, parents had been sort of working from the bottom up, pre-K, K, 1st grade, 2nd grade, but the upper grades still were

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23 Pseudonyms are used in accordance with confidentiality agreements to protect the identities of GPs in this study.
24 Demographic data comes from the 2008 New York State Testing and Reporting Accountability numbers, which would have been the numbers referenced by the families I interviewed primarily during the 2009-2010 school year.
lackluster, traditional, sort of chalk and talk, and quite honestly the look of the population was very different. The younger grades were much more diverse, um, from the lower grades as it was for the upper grades, because the upper grades still sort of resulted from the older influences of the neighborhood.”

The phrase “It’s changing” was used in reference to all of these Stage 2 schools, often by Innovator and Early Adopter GPs already in these schools who were trying to encourage more GPs to join them. Rhonda’s introduction to her Stage 2 neighborhood school was common for Wave 3 GPs, the Early Majority. She heard about the school from a GP friend with a child already enrolled there, who told her, “It’s such a wonderful place, and there’s such good parents, and, you know, it’s changing, and all that kind of stuff.” Even GPs without children in a school will hear the buzz of change coming from a Stage 2 school, and spread the word. Jeremy, an Innovator GP, considered one Stage 2 neighborhood school before deciding to pioneer another because he had heard it was “changing,” specifically being told, “Try P.S.____, there are white people there!” The phrase is usually said with hope, but sometimes said with trepidation. A couple of potential Wave 3 GPs I informally interviewed at the playground, who were considering a neighborhood Stage 2 school but hadn’t yet decided what to do, talked about how the school was “changing,” but it was clear they weren’t sure if it had changed enough for them to consider it a viable option for their children.

For Changing Schools to transition to Stage 3 of Integration and become Diverse Schools, completing a successful bout of tipping in, they must attract this skeptical third wave of GPs to their school through effective salesmanship. At this point in the integration process, neighborhood circumstances are very similar to those described in Chapter 5 when the school was at Stage 0, except the neighborhood is a bit further along in the gentrification process,
making the scarcity of spots in desirable neighborhood schools even more of a problem. The neighborhood GP network is slightly larger, but it is no longer needed to overcome the collective action problem, since the neighborhood school now has a core group of GPs---the Innovators and Early Adopters---already on the inside. The GP network is now simply a source for buzz about a school, and GPs inside the school have to effectively use this network to sell the school to their GP peers in the Early Majority who are not yet on the inside. Wave 3 GPs may be peers in neighborhood choice, but not in unique seeking or social justice sensibilities, and the integration process at this stage takes on a completely different dynamic than it had in Stages 0 and 1.

**Characteristics of Early Majority GPs**

As defined in Chapter 2, Early Majority GPs are not risk takers, and will only try a school once others have proven its viability. To explain how a school is sold to Early Majority GPs, it is important to understand in greater detail how Early Majority GPs differ from Innovator and Early Adopter GPs. Gladwell’s *Tipping Point* (2000) uses a business example to explain the difference. Innovators and Early Adopters are visionaries, they have small companies, they are just starting out, they can take enormous risks. The Early Majority, on the other hand, are pragmatists, they run big companies. “They have to worry about any change fitting into their complex arrangement of suppliers and distributors… They will undertake risks when required, but they first will put in safety nets and manage the risks very closely”(p.198). Applying this paradigm to parental behavior and school choice, Innovators and Early Adopters are able to imagine integration happening if they take the “risk” and make it happen through their own actions. The Early Majority does not have the same ability to imagine possibilities, and their school choice hierarchy requires schools that are already on the GP list of acceptable
neighborhood schools. Wave 3 GPs have to have heard from someone in their peer group who has first hand knowledge of a school that the school is a good option. To do otherwise would be outside of their risk comfort level.

When Wave 3 GPs talk about their school choice process, they primarily differentiate themselves from Waves 1 and 2 in what they don’t say. They aren’t focused on networking to solve the collective action problem. They aren’t thinking about ways to change the world to fit their ideal. They aren’t revealing unique seeking personality traits or any kind of commitment to social justice. They are simply parents looking for a good school option in their community, and the Stage 2 school in their neighborhood is on their list of possibilities only if GPs in their network are talking about it from personal experience on the inside.

When pressed to talk about their school choice within the context of social justice and how they see themselves within their communities, Leslie’s response is typical of Wave 3 GPs. First, she praised the people in her community whom she viewed as being devoted to bettering the world: “Margaret, you met her, she is one of the parents who got involved before her kids even went to P.S.____. She was determined, she was like this is it, this is where we’re going, we’re going to make it better. She is a great model.” Then, when asked if she shared any of Margaret’s social justice zeal, Leslie responded, “To be really, really honest, only in the sense that I know I ought to be feeling that, (laughter) you know what I mean? Like, just given my socio-economic and generational grouping. But no, I think ultimately I would go with what I think is best for my kid and my family, and that wouldn’t rule my decision making.” My conversation with Jackie, another Wave 3 GP, was almost identical. First she praised Ivy as a parent “with the energy to change things,” and then described herself as not being that kind of person, just a mom looking for the right school for her child.
Selling a Stage 2 School to Early Majority GPs

Wave 3 GPs are not interested in changing something or taking risks. Thus, Stage 2 schools have to be sold to them as schools that have already changed *enough*. While Innovator and Early Adopter GPs simply have to convince themselves that what they are doing is the right thing for their child, Early Majority GPs have to be convinced *by others* that what they are doing is the right thing. Gladwell (2002) makes the case that for an idea to spread from the Innovators and Early Adopters to the Early Majority, there has to be someone mediating the leap, someone who can translate. Using fashion as an example, he explains that “Innovations don't just slide effortlessly from one group to the next. There is a chasm between them. All kinds of high-tech products fail, never making it beyond the Early Adopters, because the companies that market them can't find a way to transform an idea that makes perfect sense to an Early Adopter into one that makes perfect sense to a member of the Early Majority..... They were wearing them precisely because no one else would wear them. What they were looking for in fashion was a revolutionary statement. They were willing to take risks in order to set themselves apart. But most of us in the Early and Late Majority don't want to make a revolutionary statement or take risks with fashion at all”(198-199). Nor do most of us want to make a revolutionary statement or take risks with a school for our children. There has to be a GP leader, or several GPs in that early group of white, middle-class families in a school, who are helping the Early Majority understand why sending their child to this school makes sense.

Any attempt to lure the Early Majority into a Stage 2 school has to make the decision seem the opposite of unique. It must seem completely normal, like this is a great opportunity. Wave 3 GPs must be convinced that they are fortunate to find a great school before it becomes too popular and impossible to get into. In New York City, parents who believe they have
choices all feel a sense of scarcity about good schools\(^25\), and easy entry must be a sign that a school not good enough. What GPs on the inside of a Stage 2 school have to do is convince Wave 3 GPs that the school is simply a hidden gem, it is good enough, and this is their chance to beat the system. Innovator and Early Adopter GPs try to mediate the leap between themselves and the Wave 3 GPs considering their schools primarily through staging spectacular school tours.

**School tours, the role they play**

For Innovator and Early Adopter GPs to sell a school to Early Majority GPs, they must concoct the appearance of a significant middle-class presence and vibe in the school. GPs are clearly not the numerical majority in a Stage 2 school, but when Early Majority GPs hear that a school is changing, they need to be able to visit that school and actually see the change in a tangible way. The easiest way for this to happen is on a school tour. Conversations within the GP network may plant the idea in their head that a school not currently on their list of accepted school options should be placed on the list, but until they are inside the school bearing witness to the change, they won’t necessarily believe it. Wave 3 GPs appear to need the affirming experience of looking at a school with other GPs.

As a potential Wave 3 GP on my own kindergarten quest, I took many tours of schools in all stages of integration, allowing me a chance to compare the experiences. School tours appear to take one of two tones: they are either led by parent volunteers in the school (sometimes with the help of enthusiastic students), or they are led by a member of the school staff, possibly the parent coordinator or some other non-teaching member of the school community. The tours led by parent volunteers send the message that the parent community at the school is strong,

\(^{25}\) The competition among wealthy families for desirable private school spots brings with it its own madness. See, for example, the film documentary, “Nursery University.” And “Waiting for Superman” highlights the competition among poor children of color for spots in desirable charter schools.
engaged, passionate, and dedicated. The tours led by school staff give the impression that the parent community isn’t particularly active. When Wave 3 GPs are shopping for a school, they need to be assured that there are parents in the school who are like them. They are not unique seekers, they want to be part of a group. If the tour is given by a school aide, they assume that there are no parents like them in the school, because if there were, they would be giving tours. I know this was my impression. And many of the other GPs I interviewed both formally and informally, while not explicitly assessing tours as such, stated that they eliminated Stage 0, Stage 1, or Stage 2 schools from their list time and again “because there wasn’t an active parent body.” This sentiment was often expressed in conjunction with, or in lieu of, the statement that the school “wasn’t diverse.” Both expressions appear to be code for the same thing: no white, middle-class families.

To ensure that prospective Wave 3 GPs are not left with this impression, the Innovator and Early Adopter GPs in Stage 2 schools who are trying to bring in the Early Majority have to stage school tours that are similar in style and enthusiasm to those schools that are much further along in the integration process. This is analogous to dressing for the job you want, not for the job you have. Since Wave 3 GPs will also be touring the popular Stage 3 schools in their districts, just in case they get lucky or can afford to move to a better zone, Stage 2 schools have to look like those schools when they give tours. In practical terms, this means that GPs must be both leading the tours and scheduling few enough tours so that there will be crowds at their tours. They have to create an image of scarcity and a feeling of momentum and buzz. If there are only two tours all year, for example, all of the potential Wave 3 GPs will show up at the same time and see not only the GPs on the inside leading the tours, demonstrating the middle-class presence in the school, but also each other. They will be able to imagine the possibility of what the school
would be like if all of those people on the tour also decided to enroll their children. It is a way to transform the school’s label in the minds of potential Wave 3 GPs from “changing” to “changed” simply by staging a crowded tour. Avery described one of these kinds of tours at her school as “exciting and interesting, and there were parents coming in and leading them, showing them the excitement, not just administrators parading people around.”

Stage 2 schools that offer tours once a week, led by the parent coordinator, may be very convenient for GPs on the circuit, but if they are alone on the tour, or part of a very small group, the school suddenly seems not good enough. There is no palpable middle-class energy to meld into. Mia, a potential Wave 3 GP, described the tour process for her as "a Rorshack test.” She believes that the tours “have nothing to do with your kids, but have to do with how you see yourself and what kind of community you want to be a part of. You take tours so you can look at who else is on the tour and imagine whether you can see yourself as being part of the same community with those people.”

The Innovator and Early Adopter GPs I interviewed who were intentionally trying to bring more GPs into the school understood the importance of creating this feeling of a GP presence larger than their numbers. Sharon organized one open house, where the principal would speak to all interested parents, ensuring the crowd would be large and they would see each other. And she spoke at the meeting as well, “because as parents, that makes a huge difference, we don’t come out of a bureaucracy.” She was consciously ensuring the GPs already in the school “put our face in everything…giving all of the tours, talking to parents, giving out our phone numbers if people had questions,” while also remaining conscious that “it may not have been correct” to do so. She wasn’t always comfortable as a GP leader, but she was executing a plan she deemed essential to attract more GPs. Lisbeth and her early GP cohort also consciously
worked hard on “the PR machine” and “selling ourselves to the neighborhood,” producing T-shirts, mugs, and other paraphernalia with the new school logo designed by a GP who is also a professional graphic artist. They further boosted the school’s image with book readings by famous local authors, silent auction fundraisers, and adding comments to web sites with school information, explaining how the school had changed. Innovator and Early Adopter GPs can be exceptionally good at creating a flurry of middle-class energy that masks their low numerical presence in a Stage 2 school.

**Early Majority GPs respond to well-executed boosting**

All of this strategic boosting does its job in terms of making Wave 3 GPs feel comfortable entering a Stage 2 school. Wave 3 GPs speak of their decision to enter a Stage 2 school as a rational one, not as a risk. Leslie explained to me that she is “not the urban pioneer,” nor is she “the school pioneer. P.S. has already been on this course, it made it easy for me to decide and go there.” She expanded that “there were definitely people going there, there was a sense or vibe about it, this is the good public school, people want to get in there, this is the acceptable option.” Rhonda was similarly convinced that she was not taking a risk in entering a Stage 2 school, the school was a place “everybody was talking about,” she had friends there “who really liked it,” who would say “what a great community of parents it is, and that it’s on the up and up, and the new principal is great, and a lot of parents who want to be involved go there.”

Knowing someone personally on the inside of a Stage 2 school was common for Wave 3 GPs who felt confident giving the school a try. In addition to noting the good test scores at her Stage 2 school, Faith commented that she knew people who were going there, who “seemed to
like the experience,” and she didn’t think the decision was risky. Patricia, who entered the same school as Faith, agreed that “everyone was talking about P.S.____, and how they were excited about P.S.____.” She “heard a lot of good things” from friends who had older children who were there. Mandy knew “several people in her building” whose children attended her neighborhood Stage 2 school. And even though she wasn’t close with them, they were demographic peers, and their reports of being “happy” were enough to make enrollment seem normal.

**School choice as a socially charged process**

Wave 3 GPs appear to be much more heavily influenced by their peers than are Wave 1 and 2 GPs, and their positive response to boosting affirms Sunstein’s (2006) description of group polarization and its impact on decision making. Sunstein argues that group polarization occurs when members of a group, after going through the process of deliberating with each other about an issue, tend to end up with more extreme positions than they held before the deliberation began. Segregated schools in gentrifying neighborhoods often stay stuck in Stage 0 because there is no GP group pushing the group think in favor of sending their children to the school, the group think pushes in the other direction. The GP who has hesitations about entering the neighborhood school for all of the reasons described in Chapter 4, but is open to the idea, deliberates with other GPs, who also have hesitations about whether to enter that school, and they end up reinforcing each other's fears. The GPs then all move from not being sure about the school to being against the school. When a GP who isn't sure about a school finds out that other GPs, people who are from the same social group and share their values, are also unsure, it's now
acceptable to be unsure and, if others are unsure, it is probably even wiser to simply be against the school.

By contrast, the views of "out-group members," in this case the poorer families of color who are currently using the school, have little ability to influence the opinions of the deliberating group, the GPs. If these poorer parents speak highly of their school, this opinion has little impact, since these parents are viewed as having a different set of values and/or having no choice but to attend this school. Vera, for example, recalled some African American acquaintances telling her how “great” the neighborhood Stage 0 school is. She probed further, only to find out that their primary criteria was that “they have an after school program that is $40 per week.” She clearly did not relate, and didn’t even tour the school.

In a Stage 2 school, there are now Innovator and Early Adopter GPs on the inside of the school who are viewed by Early Majority GPs as people from the same social group with similar values and the same freedom to make choices. The group think can now be pushed in the other direction. The socially charged component of school choice can now help facilitate further integration in Stage 2 schools. Reluctant Wave 3 GPs, who are bombarded by Waves 1 and 2 with a dose of enthusiastic boosterism in favor of enrolling in the neighborhood school, now reinforce each other’s decision to attend. They don’t want to miss out on the opportunity to send their child to a great school while it is still possible to get a seat. Timothy, an Innovator who spearheaded the “cheerleading” at his school, describes “the drastic difference, just over the course of one year” that stemmed from the GP outreach and burst of GP intensity in the school: “Everybody was super-jazzed and excited, and we tried all of these different kinds of clubs. And I wrote a grant, we got $5000 to do a mobile computer cart. And we had a photography exhibit, and we had people donating money and resources and it was, it could have been amazing. And
there was enough momentum in the building that we started doing open houses, they had never done open houses or tours, and parents were leading tours. We had tons of people coming from all over because this was Kindergarten year so a lot of people had put their kids in private schools or whatever, and people were excited. And the day of pre-K registration, we had like fifty people there at six in the morning to sign up!”

Private pre-schools as a key component of the GP school choice network

Timothy’s description of the drastic difference over the course of a year was common in Stage 2 schools attempting to shift to Stage 3. In a city like New York, where there is such a perceived scarcity of good public school options, group polarization can shift quickly in favor of a school because people are desperate. In one year’s time, a school can move from being on nobody’s list of options to being on everybody’s list of options. Within my own GP network, all it took to move the neighborhood Stage 2 school from not an option to a good option was the entrance of one Early Adopter GP who previously had been sending her kids to our pre-school.

The pre-school community is a very powerful component of the GP network. Even GPs who can’t afford private elementary school usually manage to pay for private pre-school. It’s only two years of financial strain, or one year if the family does public pre-K, and highly educated GPs believe it is their obligation as parents to provide excellent early childhood education since experts believe it is so foundational. Within this private pre-school world, there are daily conversations in cubby rooms across the city about the elementary school decision. The conversations are two-tiered. There are private school only families, and public school only families, and they each have their separate conversations about what options are acceptable and feasible. If someone from this group sends her child to a school that isn’t on anyone’s list,
eyebrows are raised, as are hopes. If the reports from this person, *this group member*, are good, the cubby room chatter can explode into group think toward this new public school option. The parents then become polarized into thinking not only that this is now a good option, but also possibly that they may not even be able to get a spot. Buzz starts to generate a sense of scarcity as GPs wonder whether they have missed the window to get a spot at this newly labeled “good” option as non-zone residents. Faye used the term “about to explode” in reference to her changing school. Within a year, the school where interest was sparked in my pre-school cubby room “crossed over,” as Melanie put it, from not a desirable GP option to a popular option, and “every tour was packed.” Friends were suddenly telling Melanie, "Oh, we just want to be at your school so badly!” as they lamented not being in the zone because they lived on the wrong side of the street. Two years prior, Melanie assured me this kind of talk “just wasn’t so.”

**The impact of not boosting the school**

There was only one Stage 2 school in this study where the GPs did not engage in intense boosterism and outreach, nor did the school offer group tours to entice the Early Majority GPs to imagine themselves as part of a blossoming community. The Innovator and Early Adopter GPs in the school were primarily white foreigners, whose unusual disposition continued to reveal itself in the lack of “cheerleading” they felt compelled to execute on behalf of their school. Astrid’s “thank God for racism” comment best sums up the attitude of the foreigners. They found a great school that wasn’t bombarded with GPs competing to get in, which is why they got a spot, and they wanted to keep it that way. They didn’t care if there were additional GPs at the school, nor, it seemed, did the principal. One of the few non-foreign GPs at the school, Maggie, offered what she remembered being the principal’s explanation of why the school didn’t offer
tours. At a PTA meeting, Dr. Smith said to the parents: “My school is good. I’ve been there for 12 years. When I went to that first principal’s meeting 12 years ago, people were like, ‘Yeah, good luck to you at that school up there.’ And now I go to the meetings, and people are like, ‘Can we come? Can we do this? We want to see what you’re doing!’ And I’m like ‘No, you can’t come.’” Maggie went on to explain that Dr. Smith thinks “this is his property, and he takes a lot of pride in the school, and he doesn’t think he needs to sell it to anybody. He thinks the school doesn’t need to give tours because it is obviously a good place and they have nothing to prove.”

This strategy of not offering tours is clearly slowing down the integration process of this Stage 2 school, making it more difficult for the Early Majority to consider it as an option. Without GP packed tours—a chance to see other GPs to gauge the interest, and be seen by other GPs as a potential school mate—rumors about the school possibly become a primary source of data. I interviewed a GP, Shayla, who told me that when she tried to enroll her daughter in this school, “the parent coordinator kept her out,” because, as Shalya recounts, “They saw me as this crazy white lady and they didn’t want me there.” A couple of weeks later, I was talking to another GP, Vera, about this same school, and how it was starting to integrate, to which she responded, “Oh there are white people there? I'd heard they didn't want white people at that school.” This almost verbatim quotation of another GP’s impression of the school suggests that the GP grapevine is alive in this community, and it can dominate the school choice discourse when the GP tour mobile doesn’t make a stop and allow people to form their own impressions. The “school is changing” buzz, which has made its way into the neighborhood discourse of all of the other Stage 2 schools where GPs are staging tours and actively boosting the school, does not seem to exist at the same level for this school. While GPs talk about the school as having a good academic reputation and a fantastic principal, they rarely describe it as “changing.”
At some level, it appears that protecting people from the hype generated through the school touring process might be working to the advantage of this school. As the next chapter explores in detail, retaining Early Majority GPs in a Stage 2 school is a tremendous roadblock to tipping in. Part of why they leave is that the hype of the school doesn’t match the reality. Thus, an un-hyped school that only attracts the Early Majority GPs who do serious homework about a school and thus, perhaps, gain a more realistic picture of the school, might be more likely to retain these GPs, allowing the school to make it to Stage 3 of integration, albeit more slowly.
CHAPTER 8
TIPPING IN: RETAINING THE EARLY MAJORITY GPs, A CRUCIAL PERIOD IN THE INTEGRATION PROCESS

Attracting Wave 3 GPs, the Early Majority, to Stage 2 schools is fairly easy when compared with the much more difficult task of retaining this group. Changing Schools don’t become Diverse Schools, schools that have tipped in, unless the Early Majority stays and becomes a permanent part of the school community. This is a crucial point in the integration process, as GPs in the Early Majority have different expectations for a school than their GP peers who were part of Waves 1 and 2, they have a lower threshold for tolerating the various manifestations of the G/NG Gap, and, unlike the Innovators and Early Adopters, they aren’t looking for reasons to stay, they are very willing to go if their child isn’t getting a good enough education. The Early Majority enters the perceived “risky” situation of a Stage 2 school with a “safety net” to “manage the risks very closely” (Gladwell, p. 198), which for these Wave 3 GPs is the knowledge that they can exit the school at any moment.

Like all GPs, the Early Majority believes they have choices about how their children are educated. Innovators and Early Adopters are able to couch this belief within the larger goal of making a difference in their communities, as long as their children are happy and learning, and can weigh the pros and cons of their situation accordingly, with a fairly high threshold for tolerating their own discomfort. Early Majority GPs, however, appear to be far less adept at tolerating their own discomfort, even if their children seem happy, and flee swiftly if the school just doesn’t feel like the right fit for their family. They do not enter the school with any larger goal that can serve as a scaffold to support them through their discomfort. Lisbeth, an Innovator GP who was working very hard to improve her Stage 2 school and successfully brought in Wave 3 GPs, only to see them leave, was “very discouraged” by these different orientations, because,
as she laments, “I felt like I don’t want to be doing this either, this is not something that I think is
great, but it’s something that I feel needs to happen. I had become invested in other people that
were in it, and I wasn’t going to leave.” She and others like her will persist under less than ideal
conditions to achieve the goal of integration, while Wave 3 GPs, who are not like her, will leave
at the first sign that their child isn’t thriving, that there is too much yelling, that the school isn’t
quite what was promised, that it “just isn’t for them.”

When Wave 3 GPs enter a Changing School, they are under the impression that the
school has already changed from what it was, and that the G/NG Gap has been bridged. The
successful boosting by the GPs on the inside gives the wrong impression of where the school is
really at in terms of change. Lisbeth explains that “a lot of them expected it to already be done
for them” because they had heard that the school was “changing.” But, there is only so much
that can change in a school in a short period of time, even if there is a vibrant school leader open
to change working with an energetic group of GPs. As Timothy’s disappointment taught him,
“the idea of gentrifying a school is not just about being there in numbers, it’s about changing the
way the school looks at curriculum and education and discipline. A school can bring in a conflict
resolution plan, they can add a lot of supports and enrichments. But you can’t fire teachers, and
you can’t fire school aides, they’re all under union protection. So trying to get people to buy into
a curriculum that wasn’t always there or trying to get them to talk to kids in a different way,
that’s really hard.” So hard that it takes time and patience from the GPs who have different
expectations for a school, and a group of GPs that is large enough that it must be taken seriously.
The third wave of GPs is necessary to create this “large enough” GP population.

Innovator and Early Adopter GPs can’t be as honest as Timothy in their assessment of
change and expect to attract Wave 3 GPs, which is why the school tours and “cheerleading”
described in Chapter 7 serves to mask the school’s inadequacies so that the school really *can*
change with additional GPs and additional time. However, masking problems is a risk. The Early
Majority enters a Changing School and doesn’t expect to have to deal with the discomfort of the
G/NG Gap; their expectations are much higher than Waves 1 and 2, who are very aware of their
super-minority status and what this might entail. When confronted with many of the same issues
that the Innovator and Early Adopter GPs experienced during the earlier stages of integration,
Wave 3 GPs need *more* than faith in a competent and effective school leader working to bridge
the gap. Oftentimes, they just want out.

**The mentality of Early Majority GPs compared with Innovators and Early Adopters**

The following example of “the recess problem” at one Stage 2 school illustrates the
difference in how Wave 3 GPs respond to the G/NG Gap compared to their peers in Waves 1 and
2. In short, the “recess problem” arose because the children were not being allowed to go
outside for recess when it got “too cold,” which for the GPs was unreasonably defined as lower
than 40 degrees. They thought it didn’t make any sense for a variety of reasons ranging from the
need for children to run around (according to all of the child development experts) to the
arbitrariness of 40, since 32 is freezing. It also bothered them because the substitute activity was
watching cartoons and various Disney movies in the auditorium. All of the GPs who told me this
story were under the impression that the divide over whether to send kids out to recess when it
was cold broke down along Gentry/Non-Gentry lines, with the GPs wanting recess all the time
and the non-GPs not wanting their children outside when it is cold.

GP responses to “the recess problem” were distributed along the timeline of when they
had entered the school. Innovator and Early Adopter GPs were constructively trying to find ways
to solve the problem. Early Majority GPs were using the problem as a reason to leave the school. The principal, Dr. Jones, was listening to concerns from all sides, allowing open discussion of the issue, and trying to bridge the G/NG Gap. Margaret appreciated the principal’s effort, and her response is representative of the mentality of Waves 1 and 2. After ranting to me about the stupidity of showing “Daddy Day Care” 12 times in a row, Margaret went on to explain how she simply purchased a slew of educational videos and gave them to the school, encouraging the principal to show these movies instead. She recognized that she might not win the recess battle right now when the GPs in the school were still a minority, so she looked for an acceptable solution, despite her annoyance.

Rhonda, an Early Majority GP in the same school, told me the same story, but it had a very different ending, an ending common among the Wave 3 GPs I interviewed. After complaining about how her son watched cartoons at school when he should have been moving his body and this simply shouldn’t be OK, she said, “Um, so that annoyed me, and I commiserated with the other parents, and then we decided to re-apply to private school and ask our parents to help pay for it.” That was it, she was leaving the school. She insisted it had nothing to do with her son being a minority, she wants her son to “feel like its normal” to be one of a few white kids. The recess issue was just some sort of signal to her, and others like her, that the type of education they were giving their children wasn’t good enough, and Leslie claims that “if they had gone outside three times a day and nothing else had been different, I would probably have a really different opinion of the school.”

Wave 3 GPs cannot tolerate manifestations of the G/NG Gap if they send the signal that a school just isn’t “good enough,” especially when these Early Majority GPs enter the school thinking that the G/NG Gap has already been bridged and everything is perfectly fine, within the
boundaries of their expected norms. The recess example is just one of many stories Wave 3 GPs shared with me to explain why they left or were leaving their Stage 2 schools. Some anecdotes involved the same type of “yelling” described in Chapter 6, but with an additional level of complaint about the school’s overall system of discipline. The average Wave 3 GP does not like any type of discipline system that involves public humiliation. Classroom charts that tracked daily student behavior with color codes for different levels of goodness were common in Stage 2 schools. Rewards and punishments were attached to the weekly emergent pattern on the chart.

While Innovator and Early Adopter GPs responded to this type of chart with a positive spin---some praised the teachers and principal for having a preemptive and constructive handle on discipline problems; some enjoyed celebrating their child’s rewards as a group with other gentry families, viewing the system as one of communal good will---the Early Majority GPs were generally very uncomfortable with the charts and how they perceived them to be impacting their children. Rhonda’s son would often come home from school talking about which kids in his class were “good” and which kids were “bad,” something she “hated” because she thought it was “divisive,” and she didn’t want her son “thinking about his classmates like that.” Amanda was similarly concerned by what her Stage 2 school’s discipline system was doing to her son, who had spent two years at a progressive pre-school where “there was no discipline system in place” and “discussing problems” was the norm. Like Rhonda’s son, he was now bringing home stories of “rule breaking” and passing judgment on his classmates. Amanda “didn’t like the person he was becoming,” and she abruptly withdrew him from school mid-year. Monica also found this type of disciplining to be “hostile” to learning, an intense reaction probably enhanced by what she described as a Kindergarten teacher “who screamed all the time.” And Jackie
simply found the “red, yellow, green” system “too authoritarian,” and unexpectedly harsh for pre-K.

The school is too traditional

Like Jackie, Wave 3 GPs were often surprised by how authoritarian and traditional a Stage 2 school ended up being, and they were disappointed by both pedagogy and school culture. The typical Wave 3 GP expects her Stage 2 school to be different than it ends up being. When I asked Leslie, a Wave 3 GP, what was appealing to her about the other schools she was applying to in an attempt to leave her Stage 2 school, she replied, “These schools seem to be really living the idea of progressive education, not just sort of saying it. Which is sort of what I feel like P.S. _____ is doing. You go on the tour, you see the school, you hear what the principal has to say, and you think it’s like wow, this is really great energy, they do a lot of field trips, they do a lot of art, and they have a gym. There is definitely a lot in the right direction. The projects they do, the kids are very involved and they are doing all of these projects, but you know there still just seems to be this pervasive just sit down and do what I say, a lot of traditional minded behavior in the classroom where it’s like, teachers yelling at kids to sit down. I just hear this shouting going on that really bothers me. And I don’t know whether it’s just me?” Rhonda, also on the way out, shared Leslie’s view about the difference between hype and reality in a Stage 2 school. When she decided to enroll her son, she “thought it was all about how everybody was involved, and doing stuff for the school to raise money,” but after spending a couple of months there, she concluded that “it didn't feel like anybody really was. There's a different perception of what's going on, and it's... It was more about potential than the reality in the school. I think that the hype was about how great the school could be, and how far it had
come. It probably is a lot better, but I don't know what it was like before, I wasn't there. So, for me it was like, this school that we ended up at, with friends, we all just felt like the school wasn't all there.”

**Changing a School: Can we? Should we? Is it for me?**

While the disappointment over reality not meeting expectations is one of the primary reasons Wave 3 GPs exit their Stage 2 schools en masse, whether they stay or go also seems to depend, in part, on whether Wave 3 GPs think a school can be further changed, or even should be further changed. Innovator and Early Adopter GPs consider changing a school to be precisely the point. They want to change it demographically *and* change the school culture and pedagogy to reflect something more appealing to their GP cohort. They go in and try to slowly push the school toward a GP ideal in order to attract more GPs. Integration will not happen unless they can attract more GPs, and they know they can’t easily sell the school as is, they must sell it as “changing,” and engage in activities that they think will, substantively, change the school. Wave 3 GPs, on the other hand, enter a school thinking it is a certain way---already more of the GP ideal---and when it isn’t, they don’t know whether trying to change it is something they want to do, can do, or should do. They were comfortable thinking that the school had already been changed by their GP predecessors, but when faced with having to do some of the uncomfortable work themselves, they question it. They don’t appear to see themselves in that role.

Innovator and Early Adopter GPs, however, seem to be quite energized by the idea of changing something. To do so would enhance their status as unique seeking individuals and benefit their communities. Jeremy’s response to meeting with the new principal of his neighborhood Stage 0 school, Dr. Brown, is indicative of how Innovator GPs talk about change
and their role in the process. He excitedly described how Dr. Brown told him, “Bring the kids, and you can have any school you want.” Dr. Brown educated her own kids at a progressive school in the city, and that was the model she told Jeremy she was aspiring toward. But, as he explained, “she is in a community with a student body, which implies a parent body of a certain type, and she has to work with that parent body. And so if the parent body changes, she’ll change. But as long as a certain parent body expects teachers to be called by their last name, and they come in uniforms, and homework is viewed as a sign of true education, she can’t on her own change the parent body. She can work with the students, but can’t change the parents, and therefore she needs a parent body that is interested in that, and that is where we come in.” Jeremy was ready to step into that role of “changing parent” with zest, never doubting that change could happen, nor that he should be a part of making it happen.

Standing in sharp contrast, Early Majority GPs are usually filled with doubt when it comes to change. They not only don’t see themselves as agents of change, like Jeremy does, but also aren’t even sure change is appropriate or possible. Carrie was very explicit in her opposition to being a part of change, explaining how, amongst neighborhood GPs, “there was a lot of talk of, ‘We can change the school,’ and I just didn't think that was very.... you cannot choose a school with the premise that you're going to change it. You need to choose a school believing that it's the right school for your child. Right then. The day you walk in the door.” Leslie also reflected openly about change, and how “uncomfortable” she is “as a white parent, to feel like I’m going in saying, ‘Do it this way.’”

Whereas Leslie was beset by discomfort, Innovator and Early Adopter GPs appear quite comfortable taking a stance that a more child-centered, progressive school culture is better for children, all the while remaining much more tolerant of a not-so-child-centered school culture as
they work to bring in more GPs and move the school in the direction they want it to go. Early
Majority GPs, however, aren’t as sure that they know one way of schooling is better than
another. They know it is better for *them* and what they want for *their* children, but they don’t
think it is their place to push this way of thinking on a community that may think differently.
Maybe because they aren’t visionaries, they can’t see their school as being different than it is
because of anything they themselves might do. If the school hasn’t already changed, they
consider leaving so, as Leslie put it, they “can be more comfortable in a different environment.”
They never entered a school seeking the thrill of instigating change. They bought into the school
as an acceptable choice *as is*, based on incomplete information.

**The Eventual Exit of Wave 3 GPs**

Wave 3 GPs can be quick to leave Stage 2 schools. For all of the reasons described
above, many of these parents aren’t happy enough with the quality of the education. More
importantly, they often don’t think their children are happy enough. Most GP stories of leaving a
Stage 2 school ended or began with the fact that the gentry child was believed to be unhappy.
Leslie started our interview by telling me that she was seriously considering leaving her Stage 2
school because her son “had a really difficult time adjusting to the school. It went on longer than
it seemed to go on for any of the other kids. He really kind of, he went through this hysterical
place, he was screaming and crying, by the third week of school, he was still holding onto me,
and it was really upsetting.” Because her son “had been fine in daycare,” and had friends in the
class who he knew prior to Kindergarten, she attributed his being “miserable for 2 months” to
the school itself.
Lisbeth’s observations of the countless Wave 3 GPs who have come and gone from her Stage 2 school suggest that Leslie’s reaction is common. Lisbeth attributes the continual leaving to the fact that “there is always something to complain about in public school,” and Wave 3 GPs don’t have enough confidence in a Changing School to write off a child’s problems as not being specifically related to the school. Despite having the resolve of an Innovator GP, she empathized with this fear: “When my kids act up, I don’t know whether it’s the school, my husband and I, our parenting? You don’t know what it is, you have so many things to choose from that could be the cause, like at least if you’ve got them in a school you can trust, you can write that off the list—probably not the school. Maybe it’s the kid. But you don’t know whether the child is running away because of the child or what is happening at school.” Wave 3 GPs who leave simply don’t have enough trust in a Changing School for them to write off unhappy children as having nothing to do with the quality of the school, nor do they have the same degree of commitment to social justice as a Lisbeth to keep working to improve the school in the face of doubt.

Enclaves harness GP energy and make retention of Early Majority GPs easier

Wave 3 GPs who persist, on the other hand, seem to have found a way to trust in the legitimacy of the institution. This trust appears to be easier to find when the GPs are concentrated in an enclave program that persists past pre-K, and the GP energy feels more like a laser than a 60 watt soft-white glow. Schools in this study that have had the easiest time retaining the Early Majority GPs have enclave programs harnessing the group together—both GT and DL. The two schools in this study that appear to be stuck in Stage 2 of integration, because Early Majority GPs keep leaving, have enclave pre-Ks, which help bring in GPs to the school, but
neither have enclave programs beyond that first year keeping the GPs tightly together. Their energy becomes thinly spread through the multiple general education classrooms, making the G/NG Gap more difficult to mask. It is also harder for GPs to form a “tight knit community” when the GP families are not interacting on a daily basis in the enclave classroom. However, despite the success of enclave programs in keeping GPs in integrating schools, they are problematic if the schools are to ever truly be considered “diverse,” a dilemma that will be explored in greater detail in Chapter 9.

**More than one enclave complicates GP retention**

Enclaves are also potentially problematic in the integration process if there is more than one enclave as a point of entry into the school. At one Stage 2 school, a large number of GPs entered the school together in the pre-K program. They reported having a very positive experience, and all of them claim they would have continued in the school if there had not been a GT program that started in Kindergarten. The GT program ended up dividing the GPs into those whose children tested into the program, and those whose children did not test into the program. As Patricia explains, “It created this whole thing in the school, which was, ‘Did your kid get into the gifted program? Did you get the results?’ And the school changed from this nice, neighborhood, low-key place to go, to like, ‘Did you get into Gifted and Talented? Did you get in?’ It changed the environment so much, for me as a parent, that it really started putting me off,” so much so that she ended up leaving the school. Her child did not test into the program, and she suddenly felt relegated to second class status, because “once they had that division, and once you start to get categorized, who doesn’t want to be G and T? It’s not like you’re going to

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26 One of the two schools stuck in Stage 2 of integration had a GT program, but it was eliminated only a few years after the commencement of the integration process, reportedly at the behest of the GPs in the school.
go in there saying, ‘Oh no, no, we want general!’ You always, it’s just human nature I think, just that it existed.” Monica had the same experience. Although happy in pre-K, when her daughter didn’t test into the GT, she felt like “this class system was created at the school.” She believes the existence of the GT program is “why this school doesn't work, it really pits people against each other.” Even within a family. Brigitta refused to keep her twin sons in the school, despite a positive pre-K experience, because one of them “tested into GT and the other didn't,” and she “couldn't have one boy be the smart one and the other one be the less smart one, which was preposterous to begin with.”

GPs whose children didn’t test into GT were further deflated by the fact that the GT program at this particular school had a class size almost half as large as the general education program. Monica, who kept her daughter in the general education class for a year before finding another option at a different school, explains how she and her GP friend were “freaking out all year, feeling like second-class citizens, because we have 29 kids, they have 15.” This stark difference in resourcing made the GT program clearly the better place to be, and GPs were unwilling to remain in a school where they were obviously “the have nots.” Even the GPs whose children tested into the GT program and happily moved from pre-K to GT Kindergarten acknowledged the divisive nature of the GT program. Faith, despite benefiting from her daughter’s placement in GT, seemed genuine when she said she’d “prefer they didn’t have G and T at the school, that way it would be really integrated, and everyone would move around and get to know each other and learn to grow together.” Perhaps they would, or perhaps all gentry children would exit the school, not just those who didn’t test into GT. Every school has its own unique personality, and many factors play a role in determining what exactly happens when a
school tries to integrate, and how Early Majority GPs respond to the challenges that integration brings.

**Integrated v. Integrating**

To summarize, Wave 3 GPs do not have the same kind of tolerance for discomfort compared to Innovator and Early Adopter GPs, and it is very hard to convince Wave 3 GPs that they should stay in the school and tolerate something when they believe they are entitled to something better. Wave 1 and 2 GPs are able to successfully connect Early Majority GPs to the idea of giving a Stage 2 school a try through their effective school tours and overall boosting, but they are often unable to translate to them why *staying* in a subpar situation (i.e. their school preferences are not being met) makes sense. While both groups want *integrated* experiences, only one group is able to easily engage in the *integrating* process. They think differently.

Astrid, an Innovator GP, ranted about the inanity of GPs who “send their child to an Upper East Side school so they can have a Martin Luther King experience” when they could just send their child to the Stage 2 neighborhood school, “where you are actually integrating a school.” She can’t understand why a GP would “take their white child out of the neighborhood to have an integrated experience in another neighborhood. ‘What’s the point?’” she asks. “Go and integrate the school in your neighborhood!” She fails to see the difference in the act of *integrating* versus the experience of being in an *integrated* environment. Or, perhaps she refuses to acknowledge the very real difference in experience, possibly so she herself does not waver in her Innovator resolve to integrate her neighborhood school.
CHAPTER 9
TIPPING IN: A DIVERSE SCHOOL

Diverse Schools are schools that have successfully tipped in. What it means to be diverse in strict demographic terms varies from diverse school to diverse school, and will be explored in more detail later in this chapter. For the purposes of this study, however, a school becomes diverse, successfully reaching Stage 3 of integration, once it retains its Early Majority GPs, and GPs start describing the school to one another as diverse. Since diversity is an important preference for most GPs, the term diverse within the GP network is an important signifier. In this one word, GPs know that their peer group approves of the school, and they can enroll their children in the diverse school with little worry. Even Late Majority GPs---the skeptics who will never try anything until the most respected members of their GP peer group have tried it first and given their stamp of approval----will enroll their children in a diverse school. The word signals both racial diversity---i.e. a white child will not stand out---and socio-economic diversity---i.e. the school has a large enough middle-class presence that the school has a middle-class culture.

Ellen, a GP and education activist who has thought a great deal about the integration process, thought there was “clearly a tipping point, a number where everyone identifies, where the feeling changes from it being their school to being our school.” The evidence from this study suggests that the “number where people identify” and “the feeling” GPs get from a school differs depending on the type of GP. Thus, a school can only be defined as having tipped in once the most resistant GPs, the Late Majority, decide they are comfortable. Their perceptual point of tipping in is key. Since a successful tipping in process concentrates the gentry children in the lower grades first, with the gentry presence expanding a grade each year, a school that is integrating will see each successive kindergarten class with a larger percent of GPs than the previous year. The actual numbers seem less important than the way GPs are talking about a
school, i.e. they must start calling it diverse for all types of GPs to identify the school as a viable option. Nonetheless, the numbers reveal some interesting parameters of what it means, in New York City in the year 2010, for a school to be considered diverse.

**Characteristics of a Stage 3 School, a Diverse School**

As presented in Chapter 2, the demographic breakdown of public school children in New York City is approximately as follows\(^{27}\):

- White: 14%
- Black: 32%
- Hispanic: 40%
- Asian: 13%
- Other 1%
- Free and Reduced Lunch Recipients: 75%

Within the constraints of this demographic reality, where seven of ten children are black or Hispanic, the word diversity, for most GPs, appears to realistically conform to what is possible. An analysis of the diverse schools that GPs in this study consistently ranked as top choices on their lists of acceptable public schools shows a wide range of what they are willing to consider as diverse. See Tables 9.1 and 9.2 for a demographic breakdown of these diverse schools.\(^{28}\)

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\(^{27}\) Data retrieved from www.schoolmatters.com

\(^{28}\) Demographic data comes from the 2008 New York State Testing and Reporting Accountability Tool numbers, which would have been the numbers referenced by the families I interviewed primarily during the 2009-2010 school year.
Table 9.1: Demographic Breakdown of Zone Schools GPs Consider Diverse\textsuperscript{29}

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Table 9.2: Demographic Breakdown of Progressive Choice Schools GPs Consider Diverse\textsuperscript{30}

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<td>55</td>
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</table>

The proportion of white children in these diverse schools was as low as 13% (roughly the same proportion of whites in the city using public schools), and the average white percent was in the mid-30s. Because the diverse schools in this study have a healthy racial mix of the non-white student population, the perception of school diversity is likely grounded partly in the fact that no one racial group dominates the school’s culture, with the exception of two diverse schools that are majority white. Schools in this study in the early stages of integration that did not have a diverse non-white population, and instead were dominated by one racial group, seemed to be having a harder time moving from one stage of integration to another. Changing perceptions of a school appears to be harder when the non-white diversity isn’t there. Jessica, an Innovator GP who was having a fairly easy time attracting the next wave of GPs to her Stage 1 Catalyzed school, thought it was, in part, due to the “healthier mix of kids” than other neighborhood schools that were almost 100% black. She awkwardly described this reality to me: “My school is

\textsuperscript{29} Pseudonyms are used in accordance with confidentiality agreements to protect the identities of GPs in this study.

\textsuperscript{30} Pseudonyms are used in accordance with confidentiality agreements to protect the identities of GPs in this study.
very Hispanic and a real mix of other things, rather than being….I mean, P.S.___ is very African American. I mean 98%, yeah. Whereas P.S.____ (her school) I think eighty-something percent of the kids are below the poverty line. But they're not all...socioeconomically they're unified, but not in... you know the cultural diversity there is much greater. Which I like.”

The average poverty rate in these diverse schools, i.e. the number of children who received free or reduced lunch, was in the mid-40s, but as high as 77%. These free-lunch numbers paint a complicated picture of what it means to be socio-economically diverse, and do not necessarily support existing research. As referenced in Chapter 2, Kahlenberg’s (2001) work on school integration and the benefits of socio-economic mixing indicates a majority non-poor school is necessary to assure a school culture that is middle-class. However, five out of the thirteen diverse schools mentioned by GPs as acceptable school options have poverty rates significantly greater than 50%, suggesting the 50% threshold, while perhaps desirable, is not necessary to establish a middle class culture in a school, at least in terms of the average GP comfort zone. A lower number appears to be possible due to the way GPs involve themselves in their children’s schools.

**GPs appear to exert disproportionate influence on a school’s culture**

My research suggests that GPs exert a disproportionate influence on a school’s culture through their assumption of leadership positions in the school and their ability to raise money from even the relatively small percent of wealthier families who are there. GPs also have a tendency to act as “helicopter parents,” as Margaret described herself and her friends, since they are often hovering protectively around their child’s school for a significant period of time, dropping off their kids in the classroom if they are allowed to do so, picking their children up,
asking lots of questions, forming close relationships with the teachers, and keeping close tabs on what is actually happening in the school on a day to day basis. Brie called GPs “little energizer bunnies,” and this description seems quite apt.

Ivy, one of the Innovator GPs in this study who is working to move her currently Stage 2 school toward Stage 3 status, embodies this “energizer bunny” ethos that demonstrates how a very small group can impact a school’s culture. When Ivy realized that her Stage 1 school didn’t have a fundraising committee, because no one had ever asked her for money, she just started one. She saw a void, and she took steps to fill it on her own. Similarly, Timothy, after enrolling his child in the Stage 0 neighborhood school, immediately told the principal he “was willing to write grants and stuff,” because he had done grant writing in his last job. GPs are part of a power culture that doesn’t question whether asserting their talent is appropriate. They simply insert themselves if they think they can be of value and of service. Joanie, an Early Adopter, described the flurry of activity when she entered her Stage 1 catalyzed school as GPs got to work inserting themselves: “So that first week, we were starting to get really involved with the PTA, Sunday night, I was working on a survey to the other parents that we were going to distribute in backpacks: are you interested in after school? Would you be willing to pay for after school? How about for classroom assistants? Because they had no infrastructure whatsoever in terms of a parent body.”

Melanie, another Early Adopter GP at Joanie’s school, described how the first PTA meeting she attended was “kind of not structured…there were no treasurers.” She goes on to explain how a GP friend “volunteered to be a treasurer, and another parent from the dual language class also volunteered, and we just kind of took over.” Her description of the PTA fundraising difference after the GP “take over” was staggering, if accurate: “maybe $400” before
the GPs inserted and asserted themselves, “probably $30,000” the first year after the take over. By the second year after the GPs took control, they raised $50,000 in giving alone, with an additional $17,000 from a raffle. And this was all before the 2nd annual school fair where Melanie thought they would raise close to $30,000. Many GPs referenced the type of fundraising they do for their schools, always coming back to diverse schools and the kind of money they raise as their benchmark for fundraising success. Marcia’s comment best summarizes the general GP sentiment about fundraising in the public schools: “Unfortunately that’s how it is in New York City, that it’s the parent body that participates is how you get to keep all these extracurricular activities.”

**Consequences of Diversity: Losing Title I Funding**

The type of fundraising GPs are able to do becomes especially important during the tipping in process, as one consequence of a school becoming diverse can be the loss of Title I funding when the school’s poverty rate declines. Some of the principals described in Chapter 6, who were openly resistant to welcoming the new GP demographic to their school, specifically spoke about their feared loss of Title I status. Meghan described her tour of a Stage 1 school, where the principal, Dr. Caraway, “made these sweeping statements about how white people were coming in and threatening her Title I status.” Lisbeth heard the same complaints from Dr. Caraway, but tried to be sympathetic about this “paranoia.” Lisbeth could understand the fear of “a bunch of wealthy people dabbling around in her school,” leading to the loss of Title I status, without the “wealthy” then being able to make up for it through their own contributions. “Catch 22” was a fitting term used by Lisbeth as she analyzed the problem: “If the school becomes successful enough, you don’t get that money anymore, and Title I gives you a lot of money! But
you don’t necessarily have enough parents to fundraise in a really aggressive way, and so it’s, so
then you suffer. You have to make sure that the people who are coming in are going to work
really hard to raise funds, and if they don’t really love the school they aren’t going to do that
work.” Although the fundraising difference described by Christy upon the entrance of the GPs to
her school was hefty, not all schools in the early stages of integration are necessarily going to
have as wealthy or committed a GP population as were concentrated in Christy’s school.

It can be a serious problem for principals struggling to meet the expectations of a more
vocal group of power parents when their budgets are slashed because of the very presence of
these parents. Title I money can buy lower class sizes, something that parents love even if it
isn’t necessarily a top preference (about 20% of the GPs in this study specifically mentioned
class size as important, but it was never their central consideration). Astrid, a foreign GP who
loved her Stage 2 school, in part, because of the small class size and the fact that “the kids have
space,” was very aware of the potential downside of more GPs in the school, and she humorously
suggested that they needed to keep the neighborhood GPs out of the school for another year,
until her second child was in the pre-K, and “then we can integrate and be all lovey dovey.”

The fundraising dilemma in a diverse school: how inclusive must an event be?

Further exacerbating this potential Title I problem faced by principals on tight budgets is
the fact that schools going through the tipping in process and becoming more diverse have to be
sensitive to how they are raising money. While these schools may now have a group of
relatively wealthy parents who are able to pay a certain amount for an event or for PTA dues, the
poorer families in the school might feel shut out of the school’s new culture if they can’t afford
the ticket price or the dues. At Faith’s school, a Stage 2 school, “people were up in arms” when
the PTA wanted to raise the dues from $5 to $10. She laughed at how the city-wide gifted PTA down the street had suggested dues of $500, and her PTA couldn’t even ask for $10 without offending people.

Kate, who headed her Stage 2 school’s fundraising committee, understood why there was a need to be sensitive to the possibility of seeming exclusive, but also thought those who insisted on making everything “inclusive” were missing the point.”It’s the fundraising committee!” she said with exasperation. “I’m sorry, but if we’re having a charity auction, I want parents there who can pay a lot of money, it’s not a social event, it’s to raise money for all of the children. My goal is raise money, not entertain people.” Kate lost this battle, and was frustrated by the constraints placed on her by the principal and other GPs at the school who “wanted everyone to feel like they’re welcome at everything.” She didn’t think this was necessary, and described a Gospel event at the school that she didn’t have any interest in attending. She “didn’t go to the organizers and say, ‘This sucks, I have no interest in this, don’t have it,’” she just didn’t go, and “didn’t feel unwelcome,” because, “You can’t please everybody all the time and I think there are times when that is not necessary.”

Kate effectively rationalized the argument for holding exclusive events for the good of the school, but most GPs don’t want to be viewed as elitist, and fundraisers that exclude an entire class of people at the school because of their price tag will likely be viewed as elite, potentially exacerbating race and class tensions that are already simmering underneath the surface of schools going through the process of integration. Schools going through the tipping in process may lose Title I funding before they have expanded the middle and upper-middle class population in the school enough to fill the funding gap through parent contributions. This will
most likely happen in due time as the integrating community matures, but the transition can be financially complicated.

**Are apartheid schools diverse?**

Schools that are integrated at the school level but not at the classroom level, the so called apartheid schools --- where there is a predominantly white GT program and a predominantly non-white general education program---are *not* considered diverse when talked about by GPs. As described in Chapter 3, the GT programs in these schools are merely considered *options* for most GPs if they are unable to secure a spot at a school they consider diverse. Most GPs enter apartheid schools reluctantly, and they would never call them diverse schools, even if they find a happy niche within them. Apartheid schools can potentially go through their own tipping in process and *become* diverse schools, if the general education classes in these schools become diverse as a result of the school becoming a popular GT enclave.

Evidence from this study suggests that school-wide integration *can* come from seeding the GPs in a GT enclave. The middle-class presence that is concentrated in the GT programs can have a palpable effect on the overall school culture, and the school will become more appealing to GPs even if their child doesn’t test into the GT Program. For example, the GT GPs at one formerly segregated school raise thousands of dollars to pay for classroom assistants in *every* class, not just the GT classes, reducing teacher/student ratios for all the children. This type of additional resourcing over the years is now making the general education program at this particular school attractive to GPs who are shut out of the GT program (i.e. their child doesn’t test in), but zoned for the school. It is not a *first* choice, but it is now an option whereas before it wasn’t.
There are GPs who might be considered “Gen. Ed. Innovators.” This type of GP is more similar to Early Majority GPs than to Innovator GPs. They are bucking the trend of their GP peer group by enrolling their children in the general education classroom in an apartheid school, but the move feels much less risky, because the overall school culture has changed due to the large presence of the GT families. The Gen. Ed. Innovator is thus less committed to change, unique-seeking, and social justice, and more committed to convenience within the comfort zone.

Karen, a Gen. Ed. Innovator, enrolled her son in the general education program at her zone school because he didn’t get a spot in the school’s popular GT program and instead was offered a GT spot at a school 30 blocks from her house, a school she describes as “a failing school, except for G and T.” So, with neither option particularly desirable, she chose the general education spot in her zone school, even though it was considered an apartheid school, because the school was conveniently located and not considered to be a failing school either in or out of the GT classroom. The overall culture of the school was middle-class due to the popular GT program, and she felt comfortable enough to “see how it goes.”

Other GPs take the leap away from GT into general education through the sibling dilemma. Karen explains this trend: “What I’m finding very interesting and what I’m seeing happen is you have more and more siblings whose older child is in G and T, and the younger child either does not place or does not get a spot at P.S.____, but the parents are sending the younger sibling into Gen. Ed. because a) it makes your life a little easier, and b) we have an excellent principal who started last year.” Just as an excellent principal appears to be necessary to bridge the Gentry/non-Gentry Gap, an excellent principal also seems to be able to help bridge the GT/Non-GT Gap in an apartheid school. The principal in this particular school is described as “wanting her school to be a place like P.S.____ (a wildly popular diverse school),” and is
making sure “her teachers are provided with the appropriate resources” so that all of the children in the school are learning and progressing. The principal, thus far, has been able to make the Gen. Ed. Innovators feel just as valuable as the GT parents.

Gwen, another Gen. Ed. Innovator, also sees the sibling trend happening, and thinks it is great that the parents’ attitudes are changing. She explained to me that having a child in both programs “opens up minds” to not seeing GT as the only option, and thinks this is “really good for the school.” Gwen is right that changing perceptions is the first step toward integration. GPs need to be able to visualize an option as being a part of their cohort of acceptable schooling options, and this takes Innovators paving the way. It is very difficult for most GPs to imagine a schooling option that is not currently being utilized by a peer.

In apartheid schools, Gen. Ed. Innovators can easily push the general education classroom onto the list of acceptable options, especially for other families in the school who may have a child in GT but are struggling with sibling options. Ava, a GP who had serious reservations about sending her son to the GT program at his apartheid school, but “definitely would not have enrolled him” in the general education program at the school, enrolled her daughter in the general education program 3 years later. She had such a deep comfort level at the school after 3 years with her son in the GT program, and she knew a few of the Gen. Ed. Innovators at the school, and she was now able to make the mental leap into imagining her daughter in the general education program.

If this type of trend continues, it is easy to imagine this apartheid school losing its reputation and becoming diverse. However, as long as a GT program is in place, it may prevent the school from ever achieving the label, “diverse.” As explored in Chapter 3, if a school has a hierarchy, no GP wants to be at the bottom. The Gen. Ed. Innovators I interviewed, despite their
happiness in the non-GT program, were all still planning to re-test their child for GT. As Ava explained, “I don’t want one kid in GT and one kid not in GT, because once they figure it out, I am afraid of how that will impact their relationship as siblings, with one always thinking he is smarter than the other.” Lucy purposely kept her third child, a sibling of two GT enrollees, out of the school’s Gen. Ed. program, even though she “saw nothing different about it” except the demographics, because she didn’t want to be put in the position of feeling like she had to re-test her child every year, and she knew she would feel that pressure, based on her impressions of the parents who had kids in both programs. As she describes: “They are spending all their efforts prepping their kids for testing, and I didn’t want to be in that position where every year, I’m stressed over testing her, and then I’m either happy that she got in, or upset that she didn’t get in, and praying that her friends didn’t get in either so that we can all still stick together. I’ve seen enough people in that boat that I didn’t want to be that person. And I didn’t want to put that pressure on her. I wanted her to be set and be happy where we are and not do that to her.”

GT Programs create a division that can be very uncomfortable both within families and between families. Even a principal providing equal resourcing cannot erase the negative stigma of not being GT. Thus, while it appears that GT programs can be helpful in seeding a middle class culture in a school and putting the resources in place to eventually lure in GPs to the general education program, an apartheid school will never be considered diverse until it eliminates its GT program. Schools with large numbers of Gen. Ed. Innovators should consider eliminating their GT programs, removing the GT scaffolding that helped move the school to a viable middle-class option, allowing these schools to become diverse.
**Are schools with DL programs also apartheid schools?**

Dual language programs are also enclave programs that are capable of attracting large numbers of GPs, but they do not carry the same stigma as GT programs, as was explored in detail in Chapter 4. Their presence does not lead to allegations of apartheid, and they do not create as stark of a race/class division in their schools. None of the GPs in this study spoke disparagingly of schools housing DL programs as apartheid schools, even if the DL enclaves tended to be much whiter than the rest of the school. Since the ideal DL program requires a 50/50 mix of native and non-native speakers, Spanish DL programs will have a large number of Hispanic children in the class, making them almost impossible to label as white enclaves, like GT programs. French DL language programs will likely be whiter than Spanish DL programs, but still much more diverse than a typical GT classroom. Melanie, when asked about the diversity of her French DL class at her Stage 1 school, responded, “You know what, at first I was like, ‘Oh, wow, it's really white, I mean, compared to the rest of the school.’ But I think it's actually just a better balance. We have at least five or six African American children in there. There are kids of mixed race, for example Asian and Black parents. There's just, there's a good mix in there, I must say. I mean, I don't feel like it's all of one.” Her phrase, “compared to the rest of the school,” is very important. If there is a significant percentage of white children in any one class, of course it will stand out. But DL classes appear to be far more mixed than GT classes, and this mixture, in addition to a screening process viewed as far more reasonable than GT screening programs, prevents them from causing the same allegations of apartheid. In a DL school, there is less of an implicit hierarchy.

That said, schools where the GPs will *only* enroll their children in the DL program, and not in the general education program, cannot yet be called diverse. Just like in schools where
there are GT programs, schools housing enclaves of GPs in DL programs must go through their own within-school tipping in process to be considered diverse. Like their counterparts in GT schools, these “Mono-lingual Innovators” are the first in their peer group to venture outside of the DL enclave into the mono-lingual classroom to help set the stage for a school’s complete integration. Trista might be considered a Mono-lingual Innovator in her school where the GPs have primarily congregated in the DL enclave. She recognizes the “definite divide” between the DL enclave and the mono-lingual classes, demographically, but when she didn’t get a DL placement for her son, she enrolled him in the mono-lingual program without worrying about any kind of stigma because he was non-DL. Speaking of her decision to enroll her child in the school, Trista said, “I was fine with it. I was like, ‘You know, okay. You know what, we'll just go. Because I really like the school.’”

A demographic divide is different from a hierarchical divide, and GT is clearly hierarchical in a way that DL is not. The school itself was giving off a “great vibe,” due to the GP explosion in the DL programs. The GPs were giving tours and attracting crowds at the tours, and this was enough to make Trista feel comfortable about the school as a whole. And she called her son’s class “diverse,” describing it as “diverse in every sense of the word. We're talking about nationality, ethnicity, socio-economic, the whole gamut.”

Because there is no stigma to being non-DL, schools that successfully attract GPs to their DL enclaves appear to be able to go through a within-school tipping in process fairly quickly. Although she only entered her Stage 1 school because of the DL enclave she was able to be a part of, and never would have enrolled her daughter in the mono-lingual program, Melanie saw a tremendous shift in GP attitudes after only a couple of years. She described her school, today,
as place “where people didn’t care if they were in the dual language program, they just want to
be in the school.”

“Diversity is fraught!”

Diverse schools, despite being the goal of the tipping in process, and despite their
desirability to GPs, are not without problems. As Shawn reminded me during our interview,
“Diversity is fraught!” Schools that are truly diverse force contact between people from very
different backgrounds, and that can be uncomfortable. Even if GPs perceive a middle-class
school culture and a desirable environment for their children because they have come to
dominate the vibe of the school, non-GPs do not necessarily welcome the changes, and there can
still be some of the kind of G/NG tension that was manifest in schools in the earlier stages of
integration. In a diverse school, the tension loses its power to heavily influence the school
choice decision making process of GPs, but it remains. A handful of GPs I interviewed who had
eventually transferred from early stage integrating schools to diverse schools, shared anecdotes
in the course of our conversation that clearly had them pondering the meaning and impact of
diversity.

Sondra, whose son attends PCS 2, recalled going to the open house for the school, and
feeling so “appreciative” that the school director acknowledged that “diversity is our greatest
strength, but also our greatest challenge.” She explained, “I appreciated that she was honest
about it. Because that is our biggest challenge here, but nobody talks about it. Nobody. It's the
huge elephant in the room, nobody talks about it.” It wasn’t clear to her why no one talks about
it, beyond the obvious fact that conversations about race and class are not easy. Karen told me a
story about her son coming home from his diverse school and telling her, “Johnny’s daddy is in
prison. He was tricked, Mommy.” To which she responded, “Oh! I see.” She then earnestly asked me, “How do you, what do you do with that?” She didn’t know what answer would best help her son and herself deal with the diversity of life experiences. She didn’t have the language.

Monica, whose daughters are at PCS 4, vividly remembered an interaction she had with an African American grandmother who volunteers frequently at the school. The grandmother said to her, “Well, you know, when the school first started I was in the neighborhood and I was protesting it because I knew there was gonna be too many white people,” which left Monica speechless. As a comedian, her instinct was to joke with the woman and say, “What’s wrong with white people? You got a problem?” But instead, she recognized, for the first time, the genuine fear the non-gentry have of losing their school, and she didn’t say anything. So the grandmother continued, “Well, don’t you realize that is looks like there's a lot of white kids in the lower grades?” To which Monica replied, “Well, you know, it’s truly diverse. Like, we have a Chinese kid, we have an Indian kid, we have a Greek kid, we have white kids, but we have European kids... We have black kids... Um, it's truly diverse. That's what diversity is. It doesn't mean there are no white people there.” She didn’t know if this argument had any effect on the grandmother’s thinking, but she was still, clearly, somewhat unsettled by the interaction.

Ellen had a similar experience at PCS 5 while interacting with the security guard who worked for the more traditional, segregated public school that shared the building with PCS 5. When Ellen questioned the security guard about whether a lunch sack Ellen had found in the cafeteria might belong to one of their students, i.e. did the guard recognize the initials on the bag, the guard replied, “Ugh. That belongs to PCS 5.” Ellen responded with, “Well, you didn’t even look at the initials. How do you know?” And the guard said, directly, “Because our kids don’t bring their lunch.” This moment crystallized the meaning of diversity for Ellen, and she
remembers thinking, “Oh, right. Right. Right there. You take the free school lunch. You don’t pack organic tofu and hummus. Right. Oh, right.’ Those are the things that no matter what we talk about, you know, people know the difference.”
CHAPTER 10
SUMMARY AND POLICY RECOMMENDATIONS

A theory of tipping in

Tipping in---the integration of a segregated school in a gentrifying neighborhood through the school choice patterns of Gentry Parents (GPs)---happens through a chain of actions and reactions of different types of GPs, each with a different threshold for tolerating their own minority status, each with a different idea about whether they can and should try to change a school to better match their preferences. To summarize, tipping in starts when the district public school options that match GP school preferences---schools that are diverse and progressive---all reach capacity. In response to the scarcity of preferred options, Innovator GPs---GPs who enjoy being different from their peers and/or have a strong commitment to social justice---find a neighborhood school that is not considered a failure by any measure other than being segregated, and that has some sort of enclave program where they can congregate---a Gifted and Talented (GT), Dual Language (DL), or pre-school program---and they use various strategies to solve the collective action problem so that their children are entering the school as a small group, not alone.

If the Innovator GPs perceive that they are a welcome addition to the school community by the principal, and the principal appears to be willing to listen to their suggestions for school change and can successfully bridge the gentry/non-gentry gap that exists between the new type of parents who are coming in and the existing parent community, Innovator GPs will keep their children enrolled in the school. They will work hard to raise money for the school, volunteer their time in the school, and do outreach to other neighborhood GPs to bring more gentry children into the school the following year. Early Adopter GPs---similarly unique and committed to social justice---will quickly join their Innovator GP peers in the school, and
together these two groups of GPs will create a flurry of activity and outreach, primarily through staging impressive school tours, all of which will give the school the label “changing” in the GP neighborhood network.

Once the school acquires this label, the third wave of GPs, the Early Majority, will feel comfortable enough to enroll their children. Early Majority GPs are not interested in a unique experience nor are they committed to righting societal wrongs through their own actions. They enter a changing school because it appears to have already changed enough to match their school preferences. In contrast to Innovator and Early Adopter GPs who are able to tolerate their own discomfort as minorities while working towards the goal of an integrated community, Early Majority GPs must feel at ease in the changing school as is to keep their children enrolled. If they stay, their presence will attract additional GPs, and the tipping in process will soon complete itself with Late Majority GPs finally secure enough to enroll their own children in what is now perceived and talked about as a “diverse” school. Diverse Schools have successfully integrated to the extent that is possible in a gentrifying/gentrified neighborhood.

At each stage in the integration process, there is the potential for reversion back to the previous stage of integration if the GPs decide to exit the school. Retaining GPs in an integrating school is almost more difficult than attracting them in the first place. The differences in attitudes and expectations about schooling that exist between the gentry and their non-gentry neighbors are often unexpected by GPs, and they can be hard for GPs to negotiate and tolerate without an able school leader bridging the two groups. Early Majority GPs have an especially low tolerance threshold, as they entered the Changing School with no intention of changing it themselves, and they are particularly uncomfortable, as a minority group, imposing their ideas about what they
think makes a great school if their ideas are not already a part of the school’s culture. Retaining Early Majority GPs in a Changing School is a crucial point in the tipping in process.

The ability of a principal to bridge the different expectations of gentry and non-gentry parents is the key factor in retaining GPs at all stages of integration. Two variables can make it easier for the principal to be successful in this shepherding role. First, a school with a diverse non-gentry composition appears to be more welcoming of gentry families, as there is no one dominant culture that already exists in the school beyond the school culture. The principal is already skilled in managing a diverse constituency, and adding GPs to the mix is not jarring in the way it is when a school is primarily one ethnic/racial group. Second, a school that is in a neighborhood much further along in the gentrification process has a surrounding community much more accepting of school change, which gives the principal political room to adjust the school’s culture to better match the preferences of the GPs.

A more thoroughly gentrified neighborhood also has a larger group of Early Majority GPs poised to enter the school once it becomes a Changing School. This can lead to a very fast tipping in process as the larger group of GPs provides its own, automatic comfort zone during a crucial stage of integration. The pent up GP demand for a new neighborhood school option can be like a dam breaking with the right leadership and outreach effort. In neighborhoods less far along in the gentrification process, the Changing School may have skillful leadership and conduct effective outreach, but the stream of Early Majority GPs entering will be a trickle simply because of their relatively small population numbers in the community, thus making it harder for them to feel comfortable in the school because there are never quite enough of them to clearly set the tone of the classroom. Without a large enough group of Early Majority GPs available to enter a school, the tipping in process is likely to get stuck in Stage 2, and remain there until the
neighborhood further gentrifies and provides an adequate number of gentry children to solidify their presence.

**Limitations and recommended areas for further study**

While this study was able to capture the viewpoint of GPs about their own role in the process of school integration, the findings are limited to this perspective. Despite my belief that the perspective of the GP is the most important one for understanding how tipping in can happen, due to the fact that GPs are the neighborhood parents with a greater ability to choose and thus have a more developed capacity for avoiding the neighborhood school or exiting the neighborhood school if it fails to meet their preferences, other points of view would provide greater insight into the complicated race and class politics that are perceived by GPs to impede tipping in.

Non-white GPs are one group that likely holds considerable insight into how uncomfortable manifestations of class differences can be better moderated. I did interview a handful of black GPs who clearly held a different kind of knowledge about tipping in than white GPs. In the early stages of conducting interviews, I had not yet decided if I wanted to limit this study to white GPs, and I sat down with a total of 5 black GPs, having discussions with them that were remarkably frank. We delved into issues that most of the white GPs in this study were hesitant to explore without considerable prompting. These 5 black GPs were not afraid to describe what they saw as the issues preventing smoother assimilation by themselves and their white GP counterparts into segregated schools. They had confidence that they know what the non-gentry community needs to thrive, a confidence decidedly not shared by the white GPs. This confidence made them fundamentally different from white GPs, as did their greater ability
to mask their difference. Because of the marker of race, white GPs and their children were never able to assimilate into these newly integrating schools in the same way black and Hispanic families could, making their experience uniquely different from the non-white GPs.

The black GPs I interviewed also all shared with me their belief that most of their peers do not consider public schools an option, explaining, “If a black family is successful, they send their children to private school.” Because of the widely available scholarships at private schools that are openly used to promote diversity, non-white GPs have a greater variety of school options for their children than white GPs, and according to the black GPs I interviewed, most of them take advantage of these opportunities and stay out of the public school system when possible. I believe non-white GPs can effectively serve as a bridge community in integrating schools, and if they comprised a larger presence, segregated schools would have an easier time going through the tipping in process. A principal can more easily bridge the gap between gentry and non-gentry if there are non-white GPs helping to make the connections. But, due to time and resource constraints, I decided to eliminate them from my study and pursue the sole perspective of white GPs. The non-white GP community is worthy of its own study.

Another serious limitation of this research is that it lacks the viewpoint of the principals who are charged with the difficult task of managing the G/NG gap. From the perspective of the GPs, school leadership was vital to whether they felt welcome to bring themselves, their children, and their ideas to school. Because of the responsibility placed upon this one person to skillfully facilitate the integration of two disparate parenting and school philosophies under one roof, the principal’s voice is needed for a more complete picture of how the tipping in process can be successful. Interviewing principals would have required approval from the New York City Department of Education, which was not necessary for me to acquire to interview parents
identified through neighborhood networks. This extra hurdle would have greatly extended the
time necessary to complete this study. Further, I believed that if I opened up the study to the
voice of the principal, then it would also be necessary to expand it to include non-gentry parents
and their thoughts on what was happening in their integrating schools, since all three voices
would encompass the entire school community. It made sense to do an intensive study of one
component of the school community, or a study of all components, but including only two out
three voices would have diluted the analysis of GPs without providing a complete picture.
Again, because of time and resource constraints, I chose to limit the study to the GP point of
view instead of trying to capture all perspectives. But further study of both the principal’s role in
facilitating tipping in and the reaction of the non-gentry to the change happening in their schools
would be valuable additions to the gentrification literature.

**Setting the context for policy recommendations**

Ellen called the integration process “a planet aligning situation.” Paula offered “aligning
of the stars” to try to explain how everything came together to integrate her neighborhood
school. Both women, through their ethereal references, make the important point that no one
element can guarantee the successful tipping in of a school. Neighborhood circumstances and
school circumstances might suggest change can happen, enticing Innovator GPs to take action.
But after enrolling their own children in a Stage 0 school, and tirelessly volunteering in the
school and boosting the school throughout their GP network, these parents might find that the
school gets stuck in an early stage of integration because the school leader can’t successfully
manage the G/NG gap and hold onto its Early Majority GPs. The process is a complicated
intertwining of many individuals, each with their own perceptions of reality, each with their own
sets of priorities. These ethereal references also highlight the fact that the New York City Department of Education does not seem to be doing all that it could to harness the potential that exists for school integration in diverse neighborhoods. If there is residential integration, it shouldn’t take a celestial miracle for there to be school integration.

Although school integration efforts have been essentially abandoned in most of the country due to legal restrictions, flagging political will, and the reality of segregated housing patterns, gentrifying neighborhoods have the requisite residential diversity to create integrated schools. If city governments are implementing housing, business, and zoning policies that encourage neighborhood reinvestment and renewal in poorer neighborhoods, then the next step should be to implement education policies that are poised to capitalize on the intended influx of wealthier families into a neighborhood. De-concentrating the poor isn’t meaningful unless there is substantive social mixing, and schools are ideally situated to be the pivotal institution in a gentrifying neighborhood for interaction between residents new and old. To date, the gentrification literature suggests that social mixing isn’t happening. And, as argued in Chapter 1, social mixing appears to be the missing link between proponents and opponents of gentrification. Without it, it is easy for opponents to vilify the gentry as only caring about their own personal economic benefit, with little concern for improving the neighborhood for those who already live there. Without social mixing, it is difficult for proponents of gentrification to make a compelling case that the arrival of a higher social class is doing anything more than displacing those who are already living there. Without social mixing, the theoretical benefits of social mixing are never realized, and the theoretical arguments in favor of gentrification are not accepted as valid.
Tipping in does make possible meaningful social mixing

The social mixing that was described by GPs in this study indicates that tipping in *does* bring with it this desired outcome, though much more so for children than for adults. Leslie described the racial separateness of the adults in her school, something that confounded her, because it didn’t seem to quite fit with her image of who she wants to be. As she recounts: “I have noticed at school, I find it easier to meet and talk to other white parents, now what is that? Is that, am I more open to them? Are they more open to me? But I do perceive that happening. The black parents talk to each other, the white parents talk to each other, and why? I am left sitting there going, ‘Why do we do this?’ But we do.” Avery also described the reality of racial cliques that seemed to naturally happen for the adults in her school, and how “it is easier to stand on the playground and talk to the people you already know than to introduce yourself to someone new.” But, Avery also ran the class email list, and had a surface level form of interaction with non-gentry families on a regular basis.

The adult relationships between gentry and non-gentry seemed to generally take on this more superficial form, though a couple of GPs *did* describe more substantive interaction. Sharon, whose service on the PTA forged a close working relationship between her and the co-president, described this co-president as, “a Title I parent, a woman who comes from an extraordinarily different background from me,” but someone who “understood exactly the value of what we were all doing, and was there 100%, in her own way. Great resource, wonderful team player.” Sheila, too, worked closely with non-GPs while raising money for her school, describing them awkwardly as “really low-SES and really very international,” and talked about the benefit the social mixing was having for her. She described her own personal evolution: “I have to say, working with these women who are so wonderful and dedicated to the school... I
mean, I feel like, just my own perceptions of race and demographics... I mean, I have really, sort of, changed, um... since my daughter has been going there. I mean, it really has sort of become a much less divided kind of world for me, which has been very nice.”

While that type of adult interaction was rare, the descriptions of gentry children easily interacting with non-gentry children were common. Loren best summed up the contrasting behavior of adults and children, observing: “It’s the grownups who are all screwed up. We’re the ones who can’t mix!” The children didn’t seem to have a problem, mixing came naturally. Recall Karen’s son, who had a friend with a father in prison who had been “tricked,” or Margaret’s daughter, whose best friend lived in the “scary” apartment building. Recall also the GPs who tied their desire to diversity in a school to the way this experience seems to be preventing their children from developing the same race and class constructs that they themselves have: Laura, whose kids “don’t know the difference,” or Astrid, whose daughter “has no concept.” A few GPs made reference to the fact that their children’s best friends were usually the one or two other white children in the class, and a couple expressed frustration with attempting play dates, as this type of interaction seems to be much more common for gentry families than non-gentry families. But with only a couple of exceptions, the GPs in this study witnessed nothing but positive interaction between their children and non-gentry children, and the issues of school culture that drove some GPs out had to do with the behavior of the adults, not the other children.

Factors to consider when developing policies to facilitate tipping in

These findings of substantive social mixing are promising for the futures of the children living in gentrifying neighborhoods, and better policies need to be in place to help facilitate the
tipping in process. Tipping in appears to be quite possible for more than just a handful of schools in gentrifying neighborhoods if various roadblocks are removed. The two primary *logistical* hurdles to tipping in appear to be 1) solving the collective action problem for interested GPs, specifically within the parameters of restrictive zone lines and the lack of guarantee that children will be in the same classroom unless there is an enclave program binding them together, and 2) not having effective, broadly appealing school leadership in place to bridge the G/NG gap once GPs enter a school.

If overcoming these two impediments wasn’t challenging enough, policy solutions that might help lower these two hurdles to tipping in or eliminate them entirely must also take into account the larger politically contentious landscape of a gentrifying neighborhood, and the contextually unique mindset of GPs about their gentrifying neighborhoods and their place within them. There are few other situations in modern America where whites intentionally insert themselves as a community’s racial minority. Racial integration usually works in reverse, with Americans of color slowly bleeding into white neighborhoods and institutions. Gentrification’s challenge to this norm appears to cause not only the *external* conflict between new and old that is well-documented in the gentrification literature, but also an *internal* conflict for many gentry as they struggle to reconcile whether they are helping or hurting a community with their choices. How GPs respond to policies intended to help bring them into their neighborhood schools will depend, in part, on whether the policies are perceived as having the potential to further exacerbate both the external and internal conflict over gentrification, or help ameliorate these conflicts. Before presenting possible policy solutions designed to increase the number of diverse schools in gentrifying neighborhoods, further exploration of both conflicts is warranted, as each type of discord has an effect on the school choice process of GPs.
External conflict in gentrifying neighborhoods

The external conflict in gentrifying neighborhoods is most closely linked to racial identity, and the racial tensions that arise when white people start making a noticeable presence in a neighborhood. Freeman (2004) attributes this “source of appreciation, resentment, and resignation” to “the role of race as a marker of socioeconomic status and as a determinant of who gets what” (p.14). While my study of tipping in addresses the perceptions of GPs with regards to their own white racial identity and how that plays, in part, into their school choice process, more information is needed on how race influences the non-gentry reaction to school change. Henig et. al. (1999), in The Color of School Reform, studied school reform efforts in black dominant school-districts, and their research offers many useful insights into how “…race remains an important variable in education politics”(p. 276), despite societal advancement. They cite two ways race can play a role that are particularly relevant to tipping in, and can help inform policy solutions. First, that race is an important construct within the African American community, and any criticism of a black dominant institution, like a zone school comprised primarily of black administrators, teachers, and students, is seen as a criticism of the black community in general, and a potential threat to the economic security of the black employees, who are viewed as playing a “critical” role in the overall health of their neighborhoods. Most importantly, Henig et. al. warn that urban school reform efforts must not fail “…to take into account the way communal identities and personal interests shape responses”(p. 277).

Within the context of a gentrifying neighborhood, where communal identities are already being threatened, this warning is particularly salient to crafting policies designed to help facilitate tipping in. Many of the frustrations expressed by Innovator and Early Adopter GPs as they described the challenges of starting the tipping in process stemmed from what these GPs
viewed as issues of communal identity. The G/NG Gap and its resulting tensions, described in detail in Chapter 6, is most illustrative of the way competing communal identities can play themselves out in the context of a school. Tension was also reported in one neighborhood over the replacement of a school leader, where rumors that a black principal was going to be replaced by a “white Jew” almost led to a complete breakdown of integration efforts. Paula’s recollection is instructive of how delicate racial politics are in gentrifying neighborhoods. She described the non-gentry parents at her Stage 1 catalyzed school as “really believing that you just should not get rid of a black woman, period. That there is no good reason.” She went on to describe the rumors circulating “that a Jewish man was going to become the new principal,” and how the ultimate selection of another black woman “has done a lot to diffuse things.” Her concluding thoughts on this matter were, “Don't underestimate the power of racial politics. If they had put a white principal in there, I think the outcome would have been very different.” The outcome has been mostly positive in terms of tipping in, with the school’s new leader shepherding the community to Stage 2 Changing, where it currently hovers. But the power of communal identities is clearly a daunting force, and it is possible that tipping in efforts might be best seeded in schools that are not majority one ethnicity, but a diverse group of non-gentry. The schools that seem to have the easiest time evolving from one stage of integration to the next are schools that are not racially homogenous prior to the entry of gentry families, as was discussed in detail in Chapter 9.

The second relevant way race is identified by Henig et. al. as an important variable in the urban school reform policy process is as a constraint on white actors. Their research suggests that it “…is problematic for whites in black-led cities to assume a visible role in any education reform effort…in part because their participation makes it more likely that the reform initiative
will be framed in racial terms; (and ) such a framing of the issues increases the risk of polarization and sharp resistance” (p. 277). Substitute “whites in black-dominant neighborhoods” for “whites in black-led cities,” and it is clear that any effort in gentrifying neighborhoods to bring white families into the segregated neighborhood schools will likely be met with polarization and resistance. This dynamic was most evident in this study in the African American dominant Stage 1 catalyzed schools where tipping in efforts were just beginning, manifest primarily through the black school leaders who were perceived as openly resisting GPs. Members of ONOS, aware that racial dynamics were undermining their efforts, were particularly sensitive to the perception that they were a “white group,” because they didn’t think this characterization accurately reflected reality, and they knew it was causing tension. Margaret explained to me, “We were a mixed race group, it's not like we were all white parents. In many ways it was much more of a class issue than a race issue, though Kevin and I are both white so sort of as the leaders of this group, the spokespeople of this group, it certainly looked like a very white group. And that caused, definitely caused tensions.” In response to this friction, Margaret tried to counteract the white group perception by encouraging black members of ONOS to take on leadership roles, which they did. And this reportedly helped to an extent, but it never fully diffused the racial discord.

Racial tension is difficult to work through, and it definitely contributed to the exit of GPs and the slowing of integration efforts. Taking whites out of the equation, however, is impossible if the goal is integration, especially because integration is only going to happen if the white families in these gentrifying neighborhoods choose to enroll their children in the segregated neighborhood schools. GPs are aware that the decision to integrate a school or not integrate a
school is theirs to make, and this recognition is partly what contributes to their internal conflict over gentrification, further complicating the tipping in process.

**The gentry internal conflict over gentrification**

In my many interviews with GPs, I asked them not just about their school choice process, but also about what brought them to their gentrifying neighborhood in the first place, and how they saw themselves within their community. These discussions revealed that the GP challenge is not just one of finding a way to satisfactorily stay in the city and raise children, it is also one of dealing with the internal conflict that accompanies being gentry, and thus being educated enough to know exactly what this means. GPs are very aware of the various critiques leveled against gentrification, and thus many of the GPs in this study approached their place in their communities with an anti-gentry sentiment, despite being gentry. In my interviews about school choice, especially those with GPs who were living in the heart of gentrifying neighborhoods as opposed to gentrified neighborhoods, many GPs made clear in one way or another that they didn’t want their own actions to in any way contribute to the story line of the gentry as insensitive “frontiersmen” (Smith 1996).

Carrie’s description of her family’s decision to buy an apartment in their newly gentrifying neighborhood was typical of the gentry internal conflict, explaining how the technicalities of their purchase don’t make them part of the gentrification problem, because the apartment was “being built on an empty lot.” She continued, “I just had a thing with not wanting someone to have to move out in order for us to move in. So, even though I know it changes the neighborhood to build a new building, the lot had always been vacant, a building had not been removed.” Kevin attempted a similar, conflicted explanation of his gentrifying behavior,
explaining to me how the struggles waged around housing issues were less “brutal” in his neighborhood, because “much of the housing stock is owner occupied single-family homes.” And in his neighborhood, you didn’t see the sort of gentrification that “is really centered around rental housing, where you have a new landlord coming in and then using pressure to sort of harass out the existing low-rent paying tenants, and replace them with higher paying tenants.” Kevin went on to describe *that* kind of gentrification as taking on “a very very sort of destructive and divisive form.” Then, admitting that maybe he was “in la la land on this,” he explained that his perception of his neighborhood “was that it’s been kind of a less destructive dynamic, because it’s owners selling, and not that there is not a lot of rental, and not that all of the violence in gentrification, all the sort of cultural violence doesn’t happen, but it’s happening in kind of a slower way.” He concluded with an ode to his internal conflict, lamenting that “it will be really unfortunate” when he wakes up five years from now to find a thoroughly gentrified neighborhood.

Loren’s similar internal conflict was fascinating in its ability to prevent him from judging whether he is a good neighbor. When asked if he was involved in improving his community in any way since he didn’t send his children to the zone school, he responded, “Yeah yeah, I’m not particularly officially involved in any way, I mean the most I can say I do is spend a lot of time with the kids on my block because I’m home during the day. Particularly in the summer, there are all these kids with nothing to do. So I just sort of do some stuff with all these kids, kids that live near me, and I have kids, and I’m around.” After earnestly describing this engagement, he immediately backtracked, saying, “So, we’re complete failures in that department, we’re not doing anything to make it better, other than being there. I don’t know, that’s pretty arrogant, I don’t know if that even counts.”
There are no clear rules about what counts in terms of community engagement, nor are there clear rules about who should be seen as a gentrifier. I devised a definition for Gentry Parent, but many of my interviewees clearly did not agree with this categorization. Margaret, for example, shunned my label, and went so far as to deny gentrification was even happening in her neighborhood. She explained how “the neighborhood has always had a mix of classes, so it’s not really gentrification,” and categorized herself as “working so hard to prevent gentrification from meaning what it's come to mean.” She then highlighted the ways she has worked to build up her community for all residents, proving she wasn’t a gentrifier, because that word implies the destruction of something. With another neighborhood GP, Margaret started the Community Supported Agriculture (CSA) in the neighborhood, a program that delivers boxes of seasonal produce from local farms to CSA members each week during the farming season. These two GPs started this program because, as Margaret explains, “When we moved in, there were no grocery stores, no vegetable stands, no farmers market.” They saw “people living off fast food and bodegas,” and wanted to help put a system in place so fresh food would be available not just for their families, but for all neighborhood families. They established a sliding scale for the CSA, “so people who could afford could help subsidize those who couldn’t,” and they made sure that it took food stamps. Margaret saw herself not as an interloper, but as part of the neighborhood she was continually working to improve for all residents, new and old.

Katrine was similarly blind to seeing herself as a gentrifier, suggesting gentrifiers, by definition, want to change something, and she doesn’t. She put it this way, “I try really hard to be part of the community, not just to be some white family who has moved in here and wants to take over and change the world. Because that’s not what we want at all. We live here, we knew what it was when we came, and yet we still came, and we want to be part of the community.”
But wanting to be part of something, and being accepted as part of something, are two different things, and the reaction of the non-gentry to GPs was part of what contributed to their ongoing internal conflict. Lisbeth best captured this struggle to find a comfortable place of existence in the neighborhood. She is a writer, and is planning to title her article about her experiences trying to integrate her neighborhood school: “My year as a racist,” because, as she articulated, “You’re damned if you do and you’re damned if you don’t. As a white parent who is perceived as having a certain amount of power…. like the first day of school with my 3 year old daughter, parents are saying, ‘Look, they’re trying to take over!’ So you have this, if you come in and invest in your neighborhood school, you’re trying to take over. If you go to a different school, you’re running away. So, it’s like you’re a racist if you go and a racist if you don’t go.”

**Negotiating gentrification’s internal and external conflicts**

Learning to negotiate these internal and external conflicts is one of the many challenges of neighborhood gentrification, on both sides of the G/NG divide. The typical lack of social mixing between gentry and non-gentry is partially why these dynamics exist and persist. If the neighborhood gentry are made to feel like racists who are ruining the neighborhood’s authenticity whenever they attempt to become more interconnected with their non-gentry peers, they are unlikely to continue trying. And if non-gentry are made to feel like they should be grateful for social mixing because it is somehow supposed to benefit their lives, they are equally as unlikely to try. This problem cannot be easily rectified, even in a school situation where the parents theoretically all enter on equal grounds. As Blomley (2004) aptly summarizes the basic problem with social mixing in gentrifying neighborhoods, “….it promises equality in the face of hierarchy.” And as blind as the gentry try to be to their own privilege out of respect for their
new neighbors, something many GPs in this study tried to do with their repeated anti-gentry sentiments, both sides know where they fall in society’s hierarchy.

Policy solutions that attempt to bring more GPs into segregated schools to spark the tipping in process, thus, cannot ignore this dynamic of GP internal conflict combined with non-GP resentment, the external conflict. The social hierarchies that exist can’t be eliminated simply by disregarding them. GPs can’t be forced into a segregated school by giving them no other options outside of their zone school, because they are a group of people who perceive themselves as having choices, and actively integrating a school must thus be viewed as a choice they are making. This means that in addition to overcoming the two major practical roadblocks to tipping in---solving the collective action problem for GPs and not having effective, broadly appealing school leadership in place to bridge the G/NG gap once GPs enter a school---policies have to be sensitive to the fact that GPs will choose something other than their zone school if they perceive this to be the easiest way to ameliorate both internal and external conflicts stemming from gentrification. If, as Lisbeth put it, “you’re a racist if you go or a racist if you don’t go,” you might as well not “go.” If GPs believe that they help maintain neighborhood harmony more by staying away from the local school and not trying to impose their white, middle-class values upon the school, then they will likely stay away. However, even if GPs believe that entering the local school is good for their gentrifying community, this will not necessarily negate the fact that GPs will ultimately do what is best for their children and exercise their privilege as the need arises. Kevin, among the most conflicted of my interviewees, still made the point that “this is not a moral question. No one is going to be judged whether you send your kid here or you don’t...you have to do what is right for you kid in the end.” This complex layering of the GP choice process makes paving a smoother path to tipping in quite challenging.
Exit, Voice, and Loyalty

Hirschman’s (1970) classic exploration of the rise and decline of organizations, Exit, Voice, and Loyalty, provides a helpful framework for understanding this complex layering of the GP school choice process in a gentrifying neighborhood and the many factors that will influence whether policies designed to facilitate tipping in will be successful. Operating within the existing choice framework, GPs can either enter their segregated zone school and exercise their voice to try and change the school to better match their school preferences and expectations, something this study suggests causes a great deal of tension due to the G/NG Gap and the difficulty of social mixing, or they can exit their segregated zone school and try to find another option, preventing even the possibility of effective social mixing. Even if the practical roadblocks to tipping in are removed, voice remains a less likely choice than exit because, as Hirschman explains, voice depends “…on the willingness to take the chances of the voice option as against the certainty of the exit option and on the probability with which a consumer expects improvements to occur as a result of actions to be taken by himself or by others with him”(p.38).

Joanie’s behavior while looking for a public school for her twin boys provides a good illustration of this tension between the chance of voice versus the certainty of exit, even for someone inclined to live their expressed values of diversity and integration. When her preferred public option—a diverse lottery school—didn’t pan out, in part due to the complication of finding two slots instead of one, she ventured into her Stage 1 catalyzed zone school. This school had very active GPs who enticed Joanie with their boosterism, and the principal of this particular school is consistently described as an excellent leader, so both practical hurdles to tipping in were basically taken care of, and Joanie went to work exercising her voice to make the school better. She described the first week of school and the energy and optimism she put
toward improving this Stage 1 school, also recounted in Chapter 9 on the disproportionate influence GPs can have on school culture: “So that first week, we were starting to get really involved with the PTA. Sunday night, I was working on a survey to the other parents that we were going to distribute in backpacks: ‘Are you interested in after school? Would you be willing to pay for after school? How about for classroom assistants?’ Because they had no infrastructure whatsoever in terms of a parent body. And I was like, ‘OK, this is going to be good, we’re going to be building an elementary school and I’m really committed to public education, and this is going to be great.’”

Then, two spots opened up at another neighborhood public school, and Joanie was offered the option to exit the Stage 1 Catalyzed school for something she perceived as much more certain to give her children the kind of education she wanted for them. The desirable systems were already in place in this other school, and she quickly left, despite having felt that working to improve another public school was “going to be great.” Her description of the contrasting picture of the two schools was her justification: “So we show up to P.S.____ on Tuesday, and there are like 100 people in the lobby, and we’re like, ‘What is going on here?’ It was the registration for their after school program. So the comparison of, here I am, working on a survey asking parents if they’d even be interested, what kind of programs, what kind of money are they willing to spend, and then I walk into P.S.____ where there are literally like 50 programs of after school activities for my kids to choose from. And it’s all there, it is all set up, there is a huge infrastructure. I then go in the next day to register them for the after school, and there are 15 parents sitting in the room, registering kids, they have it all worked out, they have a full time director of the after school program. I mean the comparison was huge.”
Joanie’s decision is not surprising. Exit “…requires nothing but a clearcut either-or decision” (Hirschman, p.43). Voice, on the other hand, “is costly and conditioned on the influence and bargaining power customers and members can bring to bear” (p.40). The image of Joanie dutifully compiling a mailing to other parents on a Sunday night, hoping to acquire school improvements, vividly illustrates the cost of voice. She is giving up her time with no guarantee that she will benefit from this investment of time. Thus, the situation GPs face in deciding between exit or voice is clearly biased in favor of exit if a viable exit option presents itself.

The choice between exit and voice, however, isn’t always as starkly contrasted as it was for Joanie, a single mother who needed a good after school program, and Hirschman’s third variable, loyalty, which “holds exit at bay and activates voice” (p.77), also plays a role in the GP school choice process. The more heavily involved GPs were in a school in the early stages of tipping in, the more loyal they were to the idea of keeping their children there. The important function of loyalty in facilitating the tipping in process can easily be seen in the comparison of Early Majority GPs with Innovator and Early Adopter GPs. Innovators and Early Adopters were typically loyal to the idea of integration as social justice, and this kept them motivated to exercise voice over exit. Or they had successfully organized to solve the collective action problem, and group cohesion kept them loyal to friends and commitments made. The Early Majority did not typically share these loyalties, and they were much quicker to exit when issues surrounding the G/NG Gap arose and challenged their comfort zone. Loyalty to a school was quite limited for all GPs, however, if a child was unhappy, or if a school leader was perceived as alienating, infuriating, or unable to appreciate the contributions of GPs. Chapters 6 and 8 on the challenges of retaining GPs at the various stages of integration make clear that when it comes to school loyalty, even the most social-justice oriented GPs have their limits. Notwithstanding the
limits of loyalty, it would seem that policies that bolster GP loyalty for a school can best facilitate the tipping in process, because it at least postpones exit and gives the integration process a chance to take root.

**Lessons from other urban education reform studies**

Hirschman’s insights into the way the ideas of exit, voice, and loyalty impact human behavior are helpful for thinking about integration inducing policy ideas, as are the ideas put forth by Henig et. al. (1999) in *The Color of School Reform*. While Henig et. al. offer suggestions that mostly deal with system-wide reform efforts, ideas not necessarily relevant to tipping in since gentrification happens in city pockets and policies should target these unique areas of residential integration instead of an entire school system, two of their propositions for fostering effective urban education reform are quite useful in application to gentrifying neighborhoods, because they both address the persistent problem of the G/NG Gap and its accordant exacerbation of both the external conflict between gentry and non-gentry, and the internal conflict of the GP.

First, Henig et. al. argue that “…efforts to jump-start reform ought to begin with a period of broad public dialogue about what schools can and should be expected to do” (p. 282). Many of the expressed tensions that arose between GPs and non-GPs in integrating schools had to do with the wide variations in positioning on the progressive/traditional education spectrum, and disagreements over what constitutes a “good” education, and what is “good” for children. Successful principals were able to mediate the diversity of parenting styles; unsuccessful school leaders could not reconcile the differences and they lost all of their GPs, with the schools reverting back to segregation. So that tipping in doesn’t solely rely on the skills of exceptional
school leaders, any policy intended to foster integration should build Henig et. al.’s recommended space for dialogue into the process as early as possible. The sooner families can discuss their competing values and identify their shared values, the better the chance integration efforts will take hold and progress. A well-mediated, open dialogue could strip away some of the false assumptions of racism and classism hovering above a gentrifying neighborhood’s diverse group of families, and help these families identify what it is they actually do or do not have in common.

Second, Henig et. al. cite the importance of focusing initially on winnable victories as a way to help bridge the “…chasms of suspicion rooted in race.” Groups trying to build sustainable coalitions to reform a school (in this case the reform is integration) need to build confidence and trust in one another, and this is more easily done when some kind of positive change comes quickly, and all can see the benefit in trying something new. The positive change, however, has to be something that was agreed to during the period of dialogue, or else it is all too possible that what is viewed as positive by one will not be viewed as positive by the other.

The problems that can come when there is a failure to first agree on “the good” was evident in the difficulties faced by ONOS in their efforts to help the neighborhood school. During its early years of existence, this outside group focused on facilities improvement in their targeted Stage 0 school, raising money and volunteering their time to improve what they viewed as insufficient infrastructure. Integration efforts faltered in this school, primarily due to the reported hostility of the school’s principal, but several ONOS members also attributed some of their failure to misidentifying the unmet needs of the school. Kevin was particularly self-critical as he analyzed ONOS’s failures, explaining: “In retrospect I sort of realize that what we thought was sort of the most obvious thing to offer, a library, was actually not the smartest thing, because
now having kids in public school, you sort of know that they don’t really use libraries so much. It’s sort of classroom based libraries, and actually our notion of this is the most important thing, a library, was actually sort of stupid. Um, not that it was wrong, but it’s all classroom based, and maybe that wasn’t the best thing.” Had they better identified a school improvement that all interested parties would hail, they might have had an easier time earning the respect of the community they wanted to join.

**Policy Recommendations**

Applying the insights of Henig et. al. and Hirschman to all of the pieces in play in the process of tipping in----solving the collective action problem, the need for school leaders with wide appeal, ameliorating the internal gentry conflict, addressing the external conflict that gentrification causes---and crafting policies that will facilitate the tipping in process is daunting. Thus, in addition to identifying a way to possibly transform schools from Stage 0 integration to Stage 3 integration, through Urban Education Cooperatives, I will also explore the possibility of avoiding the tipping in process entirely through the creation of new charter schools that start diverse. Both ideas will be explored below.

**Urban Education Cooperatives**

I propose the creation of Urban Education Cooperatives (UECs). As conceived, UECs would be groups of parents, formally organized by each New York City Community Education Council, who are committed to public education, but who don’t feel comfortable with their zone school, and are willing to enter a district school that is underutilized by zone families if they are guaranteed that their children will be in the same kindergarten classroom with other members of
the UEC, and that they get to decide, as a group, which school they would like to attend after meeting with the principals and parent leaders of each school in the district that is identified as an option. UECs are not a policy solution that has, to my knowledge, been tried before, and thus each step in the formation and implementation of UECs, as I recommend they unfold, will be described in detail below, accompanied with an explanation of how the step attempts to addresses the barriers to tipping in. Because I believe school integration in gentrifying neighborhoods is desirable, and because GPs appear to have more exit options that their non-gentry neighbors, UECs are designed to keep more gentry families in their neighborhoods for elementary school by providing them with a clear path toward helping to create a diverse school.

**UECs: Step 1**

All families in a district are mailed information about UECs, and are invited to attend a meeting where they will spend the day engaging in workshops designed to elicit their trepidations about their current zone options, and determine their desires for what it is they want in an elementary school for their child. Then, depending on the size of the group, families will either all be grouped as one or sub-divided into smaller groups by similar school desires, geographic proximity, or however it is they want to subdivide. Families will leave this first session with a sense of who the other UEC participants are in their district, and will be signed up in an on-line group where they will be able to continue their conversations with the UEC members they have coalesced with.

School districts encompass many neighborhoods, zone lines divide neighborhoods, and social capital can be widely dispersed within a relatively small geographic region. When GPs in this study have tried to network to solve the collective action problem, even if they live 2 blocks
from each other, or attend the same nursery school, their children can be zoned for different schools. Principals in underutilized schools can let non-zone families in, and often do, but it adds a level of stress and uncertainty to the process that can make GP organizing difficult. Evidence from this study suggests that seeding middle-class energy in a school does not require a large number of middle-class families, it is just a matter of figuring out how to get them together in the same place at the same time and provide them with the necessary comfort zone for action. UECs solve the collective action problem and do so in a way that gives the group institutional support for expressing concerns about the perceived limits of some zone schools. If an arm of the school system, the Community Education Council, is sanctioning organizing efforts and acknowledging that parental reservations about particular zone schools are valid, and they are providing a space to discuss these reservations--- the “broad public dialogue” recommended by Henig et. al. (1999)--- then paving the way for targeted tipping in efforts will be less likely to exacerbate gentrification’s external and internal conflicts.

By inviting all community members to these meetings, and posing them as a forum for any parent unhappy with their zone school to organize for something better, UECs can’t be accused of privileging GPs. There will undoubtedly be accusations that UECs privilege parents with time, who are more likely to be higher class parents who don’t have to work multiple jobs to support their families. But I have been to several Community Education Council meetings, and there are definitely parents from a wide socio-economic spectrum with time to participate in community activism and vent frustrations. While UECs are conceived as a way to solve the collective action problem for GPs to facilitate tipping in in gentrifying neighborhoods, the benefits will not be limited to only GPs. Any parent unhappy with their zone option will have the chance to discuss their reservations about a particular school, and potentially find a way to
network prior to entering that school or another underutilized district school to improve their child’s situation. UECs give enhanced voice and more choice to all participating families.

At a practical level, GPs participating in UEC organizing meetings will not have to rely on their own limited networks to find other GPs interested in giving their neighborhood school a try as long as others are also interested, nor will they be restricted to only networking with families living in the same zone. The meeting will be set up for them, they can network with whoever shows up from the district regardless of which school they are zoned for, and they can do an initial assessment of whether there is potential within their neighborhood for integrating a segregated school. While Chapter 5 describes in great detail the networking efforts of Innovator GPs who successfully brought small groups of GPs together to enter a school collectively, these Innovators were not the only people I interviewed who could see how a path to school integration was quite possible if a large number of GPs in the neighborhood just did it. Many of the Early and Late Majority GPs in this study who had a strong preference for diversity and had thoughts about what their neighborhood school could be, simply couldn’t imagine figuring out how to devise such a change in a school by themselves. They didn’t feel like the kind of people who could orchestrate such an undertaking. They were not Innovators by nature, but they were open to possibilities.

Several Early and Late Majority GPs made comments throughout the course of my research that suggested all that might be necessary to start the tipping in of a school is for someone to ask, “Who wants to do this? We’re organizing it.” I overheard Lara, in the nursery school cubby room amid anxious chatter about kindergarten, saying, “If a bunch of families are going to go in together and try to change P.S.____ and make it better, I don’t want to miss out on that!” But, that was all I ever heard from her about it, despite seeing her every day. She never
tried to organize it, she just wanted to be a part of it if it were somehow happening. Zoe was another GP who casually wished for “fewer public school choices,” so that she “would be forced to improve P.S.____.” These two non-Innovators could imagine tipping in, could imagine being part of it, but not under their aegis. Elizabeth was the same. Although an Early Majority GP in behavior, she spoke with an Innovator’s commitment to social justice. She was not a part of any tipping in process with her son, sending him to a popular neighborhood GT program. But because she seemed so open to the concept of tipping in during our interview, I posed the UEC idea to her as something for her younger daughter, to which she responded, “Yes, I think that would be a way to get people, if a group, if every parent in our nursery school, in the graduating class, said, ‘OK, we are all going to stay as a unit, and stay strong, and all go to P.S.____,’ I would definitely, you know, I think I would do it. I think I would do it. I think I would feel good about doing that. But...on your own.....” The daunting nature of doing something on one’s own repeatedly came up, and having the initial UEC meeting organized by an arm of the school system could instigate non-Innovator GPs like Lara, Zoe, and Elizabeth to act, simply by asking them, “Are you interested?”

**UECs: Step 2**

After the initial UEC organizing meeting, the UEC Choice Facilitators, who listened to the families during this initial meeting and helped them organize their groups, will then figure out which schools in the district are underutilized, and target several that seem like good potential schools for a UEC kindergarten group, keeping in mind that every school in this study that is in some stage of tipping in was not considered a failing school by any measure other than being segregated. The UEC Choice Facilitator will then meet with the principals of these
schools to organize tours and information sessions for UEC members. At this juncture, school principals who aren’t interested in participating in the UEC program will have the opportunity to opt out. Leaders who are happy with the way things are in their school and are not interested in having to work with a group of vocal families, or who have other reservations about the program, can decline to participate. This “opt out” provision should ensure that principals not well equipped or not interested in managing the G/NG gap will select themselves out of the program.

Principals who are interested in welcoming a UEC at their school will meet with their school’s parent leaders to explain UECs and determine whether there is parent support for a school diversification effort of this type. If the parent leaders agree, the school will become a potential site. Interested principals will also be provided with conflict resolution training to help them hone the skills they will likely need to work with a diverse group of families with different demands and expectations. UEC groups will then visit each targeted school, tour the school, and spend time with the principal and parent leaders discussing what they would like to see happen in the school’s kindergarten the next year, and what they are willing to bring to the table to make that happen, continuing the broad public dialogue started at the initial UEC organizing meeting.

Giving GPs voice about a particular school prior to entering that school, instead of forcing them to wait to exercise their voice until they are already in the school, should allow more space and time for building GP loyalty to a school, delaying exit, giving integration efforts more time to take hold. In Hirschman’s (1970) paradigm, the choice between exit and voice starts from a point of already being a part of something. A third option needs to exist, where GPs have the possibility of exercising their voice prior to entrance. UECs offer the possibility that someone can be a part of something and have a voice about that thing as an incentive to enter in the first place.
**UECs: Step 3**

After these initial conversations, principals and parent leaders will be invited to post reflections on their meetings with UEC families on the UEC website and make a pitch to the families about why they should choose school X. UEC members will then vote on which school they would like to attend, offering their reasons why. The majority vote would rule. If there is no majority, there would be a second vote for the schools with the top two vote totals. Once the school is selected in this fashion, UEC families would either commit to joining their UEC cohort at the school the following year, or decline, providing a final count to the principal and the group. Those families who choose not to join their UEC cohort would be back on their own, following the Department of Education’s established rules for all of their other public options. The goal is to build loyalty for the chosen school prior to entry to increase the chance that parents in the UEC will stay in the school and not exit at the first sign of imperfection and discomfort. Through the voting mechanism, GPs would be empowered to choose a school they think is the best fit for their family, and not be restrained by zone lines. The simple act of choosing should give GPs more of a stake in the school.

**UECs: Step 4**

The principal of the selected school would be notified, and the UEC cohort would start meeting with the principal and parent leaders in the selected school about specific goals for the following school year. The broad public dialogue about what constitutes “good” education would now be a community specific dialogue where those “winnable victories” (Henig et. al., 1999) could be devised and implemented fairly early in the school year, if not on day one. When GPs in this study talked about manifestations of the G/NG gap, many of their complaints
were about small details in the day to day operation of a school that were very important to them, and a lack of these things contributed to their losing faith in the school and their eventual exit. It is easy to imagine how simply giving GPs some small victories could make a very big difference in whether a school successfully retains GPs and continues on the path of tipping in. Several GPs who exited their early stage integrating schools made this very point to their principals, but were not listened to, erasing any chance of a necessary early victory. Timothy, for example, kept telling his principal, “Just let the parents walk the kids to class. It makes it seem so much more open and progressive, that’s all you have to do.” But it was never done. And Frederick, who simply wanted to volunteer in his son’s class, was told he could only volunteer in the school if he went into another classroom, because the principal was afraid “I would focus entirely on my kid the whole time.” Frederick tried to explain to the principal that he “wanted all kids’ boats to rise,” but the principal “couldn’t wrap his mind around this,” and the policy was never changed. And Frederick never volunteered, eventually leaving the school instead.

Those principals who took these seemingly small suggestions from GPs built up a reservoir of GP loyalty, like the support of Margaret, who gushed about all of the little changes her new principal had made that were extremely important to her. Margaret describes the contrast between old and new leadership, and how quick action on the little things by a new leader changed everything for her: “We fought for 3 years over whether we could drop off and pick up in the classroom. I mean when Jenny started in Kindergarten, she had to line up in the cafeteria, I’ll never forget her crying her first day, they had to line up, it’s a uniform school, she had to line up in the cafeteria and be marched to school, you know, marched up to the classroom, and back down, very rigid, the old principal. The homework in Kindergarten and first grade, now it’s, it used to be every night they had a ton of homework, now they only get it once a week,
it's basically optional, you decide if you want to make your child do it or not. These were kind of across the board changes that made it very comfortable for us.” While the issue of how much homework is appropriate is likely to stoke a prolonged discussion amongst a newly integrating community over what is “good” for a child’s development, the issues of drop off and pick-up in the classroom and allowing parents to volunteer in their own child’s classroom are much less likely to be philosophically divisive, and could be early victories given to UEC members if that is what they verbalize as important. Evidence from this study suggests that Timothy is right in his assessment that “little things make parents seem so much more welcome that it doesn’t matter, everything else just falls away,” and these early UEC community meetings prior to the start of school set these little things in place.

UEC cohort members who show up for X% of these meetings will be guaranteed a kindergarten seat for their child in the school, regardless of whether they live in the zone, and also be guaranteed that their child will be in the same classroom as the other UEC cohort members that kindergarten year, up to 50% of the class. If the UEC cohort is larger than 50% of one class, the UEC members will be spread throughout more than one class in roughly equal sized groupings. This enclave guarantee, while potentially problematic in that it will spark backlash against the perceived privileging of an already privileged group, is necessary to prevent GPs from choosing GT programs over UECs, simply to have an enclave guarantee. As already explored in detail in Chapter 3, many GPs are against GT programs, they merely utilize them because they want a choice beyond their zone school, specifically a classroom where they know their child will be with other middle class children. GT programs offer this guarantee, and UECs must also offer this guarantee if GPs are to view UECs as equally able, if not better able, to address their concerns about classroom diversity. UECs will not create the same kind of
hierarchical divide within the school, since children are not being screened for entry, with one group being labeled as superior to the other group. And with UEC members only guaranteed up to 50% of the spots in the classroom, there should be a much larger degree of social class mixing occurring within the classroom than typically happens in a GT classroom.

**UECs: Step 5**

The UEC seeding year will be followed up with additional seed years, up to 5 years so that UEC parent groups will be placed in all grades K-5, after which time the UEC parents inside the school should be well positioned to generate their own PR machine, stage spectacular tours, and continue the schools transition toward maximum utilization by neighborhood families. If the school reaches capacity due to increased demand that comes from only a year or two of seeding, no additional UEC groups will be placed there, and instead new district schools will be targeted. With up to 6 years total of seeding efforts, there should be enough parents who have had the opportunity to engage in a dialogue about what “good” schooling looks like prior to entry, building up a deep reservoir of loyalty to the school, and ensuring that these discussions will lead to actual changes in school culture so that the school successfully tips in and is considered diverse.

UECs attempt to address all of the issues preventing tipping in, but they will undoubtedly still fall short in terms of placating both the gentry internal conflict and the external conflict between gentry and non-gentry. Despite all of the conversations hosted through the UEC apparatus that attempt to allow a civilized voicing of what schools should look like and why it matters, with all interested groups invited to the table, UECs are likely to still be perceived as privileging the gentry, especially when all of their children are initially allowed to
congregate in the same classroom (assuming all GPs join the UEC). The backlash could be both internally and externally unsettling. However, short term problems should not prevent trying to do something to better integrate schools in gentrifying neighborhoods, as success in this arena would bring tremendous long term good. UECs, if they successfully weather the inevitable criticisms, can address the persistent problem that neighborhood gentrification has failed to resolve, little to no social mixing.

Rationale for UECs v. Controlled Choice

UECs have never been tried, and a case could be made for attempting a controlled choice plan in New York City instead as a better way to solve the collective action problem. In a controlled choice model, the school district spreads the children from impoverished backgrounds throughout the entire district so that all schools share the burden of educating a more challenging group of pupils. All families entering the public school system rank their top school choices, and the district then places families in one of their choices, balancing each school socio-economically so that no school exceeds X% poverty rate, typically 50% or lower. The model has historically been used in America as a way to distribute children racially, but has more recently been employed as a tool of socio-economic manipulation in response to the Supreme Court’s prohibition of using race as the sole factor in determining public school assignment. The socio-economic controlled choice model has been shown to effectively distribute children without causing massive exit from the system by the privileged. A 1995 survey done in Boston by Bain and Company found that 80% of parents were reportedly satisfied with controlled choice, and 72% said they preferred having a choice to being assigned to a neighborhood school (Bordas

221. Controlled choice is generally hailed by integration advocates as a necessary tool for preventing the return of segregation. Grant (2009) devotes an entire book to attributing the lack of “bad” schools in Raleigh, North Carolina to its socio-economic controlled choice policy. Kahlenberg (2001) is similarly passionate in making a case for socio-economic controlled choice as the way to substantively improve education for poor children. These programs are not without controversy, however, and Raleigh’s recent decision to return to a neighborhood based model of school assignment was met a mix of support and dismay (Zucchino 2011), a reminder that all policies have the potential to hurt or anger some individuals even if they arguably improve society as a whole.

Controlled choice, with its focus on more equitable socio-economic distribution, is a potential tool to be used as a way to force tipping in to occur in one fell swoop at multiple schools. In New York City, however, the use of this tool is problematic, primarily because of current New York City public school demographic, with overall poverty rates hovering around 75%. This high number makes controlled choice completely unfeasible in terms of guaranteeing a low enough poverty rate in each school to guarantee families that no school will exceed a reasonable poverty threshold of 50%. Implementing a controlled choice plan in New York City community school district by community school district instead of city-wide, as appropriate, is another possible option, since some community school districts are much more socio-economically diverse than others. However, this option would likely run into political problems if the district houses schools where popular, middle-class dominant, diverse zone schools already exist, and people have bought property purposely to reside in zone lines. Families in the zone would not want to lose their guaranteed option to attend P.S.______ if a controlled choice plan were implemented, and would likely organize to resist such a proposal. The neighborhood
school remains an ideal for many (thus the dismantling of controlled choice in Raleigh), and disrupting something that is already working well for some would be politically challenging, especially when the some tend to be politically active, engaged, regular voters. UECs would only target underutilized schools, and thus popular zone schools that are at capacity would not be impacted.

There is plenty of underutilized school social capital in New York City---families exiting for the suburbs when their preferred public school situation doesn’t pan out for kindergarten, families utilizing private schools---but there is not enough latent social capital currently within the public school system for it to realistically employ controlled choice. Engaging the surrounding suburbs in a controlled choice plan would be another way to alter the demographic mix and bring down poverty rates to a feasible level, but considering the already mammoth size of the New York City School system, 1.1 million children, this doesn’t make logistical sense, irrespective of political concerns. UECs shrink the size of the target reform area instead of expanding it, and harvest latent social capital neighborhood by neighborhood, seeding one underutilized school at a time. Gentrifying neighborhoods are unique demographic islands, and policies that aim too large will fail to focus intently enough on the people whose housing choices and attitudes toward diversity make them especially susceptible to willing participation in school integration efforts.

**Target new charter schools in gentrifying neighborhoods**

Alternatively, since tipping in is so difficult, it might be a better investment of political capital to avoid the tipping in process altogether, and simply create new charter schools in gentrifying neighborhoods that start off as diverse, since school diversity is the ultimate goal of
tipping in. Charter schools are not restricted by zone lines, and are instead able to use a lottery system to select their student population. If a charter school can successfully recruit a diverse pool of lottery applicants through a carefully crafted marketing campaign, the school will start as diverse from the beginning. And if school diversity can be achieved without communities having to undergo the wrenching process of change, this option should be explored.

Opening charter schools in gentrifying neighborhoods and designing them to be appealing to a diverse group of parents is completely feasible under existing charter law. Evidence from this study suggests that GPs will enthusiastically enroll in new charter schools as long as the schools do not posit a deficit model of instruction. As explored in Chapter 3, typical urban charter schools that offer extended school days and school years to ostensibly make up for what the children are not getting at home are not appealing to GPs. But, charter schools that market themselves as “progressive” or interesting in some other way, such as a dual language school, seem to be able to attract a diverse set of children if the neighborhood where the charter school is located is diverse. The marketing campaign must intentionally appeal to a wide variety of demographic groups, with different types of targeted ads in a variety of venues.

GPs believe they have a choice about how their children are educated, and they seem very open to new school options if the premise of the school does not assume that they are not providing the maximum academic support structure for their child at home. I learned of several new, diverse charter schools in gentrifying neighborhoods while conducting this research; and these schools were typically top choices for GPs. They liked that the school culture was new, and thus tremendously open to the voices of the parents. Everybody was working to build something together; nobody was working to change anything that was already there. The
newness and the entrance based on lottery and choice for all families seemed to prevent some of gentrification’s tensions from manifesting.

Critics of expanded school choice believe that a school marketplace can lead to greater race and class isolation, because the choice process “…will lead to ‘skimming’---where the best and brightest students exit traditional neighborhood schools and locate in the newly created and higher performing alternative schools”(Schneider et. al. 2000, p. 204). Indeed, one school in this study that was in the early stages of integration struggled to tip in part because of the creation of a new charter school in the neighborhood. The charter school was perceived as better meeting the preferences of the typical GP, and GPs who won the lottery chose the new charter school over the neighborhood zone school that was changing, but not yet diverse. GPs were skimmed away from the zone school and into the charter school, leaving the zone school stuck in Stage 2 of integration. One Innovator GP I interviewed, Margaret, specifically blamed the new charter school for hurting her efforts to integrate the neighborhood zone school, and was very angry that I was suggesting more charter schools might benefit a gentrifying neighborhood. She asserted that charter schools “destroy any hope of improving the neighborhood public school by creating a consumer culture and draining neighborhood schools of important parental resources, because where do they go except these charter schools.”

Margaret’s critique is shared by many scholars who fear that skimming can further intensify the disparities in student socioeconomic background across schools (Wells 1993; Moore and Davenport 1990), but these critiques do not take into account what happens without these additional school choices. Not all GPs are Innovators, able to withstand the potentially searing integration process, and many will simply opt out of the system entirely instead of allowing themselves to be forced into the zone school, even if they might be able to improve it
with their resources. Schneider et. al.(2000), in *Choosing Schools*, answer the question of whether choice increases segregation and stratification with a fairly confident, “We think not” (p. 222). Their argument is worth repeating: “If, for example, 80 percent of the population attending alternative schools is white, which schools would these children have attended before school choice was implemented? In many school districts, especially in central cities, we suspect the answer would be either private schools or a small number of neighborhood schools. In this case, the neighborhood schools are highly segregated and the absence of alternative schools does not produce more integrated schools. Indeed, if many of the white students in alternative schools had chosen private schools, the entire school system would be *more* segregated” (p.205).

Their line of reasoning is supported by evidence from this study, which shows GPs’ preferences taking them away from their segregated neighborhood schools and into whatever diverse public option they can find. Or, when faced with the choice between polarized extremes if no diverse option is available, they choose the segregated white GT programs over the segregated non-white neighborhood school. Only a handful of Innovators were committed to starting the integration process in their neighborhood school regardless of their other options, with most starting the process out of necessity when more desirable options reached capacity. Margaret was one of the rare Innovators whose social justice commitments trumped all other choice factors, and thus her belligerence toward charter schools is to be understood. But, as I argued with her and will reiterate here, if the goal is diversity, why must we take the most difficult path there? The charter school she was disparaging is PCS2, with a demographic breakdown as follows:

- White 33%
- Black 43%
- Hispanic 6%
- Asian 2%
- Free Lunch 30%
This is a truly diverse school. While the free lunch numbers are well below the city-wide average, and the white percent is double the city-wide average, this is still a diverse school by any reasonable standard. By proposing the creation of more charter schools in gentrifying neighborhoods, my hope is that more schools with this type of diversity would be formed.

The political challenges of creating additional charter schools in gentrifying neighborhoods could be as difficult as forming UECs, so they are not offered as an easy alternative. A recent article in the *New York Times* provides a good snapshot of the resistance that would mount in opposition to any policy proposal seen as benefitting an already privileged group of people. Reverend Taylor from *Church of the Open Door* is quoted as sermonizing against the expansion of PCS2 into a middle school, saying, “We’re going to have some fights ahead, including fights about creating special schools for white children” (Santos 2011). If PCS2 is able to be rendered into nothing more than a special school for white children, despite the fact a significant majority of the students in the school are not white, the prospects for creating both new charter schools and UECs are dim. Integration might be a value shared by most Americans, but there is little consensus on how it can or should be achieved.

**Summary: A better bound place?**

If our society is to continue toward a place where diversity is lived and not just talked about as a national value, communities will have to change, and gentrification is one of the ways change can happen. The GPs actually doing the small bore gentrifying----buying relatively affordable apartments, taking advantage of lower rents, slowly altering a neighborhood with different consumption demands---are responding not only to their own economic needs, but also to their expressed desire to live in diverse communities. If their behavior eventually leads to
meaningful social mixing for the next generation of urban dwellers, the gentry and non-gentry children, the arrival of GPs in cities should be welcomed. I reiterate, if city governments are implementing housing, business, and zoning policies that encourage neighborhood reinvestment and renewal in poorer neighborhoods, then the next step should be to implement education policies that are poised to capitalize on the intended influx of wealthier families into a neighborhood, policies that will actually increase social mixing between gentry and non-gentry residents.

This should be done despite the risk that improved schools might accelerate the gentrification process, which could end up displacing some families who are among the intended beneficiaries of tipping in and social mixing. This is a potential consequence of tipping in that Kevin spent some time dwelling on, and his conclusions perfectly capture the complexity of this issue, a complexity that will not be easily resolved with any policy: “I suspect that, although the neighborhood may have gentrified just as much, whether or not it had good local schools, you know, the gentrifying parents had ways of getting other options, but will it maybe happen faster and more thoroughly now because there is also a good local public school? It may well be the case that in the end, what we intended to be a binding process that would help to make the neighborhood a better bound place, that that will, in the end, have helped to speed up gentrification. It was certainly not the intent, but I don’t know what the alternative is. Everybody has a right to a good public school, both the new parents and the older parents.”
References


APPENDIX A: Gentry Parent Interview Guide

Question 1
First, how long have you lived in this community? Can you tell me a little bit about what brought you here?

- Probe 1: How old were you when you moved here?
- Probe 2: What was the neighborhood like then?
- Probe 3: What is it like now?
- Probe 4: Did you have kids when you moved here?
- Probe 5: Is this where you plan to make your life or do you have plans to leave?

Question 2
Can you tell me a little bit about your child/children?

Question 3
When the time came to choose a Kindergarten for ______________, what did you do? Can you walk me through the process?

- Probe 1: Did you do much research about your options? Walk me through the research process.
- Probe 2: Did you consult with anyone about your options before choosing? Can you tell me about those conversations.
- Probe 3: Did you know other parents who were contemplating schools outside of their neighborhood zone school? What did they choose?
- Probe 4: Did the decisions of other parents you know impact your decision making process?

Question 4
Other parents in this neighborhood have chosen not to attend the local school, where your child goes. Why do you think that is?

OR Question 5
Can you describe for me a scenario where you would choose to send your child to your local, neighborhood, zone school?
Appendix B: Examples of GP observations recorded in my field notes

10/22/09
I overheard some GPs talking in the playground today about P.S.____, and one of them was talking about how they were moving and she was taking her kid out of the pre-K. The other mom didn’t have a child in P.S.____. I told them I couldn’t help but overhear, and that I was doing research, and asked her why she was pulling her son out (the other mom didn’t ask why, perhaps she already knew, and I had to find out!). Finally, I found a mom who is not happy with the program and not happy with the school for the reasons I theorized most white, middle-class parents would not be happy! She is pulling her kid out of the school at the end of the week. They are moving to Brooklyn, so she would be pulling him out anyway, but they aren't moving for another month, and she is pulling him out early. She said the school was too traditional with too many rules. The whole rules/punishment system just didn't work with the way they had been heretofore raising their kid. He was used to discussing things and was coming from 2 years at a progressive pre-school where there was no rules/punishment system. Now, she said he was picking up things at school she didn't like, coming home and talking about rules they had to follow, it was a negative interaction at home, and she just didn't like how he was becoming. (I'm paraphrasing, but it was something like this). She said the parents might be changing but the teachers weren't, they taught in a very traditional, inner city way. She said something about how the school was going to be great eventually, because the principal was a hard charger who was pushing for this school to be the best. But, the teaching staff would have to change. So she attributed the school culture to the teachers, not to the principal. Interesting. But, she was clearly not happy with the place and the effect it was having on her kid.

11/16/09
Met another mom in the park today who does NOT send her kid to P.S.____ but is zoned for this school. She is friends with a woman in my building whose son goes to ______, one of the progressive choice schools in the neighborhood, and I overheard them talking about how things were going for their children in kindergarten. This woman’s son also ended up at a progressive choice school, but not the same one as my neighbor. Her son goes to ______. I forced my way into their conversation, having an easy opening since I had already interviewed my neighbor. I asked neighbor’s friend why she chose ______ over P.S.______. She said it was because of the pedagogy at ______, and that they seriously considered P.S.______. But they were concerned about the intense test prep at P.S.______, didn't want their child subjected to intense test prep. So, in a sense, it's like P.S.______’s high rankings on test scores are turning off some parents. An unintended inverted consequence of doing well on tests? They know the only way "these" kids can do well on these tests is through intense test prep, and they don't want their own kids to be a part of it. I'm assuming this is the stereotype, this woman didn't say this of course. When I asked if P.S.______ would have been their back up plan, she hesitantly said yes, like it wouldn't have been. She acknowledged what a great job the school was doing and how impressive it was how far the school had come over the last decade, but it was all said with a tone of that's great that has happened for that school, but that school still isn't a good fit for my family, because of the pedagogy. I have my own prejudices about P.S.______’s pedagogy, so I know exactly what she is saying, but it is always good to have confirmatory data point, to know I am not the only one with this perception.
Overhead some GPs at the playground today talking about P.S._____. The dad was describing the demographics of the pre-K class, and it sounded like they were at something like 50% white, 25% black, 25% Hispanic. Shocking! Well, not really, the question is, are they retaining the pre-Kers? I think the school is Stage 2, Changing, and the question is, will these new folks stay or go? I obviously can't wait to write my dissertation until all of these things unfold, I need to say this is where the school is at now, these are my findings, something to watch for in the future.
Appendix C: Codes most frequently identified

Black culture v. white culture
Changing a school
Choices limited by competition
Class v. race
Community as an important value
Convenience component of school choice
Diversity: Meanings and challenges
Dual language desire drives the choice process
Exit
Foreigners, the role they play in changing a school
Gentry parent leadership
Gentry parents networking to address myriad concerns about schools
Gentry parents believing they have choices
Gentry parents characteristics
Gentry parents more interested in a school if other GPs are
Gifted and Talented: 33 different subcategories
Hierarchy: perceiving which cohort of schools one belongs to
Insider/Outsider dynamic of demographic change
Judging other parents
Middle-class bringing more resources to the school
Minority status: does or doesn’t bother me
Momentum and Buzz
Neighborhood Choice
Perfectly fine school
Poverty concerns, exploring the boundaries of socio-economic comfort
Principal problem, including resisting integration and change
Principal key to school change, positive comments
Private school option as a component of school choice
Racial politics and their role in school change
School tours, the role they play
Teachers yelling at kids
Teachers, their role in the process of changing a school
White counting
Word of mouth as an important component of school choice
Appendix D: A visual overview of tipping in, recreated from my notebook sketches

Stage 0: Segregated

Innovators enter school and then leave the school. Thus, the school does not attract Wave 2 GPs. Remains segregated.

Stage 1: Stagnant

Wave 1 GP stays in school but is too eccentric to attract new GPs. GP is NOT a catalyst. School moves to Stage 1 integration but remains demographically stagnant.
Wave 1 GPs: Innovators

Wave 2 GPs: Early Adopters

Wave 3 GPs: Early Majority

Wave 4 GPs: Late Majority

Stage 0: Segregated

Stage 1: Catalyzed

Stage 2: Changing

Wave 1 GP stays AND is a catalyst. Attracts next wave of GPs.

Wave 2 GPs leave the school. Accordingly, Wave 3 GPs are not attracted to the school. School stuck in Stage 1 integration, or reverts back to Stage 0, segregation.

Wave 2 GPs stay in school and attract Wave 3 GPs. Wave 3 GPs exit the school.
Crucial Point in the Integration Process. Wave 3 GPs have much different expectations than Waves 1 and 2. Takes more to keep them in the school. And if Wave 3 doesn’t stay, the school never becomes diverse, it gets stuck.

Successful “Tipping In” process:
Appendix E: Early memo on the properties of different types of GPs and different stages of school integration

Looking over my notes, reflecting on some of the things Margaret and Paula said during our second interview, which was affirmed by Lisbeth. Margaret said that the new parents coming in are "not coming in with good will." Likewise, Paula said "the principal needs to understand that these parents are choosing between private school and P.S____." These 2 comments reflect the difference that M and P see between their own motivations and the motivations of newcomers. Likewise, Lisbeth, a distinct wave-oner, said of the newcomers, "A lot of them expected it to already be done for them." There are those who commit to a new project for social justice reasons and are willing to do the hard work. Then there are those who are willing to take a chance on something that is up and coming, but they don't want to do the hard work still required of them, because they heard the school was good, and changing, and their expectations are much different from the wave 1 folks. However, at a school like P.S._____ in Neighborhood A, the process of change was much different, the expectations were different. The wave oners came in not with a desire to change anything, they were just tolerant cosmopolitan who thought they already found a good school. They were foreign GPs. And now the wave 2 folks who saw wave 1 white folks in the school as a sign that it was OK for them to enter are now tinkering around with trying to change the school because it wasn't what they thought it would be. Maybe? I need to find more pre-K P.S.______folks. Think about the different wave mentalities, and whether they are always so distinct.

Maybe it needs to be less about a Wave 1 v. Wave 2 mentality and more about white counting/ the presence of any GPs in the school who are clearly active and making a difference. Or not necessarily making a difference, but their presence is obvious in a way that a Wave 2er doesn't enter thinking she is alone as THE minority.

I think it is important for me to distinguish between who is Wave 1 and who is Wave 2 and who is Wave 3 in each of my interviewees so that I can build the properties of each of these categories using examples, and figure out how one wave impacts the next. For each person's memo, start with a 1, 2, or 3 before the GPs name for effective sorting purposes.

Also thinking about people who COULD have been Wave 2 but instead opt to be Wave 1. Specifically the P.S._____/ P.S.______ split. Its seems that most of my P.S.______ folks also considered P.S.______, and would have been Wave 2 there, but not Wave 3, and instead opted to be Wave 1 at P.S.______. Buzz coming out of P.S.______ from the Wave 1’ers not good enough to attract Wave 2ers who are being lead by another force (Timothy in this case)

I'm thinking a Wave 2 person usually enters as a second/third/fourth choice. If they are Wave 2, the school is not their first choice, but an acceptable choice. What makes a school Stage 3 is that it could be considered a first choice, no big deal. When a school is in Stage 1, a gentry parent who chooses that school raises eyebrows in a big way amongst the social group. They have to explain themselves. When a GP enters a Stage 2 school, they have less explaining to do, the school is usually a second choice or third choice, but they are not totally crazy to give it a try. If it were their first choice, they might need to do some explaining, but if they are only going if they don't get X,Y, or Z, then they don't necessarily need to explain. Stage 3, no explanations necessary.
Do the Waves correspond with the stages? Yes. A Wave 1 parent goes into a Stage 0 school making it a stage 1 school. Wave 2 parents go into Stage 1 schools making them Stage 2 schools. And Wave 3 parents go into Stage 2 schools making them Stage 3 schools. So the Wave comes before the stage. A wave must come to create the stage.

What is another name for Stage 0: Segregated school? I need to come up with better names. Though to call Wave 1 "innovators" is sort of the same as calling them pioneers. Early adopters and early majority sounds much more civilized and less loaded, somehow. Though maybe not. Though, if my goal is integration, than saying, "The school is segregated" (stage 0), now it is in Stage 1 of integration, Stage 2 of integration, Stage 3 of integration, which is arguably.....Integrated!!!

I'm actually now thinking that there needs to be a Stage 4 school: Integrated. The wave 3 GPs have been entering the school for enough years that the school is finally integrated throughout, not just in the early grades. P.S.____, P.S. ____ maybe. Though if someone chooses a GT program over a Stage 4 school Gen. Ed. program, then maybe the school isn't really Stage 4. Or maybe a school that has a GT program can never be a Stage 4, because there will always be a class system within the school that prevents it from becoming the first choice. So, presence of a GT system prevents a school from being Stage 4. Presence of a dual language may not, however, especially a Spanish DL program. P.S.____ is arguably Stage 4, there is no GT, but there is a Dual Language. I'm not sure if the middle class is concentrated in that program or not. P.S. ______ might be a good Neighborhood B example of Stage 4, that and P.S ______.

This might be something worth putting in policy recommendations. Noting that GT programs must be eliminated if the school is to transform to a Stage 4 school.

Properties less about numbers and more about the buzz in the school and who is going to that school, which Wave of parents is being attracted to the school. If Wave 3 parents are coming in, then the school is Stage 2, Changing, even if a pure numerical breakdown would suggest Stage 1, Catalyzed. Maybe.