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# Analysis

**P**roposals to link health and social services to schools are increasingly at the forefront of the policy agenda for children. In January 1991, newly elected California Governor Pete Wilson signed an executive order creating a cabinet-level position, Secretary of Child Development and Education, and mandating the presentation of recommendations regarding “the integration of social, health, mental health, and support services in the schools.”<sup>1</sup>

In May 1991, Florida’s Governor Lawton Chiles described his agenda for schools: “I look forward to the time when we keep schools open to 10 o’clock every night, have them going 12 months a year, make them a place where poor families can pick up Food Stamps and their food from the WIC program and their AFDC checks, and where they can sign up for job training.”<sup>2</sup>

These proclamations by a Republican governor and a Democratic governor of the first and fourth most populous states are just two of the more visible signs of a renewed interest in school-linked services. Other states—including New York, New Jersey, and Kentucky—are also giving priority to this approach for providing health and social services to school-age children.<sup>3</sup> At the federal level, both the Department of Health and Human Services and the Department of Education have initiated special projects for comprehensive children’s services (see the article by Gerry and Certo in this journal issue).

The interest in school-linked services extends beyond the halls of government. Members of the business community are also urging that schools and other agencies work together to bring children and their families the services they need.<sup>4</sup> The child-serving professions themselves have been advocates of this approach and, in some instances, have been the catalysts for legislation and other initiatives. For example, the national organizations of the American Public Welfare Association and the Council of Chief State School Officers have sponsored a special project, *Joining Forces*, to promote collaboration between education and social welfare agencies.<sup>5</sup>

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The heightened level of interest and activity in school-linked services may signal the beginning of a significant effort to restructure the way health and social services are delivered to school-age children and their families. We believe that this movement is promising and should be supported. However, we believe also that it is in an early stage and that much about its complexities and potential for effectiveness remains unknown. To date, evaluation of most initiatives is either insufficient or too preliminary to offer much guidance. Key policy choices regarding the design, governance, and financing of school-linked services are still matters of experimentation.

This issue of *The Future of Children* presents a variety of perspectives about school-linked services. This analysis highlights some of the key points raised in the articles and identifies preliminary criteria emerging for school-linked service efforts. Finally, this analysis discusses six critical issues that we believe require more attention if the school-linked approach is to be seriously considered as a better way to serve children and their families.

## Current Status of School-linked Services

An understanding of school-linked services today requires an understanding of the terminology involved as well as knowledge of the rationales and current experimentation.

### Definitions

The school-linked services effort is part of a larger movement for more integration of education, health, and social services for children. Integration does not typically mean the merger of these service systems, but rather increased collaboration among them—that is, a partnership in which a number of service agencies develop and work toward a common set of goals.<sup>6</sup>

In a school-linked approach to integrating services for children, (a) services are provided to children and their families through a collaboration among schools, health care providers, and social services agencies; (b) the schools are among the central participants in planning and governing the collaborative effort; and (c) the services are provided at, or are coordinated by personnel located at, the school

or a site near the school. Most often the school-linked approach requires agencies that typically provide health and social services off the school site to move some of their staff and/or services to the school. Although school personnel are actively involved in identifying children who need services, they are not typically the actual providers of the services.

### Rationale for Integrated Services

A number of factors are often cited in support of integrating services for children, whether by the school-linked or another approach. Lisbeth Schorr, in her book *Within Our Reach*, identified many of these factors, as do several authors in this journal issue (see the articles by Morrill and by Levy and Shepardson).<sup>7</sup> Proponents of integrated services are concerned that children's problems persist at disturbingly high rates despite decades of intervention and the creation of an extensive public support and service system. Some of these problems, such as juvenile delinquency and the need for foster care, have been getting worse over recent years.<sup>8</sup> Other problems, although decreasing in frequency, are becoming more costly. For example, although school dropout and

teen pregnancy rates have decreased for some groups in recent years, the rates remain high and are associated with increasing costs in terms of public benefit expenditures and lost productivity.<sup>9</sup> (See Child Indicators in this journal issue for further analysis of dropout rates.)

Proponents of integrated services believe that poor education, health, and social outcomes for children result in part from the inability of the current service systems to respond in a timely, coordinated, and comprehensive fashion to the multiple and interconnected needs of a child and his or her family. A recent report, *What It Takes*, identifies such flaws in the current organization of services.<sup>10</sup> First, the health, education, and social services systems are crisis-oriented; for example, a student may be ineligible for math tutoring until he fails his math course. Second, the systems divide the problems of children and families into rigid and distinct categories; separate and often conflicting eligibility standards govern the expenditure of funds for the different systems and militate against providing a comprehensive mix of health, education, and child welfare services to families that need multiple services. Third, there is little communication among the systems; their personnel have dissimilar professional orientations and beliefs about the needs of children, and they tend to concentrate only on those services that they are able to provide.

Finally, because each system provides specialized services, it is unable to craft comprehensive solutions to complex problems. For example, the school may be able to arrange for tutoring or job training for a teen parent; if the teen parent's child care needs are unmet, however, she may be unable to take advantage of these services. (See also the articles by Morrill and by Farrow and Joe in this journal issue.) As Farrow and Joe summarize, much of the failure of the current system can be blamed on "the iron triangle" of "specialized funding, specialized professional purviews, and specialized agency organization."

Generally, service integration is advocated as a strategy to reduce these systemic problems. Proponents contend that if agencies' services were not only co-located but also coordinated according to goals developed and shared by the family and all agencies involved, fewer of a child's needs would go unmet and his or her behavior and performance in school would improve.

A multitude of organizations, research centers, and foundations are actively exploring various methods for integrating services for children and their families. 11–13 In addition to the many papers and newsletters authored by these groups, several publications about collaboration and service integration have been recently distributed nationally.<sup>14</sup>

### **Rationale for School-linked, Integrated Services**

Beyond the arguments in support of integrating services, however, why is the specific school-linked approach becoming increasingly popular? First there are practical reasons: Schools are enduring, dominant institutions in the community. There is already a considerable history of schools providing health and social services (see the articles by Tyack and by Gomby and Larson in this journal issue). Schools continue today to provide a range of educational and noneducational services on a universal basis to children; this may position schools to provide more services with less stigma to at-risk families.

Focus on the school-linked approach is in part also due to the current attention to improving students' educational achievement. As Levy and Shepardson write in this journal issue: "[There] is virtually undisputed agreement that education is a good thing, indeed an irreplaceable element in achieving success in the current and future marketplace. . . . If supportive services can help ensure educational success and self-sufficiency, then the institution responsible for education should have a part in the provision of those services."

Several of the authors for this issue contend that there must be more recognition of the connection between improving academic performance and linking non-academic services to the schools. As Jehl and Kirst write in this journal issue, if the central goal of education reform is to improve the academic performance of all students, this goal can only be met for high-risk students if their health and social needs receive proper attention. This connection is also discussed, although not emphasized, in President Bush's national education strategy, *AMERICA 2000*.<sup>15</sup>

### **A Time of Experimentation**

Beyond the basic definition of school-linked services set forth in a preceding section, there are many additional questions about what this approach involves. What is the optimum set of services that

should be offered at the school? Who should receive these? How should they be delivered? What authority and responsibility should parents have in these efforts? What do school-linked services cost in both dollars and foregone opportunities? How can the effectiveness of services be determined? As the articles in this journal issue demonstrate, answers to these questions are still evolving.

Scores of initiatives have been launched nationally. The descriptions of six of these in the Levy and Shepardson article in this journal issue illustrate the diversity of the approaches undertaken to date. Some efforts target subgroups of children, such as those at risk of dropping out; others provide services to all students. Some provide direct services at the school site; others emphasize case management for referral and follow-up. Some are part of multisite, statewide initiatives; others are individual, local efforts. Some involve the larger community; others do not. Throughout this journal issue, authors emphasize that there is no one formula or model for implementing school-linked services. Each effort must be tailored to the specific needs and strengths of the community to be served.

Successfully linking social and health services to the schools will be a slow and difficult process for many reasons. The education, health, and social services systems are massive and have been built up over decades, and each has a unique history and funding structure. They are guided by their own groups of professionals, specially trained and unaccustomed to sharing either responsibility or authority with other disciplines and professions. Furthermore, the health, education, and social services systems of today are struggling to develop appropriate services for children and families who have needs that are substantially different from those of the past.<sup>16</sup> These efforts are occurring in a context of serious deficits in federal, state, and local budgets—deficits that often result in cutbacks in services for children. Finally, in addition to these systemic issues, a myriad of practical barriers inhibit the implementation of school-linked services. These barriers range from community resistance to lack of facilities and management information systems (in this journal issue see the discussions by Morrill, by Jehl and Kirst, and by Gardner).

Given these challenges and the limits of current experience with the school-

linked service approach, whether this movement will have staying power is unknown. As Levy and Shepardson write in their article, it is yet to be determined “whether this movement becomes one more fad that failed or a sustained innovation that truly contributes to more successful outcomes for children and families.”

There is much optimism and hope that this approach will in the long run make a difference in improving outcomes for children. There is interest in this approach, not only from the top leadership in schools and community agencies, but also from teachers and health and social services agency line workers. Finally, as the articles in this journal issue demonstrate, among proponents of school-linked services there is an emerging consensus regarding the criteria that should be met to maximize the effectiveness of these initiatives in improving education, health, and social welfare outcomes for children.

## Emerging Criteria for School-linked Services

The following criteria are derived from the articles in this journal issue as well as from publications cited in those articles. This is only a preliminary list; these criteria are still evolving as experience with school-linked services increases. It is important to note that very few of the current efforts at school-linked services meet all of the criteria that are presented here. A significant gap remains between defining the theoretical components for such programs and implementing them in practice.

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### **1. For school-linked service efforts to be effective, the participating agencies will have to change how they deliver services to children and families and how they work with each other.**

Tyack’s article in this journal issue documents the rich history of volunteer community efforts to bring health and social services to the schools. The article by Gomby and Larson discusses the myriad of single-focus efforts introduced into the schools. Typically, these efforts were added on to existing operations without any change in the commitment of resources or in how the school functioned. Many of these programs were not as effective as had

been hoped; many did not continue as volunteer interest waned or special funding ran out.

Perhaps in part in response to this past experience, proponents of today's efforts at school-linked services believe that these services can have a significant and lasting impact only with direct involvement and contribution from participating institutions. Most of the authors in this journal issue envision that schools and the participating health and social services agencies will be involved in all aspects of school-linked service efforts, including their planning, funding, and staffing (see the articles by Jehl and Kirst and by Gardner). Furthermore, the schools and other participating agencies will need to change their own procedures to facilitate the collaboration.<sup>17</sup> The points that follow present examples of such changes.

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**2. For school-linked service efforts to be effective, their planning and implementation should not be dominated by any one institution—schools or health or social services agencies.**

Many of the authors for this journal issue emphasize that a school-linked service effort must be a collaborative partnership characterized by shared power and respect.<sup>18</sup> The articles by Gardner and by Jehl and Kirst focus on this requirement and some of the ways it can be met.

The process to achieve this partnership varies from site to site, and little is currently known about what governance structure for overseeing the funding, staffing, and operations of school-linked service efforts best promotes the goals of collaboration. As discussed later in this article, the topic of governance structure may be an area where process research can be helpful.

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**3. To be effective, school-linked services should be comprehensive and tailored to the needs of individual children and their families.**

Proponents of today's school-linked services shun the historical trend of adding a single service or staff person to a school in response to some identified

problem. They urge instead that a comprehensive set of services be available or coordinated at the school site.<sup>19</sup>

The definition of *comprehensive* is fluid, however. There is no specific core of services that is recommended for all sites. At a minimum, proponents envision that the school will become the site for provision or coordination of some combination of education, health, and social services that reflects what is currently available to children in a particular community. In addition, these services should be available at differing levels of intensity, appropriate for those children and families who require only short-term minimal support or intervention as well as for others who require long-term, intensive treatment or crisis-level services. Finally, available services should be sufficiently diverse and flexible to allow them to be tailored to the specific needs of the child and family.

Thus, proponents of this approach envision that school-linked services will be defined not by formula, but by the unique needs and resources of the community and the specific needs of those served. Because of this, the process for determining the mix of services for a particular community is very important. For example, as Jehl and Kirst and Gardner suggest in their articles, one of the initial tasks in planning school-linked services is to conduct a needs assessment of the community. An effective assessment should be multifaceted; should review data from the health, education, and social services sectors; and should include in the planning process participation from staff, parents, and the broader community.

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**4. Each agency participating in school-linked service efforts should redirect some of its current funding to support the new collaboration.**

This criterion may seem obvious, but most current efforts at integrating services through schools have relied primarily on new, short-term funding. As discussed later in this article, long-term financing is perhaps the most critical issue that needs to be addressed in these efforts. As a result, there is little long-term stability for these efforts. To establish a stable funding base, collaborating agencies cannot rely exclusively on new funds but must also contribute existing funding and staff to the effort.

Although some limited additional funds may be required for start-up costs, evaluation, and information systems, school-linked services are not promoted as a strategy to seek significant new funding. Instead, one of the central claims for school-linked and other integrated service efforts is that better outcomes can be achieved with the reorganization of existing funds and services.<sup>20</sup> After such reorganization has occurred, the need may emerge for additional funds to serve more students and/or achieve even better outcomes. As Farrow and Joe write in this journal issue: “Only by using current funds more effectively and demonstrating that they are already part of a productive financial strategy will it become plausible to seek the expanded, longer-term funding necessary for stable, broad-scale programs.”

Such redirection of existing funding may involve merging or even phasing out one program in favor of funding the collaborative effort. It may involve redefining roles of existing staff members to cover the tasks of collaborative efforts and service delivery at the school. It may also involve making every effort to tap into categorical funds available to the school, the social services agency, or the health agency—funds that have not previously been utilized. Such strategies are discussed in greater detail by Farrow and Joe in this journal issue.

These tasks are extremely difficult. Some school districts and public health and social services agencies are in such dire financial straits that they must cut their existing programs, making it difficult for them to redirect funding to new efforts. Similarly, making better use of categorical funds can be extremely difficult, requiring lengthy and technical negotiations with state and federal agencies. Despite these difficulties, the key point in planning school-linked service initiatives is to avoid relying exclusively on one-time-only appropriations or grants from government or foundations.

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### **5. To be effective, school-linked service efforts should involve and support parents and the family as a whole.**

One of the fundamental goals of current school-linked service efforts is to make the family not only the focus of child-serving agencies, but also their partner.

The goal is to “enable” (see the article in this issue by Gerry and Certo) or “empower” the family.<sup>21</sup> This relationship can be fostered in several ways, and there is much variation among existing programs. Parents can be involved in the planning and governance of the school-linked service efforts. They may also participate in assessing the needs of their sons or daughters and deciding on services for them. In addition, the schools may provide services to parents, such as parent education or job counseling, or simply provide a place for parents to come for information and support as needed.<sup>22</sup>

The principle urged by several authors is that a child’s family is the most important influence on that child and that to achieve better outcomes, parents should be actively involved and their needs considered in the development of appropriate services. In addition to specific services, a central goal of this approach is to create a trusting, supportive, and informative relationship between families and service providers.<sup>23</sup>

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### **6. School-linked service efforts should be both willing and able to collect data about what is attempted and achieved and at what cost.**

Evaluation as a critical issue is discussed later in this article. But one of the central principles of today’s efforts at integrating services for children, including the school-linked approach, is that the resulting systems must include a mechanism to provide accountability for producing identified outcomes. The outcomes will likely include improved student behaviors as well as changes in the schools and other child-serving agencies. Accountability is necessary to evaluate the effectiveness of the effort. It is also, to some extent, a quid pro quo for the new decision-making authority and flexibility in funding sought by providers of integrated services. If providers want to be freed from much of the regulation of how they use funds to address children’s needs, they must be willing to be evaluated by the outcomes they produce.<sup>24</sup>

Although accountability must be an integral part of school-linked service efforts, expectations for quick and dramatic change in behavioral outcomes should be realistic. Certainly, the larger problems—the number of children who are homeless,

inadequately housed, living in poverty, or significantly deprived in other ways—will continue to affect the health, education, and social welfare of children. The larger problems will not be quickly or completely remedied by a new collaboration among child-serving agencies. On the other hand, investing in school-linked services makes sense only if one believes that, in the long run, changing how services are delivered will improve not only access to services, but also the behavior, knowledge, and attitudes of students.

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### **7. To be effective, school-linked service efforts should be able to respond to the diversity of children and families.**

As Tyack documents, a primary goal of the earliest efforts at providing health and social services at the schools was to assist immigrant children overcome their differences and assimilate into the prevailing American culture. Likewise, part of the motivation for today's renewed efforts is the recognition that the children in our schools are very diverse along a number of lines—cultural, ethnic, and economic—and that they come to the schools with different needs. Although the ultimate goal is still to make these students productive members of society, more attention is now paid to offering services that are sensitive and tailored to their individual backgrounds and needs.

Authors in this journal issue suggest that, at a minimum, planners of school-linked services should understand from the beginning the ethnic, economic, and social composition of the students they intend to reach (see discussion of needs assessments in the Jehl and Kirst article and in the Gardner article). In addition, planners should specifically address what staffing, training, or other operational tasks will be necessary as a result of the diversity they find.

If these seven preliminary criteria are applied to existing efforts, the gap between theoretical goals and practice becomes evident. To begin to close that gap and to begin to define more precisely what can make a school-linked service effort successful, several critical issues must be addressed by policymakers and others who promote this approach.

## **Critical Issues**

There are at least six critical issues that must be addressed more fully and consistently as school-linked services are planned and implemented. They are: systemic change in the schools and child-serving agencies, targeting, financing, evaluation, state and federal leadership, and alternatives to the school-linked service approach.

### **Systemic Change in the Schools and Other Child-serving Agencies**

As discussed in the preceding section, one emerging criterion for these efforts is that participating schools and other agencies change how they provide services to children and families and how they interact with each other. For school-linked services to be effective, proponents believe that these agencies' daily processes must be altered to facilitate the collaboration. Although this general proposition is often stated, the specifics of the change required are not typically discussed. We believe that this assertion requires more clarification as the school-linked service approach is further implemented.

The above criteria and the Levy and Shepardson article in this journal issue suggest a beginning definition of the necessary change. For effective school-linked services, the schools and the other participating agencies will need to create an ongoing process to identify common goals and to plan the implementation and evaluation of their efforts. Schools and agencies will need to redirect their existing funding streams and to increase the authority of personnel who work directly with children and families to allow personnel to make decisions about services without having to wait for district or county approval. They will need to establish internal procedures by which their staff can identify problems in children and follow up with staff from the other agencies. Within each institution these needs will require changes in the roles and responsibilities of selected personnel. Teachers, health providers, and social workers will need the time, training, and authority to participate in the school-linked service collaboration. New standards of accountability will need to be developed for every level of staff in the participating agencies. The new standards must emphasize the achievement of positive outcomes rather than dictate specific inputs.

These and other changes necessary for school-linked services may be encouraged as part of broader reform movements within each of the education, health, and social services sectors. As one report about school-linked services states: “[The] convergence of reform in all of the people-serving systems presents a moment of unique opportunity in which to pursue a collaborative agenda.”<sup>25</sup>

Proponents of school-linked services should be in dialogue with those involved in broader reform of the education, health, and social services systems. Some of their agendas may well be compatible with school-linked services. For example, in education reform, one element of restructuring has been for school districts to give more decision-making authority and discretion to local schools and their staffs.<sup>26</sup> In the health field, there has been increased interest in creating health centers that can link patients with other services they need.<sup>27</sup> In the child welfare field, there is more discussion of focusing on the needs of the child in the context of the family and emphasizing preventive services.<sup>28</sup> Each of these developments is consistent with the goals and strategy of school-linked services.

The effect of other reform efforts on school-linked services may not be so clear. For example, the introduction of choice and/or a school voucher system may affect the schools’ ability to participate with other agencies and may also affect their interest in collaborating to meet the social and health needs of students (see the discussion by Tyack in this journal issue). Making students’ academic outcomes a more significant part of teachers’ evaluations could also impact the attention teachers pay to school-linked health and social services.

In sum, there is a need for more precision in defining how schools and other agencies must reorganize to implement school-linked services. It is also important that these systemic changes are considered in relationship to broader reform efforts.

### Targeting

One of the most important questions for determining what services should be offered, how they should be governed and evaluated, and what outcomes should be sought is whether a school-linked service effort is designed to serve all children at a

school or in a community or whether it is targeted to a particular population of children with specific, identified needs. To date, most efforts target services—either by selecting only those schools where a high percentage of the student body is from low-income families or by providing services at a school only to those students with particular needs.

The preference for targeting is understandable. In fact, limited funds may make it essential. Also, for both moral and practical reasons, it makes sense that the children with the most severe needs receive first priority. To make the system available to these children, there must be special outreach to them.

There is, however, some danger to targeting. The special attention focused on multiproblem students can be stigmatizing. Also, when a program focuses only on those most in need, there is increased risk that the program will begin treating the children and families served as somehow deficient; the program may emphasize only the clients’ weaknesses and not their strengths. Finally, targeting may undermine a basic goal of prevention: to make services available to children and their families before a crisis develops or a problem becomes acute.

We believe a better approach is to ensure some level of universal access to school-linked services to all children, even if special emphasis is directed toward high-risk students. In this regard the New Beginnings program in San Diego offers guidance. The program assesses every family when the son or daughter enters school. Some students are identified as in immediate need of targeted services. All others, however, can still use the school-linked service center through self-referral. This approach carries the advantages of both a universal and a targeted system. The fact that everyone can receive some level of benefit may produce broader community buy-in and political support.

The question of targeting is a difficult one, but it needs to be explicitly addressed in any new endeavor, with full consideration of the options and their consequences.

### Financing

The financing of school-linked services is the area that most critically needs attention before school-linked services can be broadly implemented. As Farrow and Joe write in this journal issue: “[Many] of the

issues that surround the financing of school-linked services are really issues of priorities, authority, and control over resources. For this reason, financing strategies require careful thought and, in the long run, can greatly affect whether these new services succeed or fail.”

Farrow and Joe recommend a fiscal strategy that includes some new core funding for the additional staff and services necessary for the collaboration; redeployment of existing funds, including relaxing categorical requirements for these funds; and maximum use of the federal Medicaid entitlement funds. Apart from the handful of efforts at decategorization and redirection discussed in the articles by Farrow and Joe, by Levy and Shepardson, and by Jehl and Kirst, most current efforts have not made significant progress in developing such a comprehensive strategy.

The difficulty of this task cannot be overestimated. Today’s school-linked service programs are only minuscule experiments in the massive health, education, and social services systems that have been built up over the last several decades. Morrill’s article in this journal issue cites an estimate that \$278.4 billion is spent annually on children through the education, health, and social services systems. To change such large systems, or even a portion of them, to allow more flexible funding for school-linked services is an extremely difficult task—one that most of the current efforts at school-linked services have failed to accomplish.

On the other hand, the massive nature of the system also offers incentive. If proponents of school-linked services are correct and collaborative, integrated services do produce better outcomes for children, the potential gains due to increased efficiency and effectiveness from large-scale reorganization of these systems could be very great.

### **Evaluation**

Evaluation of current school-linked service efforts has been sporadic both in type and in quality. Although some consensus is emerging that integrated service efforts generally—and school-linked services specifically—should be evaluated both for process and outcomes, this has rarely happened (see the Gomby and Larson article in this journal issue for a discussion of evaluation strategies). Many of the most recent efforts have collected some information about what services were provided

and for whom, but few have gone beyond this to learn more from the process and to determine whether the efforts made any difference.

For example, little is known to date about the optimum governance structure or organization of services for successful implementation. Comparative process evaluations may assist in answering these questions. In such evaluations, activity logs, staff time sheets, case records, inter-agency memoranda of understanding, logs indicating requests for services, and interviews with staff and program participants could be used to help trace how students and families interact with the new systems that have been established.

Perhaps the greatest need in evaluation, however, is the development and implementation of appropriate procedures for assessing outcomes. There should be more rigor in evaluations of school-linked services, including more use of closely matched comparison groups and/or random assignment to create genuine control groups. There needs to be more attention to behavioral outcomes and to changes in knowledge and attitudes. Researchers and others must develop common measures and approaches for measuring outcomes in a way that allows comparison among sites.

Evaluation is all the more important because school-linked service efforts are still in a stage of experimentation. We need to learn as much as we can from these initiatives. Toward this end, every school-linked service effort, no matter the size, should engage in some level of evaluation. For some programs, this might consist simply of a clear statement about what changes in behavior, knowledge, or attitudes the program is designed to affect and the collection of data and other information to measure these targeted outcomes. Other efforts will be able to incorporate some elements of experimental design to look more closely at the issue of causation (see the discussion in the Gomby and Larson article).

Large state or federal multisite initiatives should include well-designed outcome evaluations. Funding these evaluations will require a new appreciation of and commitment to evaluation by both legislators and private funders such as foundations. The investment in both the

initiatives and their evaluations must be undertaken with a long-term view.

### State and Federal Leadership

The fifth issue that emerges from many of the articles in this journal is the need for more state and federal leadership in the development and testing of school-linked service efforts. Too many critical issues simply cannot be resolved without greater participation at these levels of government. To date, even in those states where there are major initiatives under way, there is a tendency for the state to narrowly limit its involvement in scope, financial commitment, and time.

The Gerry and Certo article in this journal issue expresses the federal government's desire to assist state and local community-based efforts to integrate services for children and families. To fulfill this intent, federal leadership will be necessary to change federal eligibility requirements, funding restrictions, and program goals. More than technical assistance is needed if the federal government is to exercise leadership.

Furthermore, the state and federal governments can do much to alleviate some of the confidentiality requirements that block the sharing of information among agencies involved with school-linked services (see Appendix A). Finally, only the states and the federal government can fund some of the large-scale evaluations that are necessary to test this approach.

Although a few states have shown leadership in one or more of these tasks, most have not. And although the federal government has expressed considerable interest and funded some discrete projects, its efforts have been limited. The movement toward school-linked services will not be successful, or even successfully evaluated, without a decision at these levels of government to make a deeper commitment to testing this approach.

### Alternatives to School-linked Services

Finally, it is critical to compare the school-linked service approach with others. As the article by Chaskin and Richman in this journal issue discusses, this approach will not be effective if the school seeks to dominate or control the planning and governance of services. Furthermore, in some communities, a significant number of residents may view the school as antagonistic to their interests; the young people most

in need of services may be for the most part out of school; or busing or the use of magnet schools may mean that students do not live near their schools. Some of these barriers can be overcome through special outreach programs and through flexibility as to where services are provided. But in some communities, political and historical barriers may make the school-linked approach unworkable. Service collaborations that are planned and governed by the broader community or neighborhood may be more successful in developing a service system based on the needs of children and their families rather than the needs of an established institution like the school. In their article in this journal issue, Chaskin and Richman briefly discuss some of these alternative, community-based approaches.

In addition to these concerns about the effectiveness of schools as a central focus for integrated services, there is also concern about their appropriateness. Some believe that schools will better meet academic objectives if they are not also asked to be primarily responsible for students' nonacademic needs.<sup>29</sup> This caution, however, is consistent with the contention of many supporters of school-linked services that schools should only attempt to address the health and social services needs of children if they have the resources, expertise, and collaboration of other community agencies.

Given such concerns about school-linked services, experimentation with alternative approaches for integrating services for children and families is appropriate.<sup>30</sup> The implementation of effective school-linked services will be facilitated if planners know in what circumstances this approach would have the best chances for working.

## Conclusions

Interest in school-linked services is strong at many different levels of policy-making. Efforts to date deserve cautious optimism. They have incorporated important lessons from past experience; they are supported by a climate of reform and a developing consensus about the importance of evaluation. But it is impossible to overestimate the difficulty of establishing true collaborations among education, health, and social services providers and of producing fundamental change in how services are delivered to children and their families.

No matter the current level of enthusiasm, this new round of integrated service efforts will fail without a deeper commit-

ment of both public and private involvement and resources to address difficult issues such as financing and evaluation.

Carol S. Larson  
Deanna S. Gomby  
Patricia H. Shiono  
Eugene M. Lewit  
Richard E. Behrman

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1. Section 1 of Executive Order W-1-91, dated January 8, 1991, and signed by California Governor Pete Wilson. By the fall of 1991, legislation was passed that established the Healthy Start program, under which up to 100 planning and implementation grants will be awarded to support collaborations among school districts and other agencies around the state. The collaborations will provide health and social services to students and their families. 1991 Cal. Stat. ch. 759 (California Senate Bill 620).
  2. Taylor, P. Bringing social services into schools: Holistic approach offers health and child care, family counseling. *Washington Post*, May 2, 1991, at A1.
  3. In New York, the legislature has appropriated funds since 1987 to create and support community schools that provide extended hours and services to children and their families. The New Jersey legislature has supported for 3 years the School Based Youth Services Program, in which high schools provide a set of health, mental health, and employment services to their students. In Kentucky, as part of a court-ordered overhaul of the education system, the legislature has mandated that, by June 1995, resource centers be established in every elementary school and junior and senior high school. The purpose of the centers is to link students with needed health or social services or to provide the services directly. These actions are just a few of the more large-scale efforts at school-linked services that states are initiating.
  4. Committee for Economic Development. *Unfinished agenda*. New York: CED, 1991, pp. 21, 25. Families with multiple problems "need help in determining what services they need, assistance in finding and gaining access to those services, and support to help them successfully utilize those services." The report goes on to state: "[The] school itself can provide a convenient institutional focus for making this linkage because it is the institution to which almost all children between five and seventeen have access."
  5. For a description of Joining Forces and its activities, see Levy, J.E., and Copple, C. *Joining Forces, A report from the first year*. Alexandria, VA: National Association of State Boards of Education, 1989.
  6. Collaboration includes "jointly developing and agreeing to a set of common goals and directions; sharing responsibility for obtaining those goals; and working to achieve those goals using the expertise of each collaborator." Bruner, C. *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services*. Washington, DC: Education and Human Services Consortium, 1991, p. 6.
  7. In her book, *Within Our Reach, Breaking the Cycle of Disadvantage*, Lisbeth Schorr discusses the high cost of "rotten outcomes" for children. These outcomes include delinquency, dropping out, and teen pregnancy. She attributes such outcomes not to a single risk factor, but to an accumulation of risk factors, both biological and environmental, that interact to make poor outcomes much more likely. Her search for programs that effectively address some of these risk factors and reduce adverse outcomes leads to the conclusion that "programs that succeed . . . are intensive, comprehensive and flexible. . . . [Their] climate is created by skilled, committed professionals who establish respectful and trusting relationships and respond to the individual needs of those they serve." Schorr, L., with Schorr, D. *Within our reach, Breaking the cycle of disadvantage*. New York: Anchor Books, 1988, p. 259.

The contention that poor outcomes for children can be reduced by recognizing the interconnection of children's health, education, and social problems and structuring a system to effectively deal with these as a whole, rather than in a fragmented fashion, is at the core of the movement toward school-linked services. See, for example, the Farrow and Joe, Levy and Shepardson, and Morrill articles in this journal issue.

8. For example, between 1983 and 1989, the number of children in foster care rose from 275,000 to 340,000. In 1989 the number of minors arrested for murder was almost one-third greater than the number arrested in 1983. The number of young people held in

- correctional facilities on any given day jumped between 1977 and 1987 from just over 73,000 to almost 92,000. National Commission on Children. *Beyond rhetoric, A new American agenda for children and families*. Washington, DC: NCC, 1991, pp. 227, 284.
9. A family with multiple problems can receive benefits and services whose costs total tens of thousands of dollars annually. As Bruner writes: "Every state has its \$50,000 families. . . ." See note no. 6, Bruner, p. 5.  
Such public expenditures, however, are not the only cost of poor outcomes for children. As Schorr documented, business leaders and policymakers alike are concerned that continued failure to educate all American children will erode our national productivity, international competitiveness, and standard of living. See note no. 7, Schorr, chap. 1.
  10. Melaville, A. and Blank, M.J. *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services*. Washington, DC: Education and Human Services Consortium, 1991, pp. 6-8.
  11. Nonprofit organizations that are focusing on, and in some instances promoting, integrated services for children include, but are not limited to, the Institute for Educational Leadership, Washington, D.C.; the Center for the Study of Social Policy, Washington, D.C.; the Family Resource Coalition, Chicago; and the Youth Law Center, San Francisco. For a list of resources for additional information and assistance, see note no. 10, Melaville and Blank, Appendix B.
  12. Research and policy groups exploring approaches to integrated services for children include, but are not limited to, the Bush Center for Child Policy, Yale University; The Chapin Hall Center for Children, University of Chicago; and the California Policy Council.
  13. A large number of foundations have funded projects relating to school-linked or integrated services for children. In late summer 1991, the Foundation for Child Development of New York convened 15 of these foundations to discuss their experiences in funding such projects. In addition, a group of foundations in Northern California met regularly throughout 1991 to explore school-linked service projects.
  14. See note no. 10, Melaville and Blank; note no. 6, Bruner; Office of the Inspector General, United States Department of Health and Human Services. *Services integration: A twenty-year retrospective*. Washington, DC: Office of the Inspector General (OEI-01-91-00580), January 1991; and Office of the Inspector General, United States Department of Health and Human Services. *Services integration for families and children in crisis*. Washington, DC: Office of the Inspector General (OEI-09-90-00890), January 1991.
  15. *AMERICA 2000, An Education Strategy*, recognizes the many problems that children bring to school with them and that can interfere with their learning. Although the report states that schools cannot "replace the missing elements in communities and families," it also asserts that schools can "contribute to the easing of these conditions. They can sometimes house additional services. They can welcome tutors, mentors, and caring adults." The fourth track of the strategy, "Each of our communities must become a place where learning can happen," calls on community agencies and leadership to join with the schools in ensuring that the six national educational goals are met. The report promises that the cabinet "will seek ways to maximize program flexibility and effectiveness in meeting the needs of children and communities, including streamlined eligibility requirements for federal programs, better integration of services, and reduced red tape." U.S. Department of Education, *AMERICA 2000, An education strategy*. Washington, DC: U.S. Dept. of Education, (ED/0591-13), 1991.
  16. In a recent article, Harold Hodgkinson detailed the "spectacular changes that have occurred in the nature of the children who come to school." He contends that "at least one third of the nation's children are at risk of school failure even before they enter kindergarten" because of such factors as poverty, in utero drug exposure, lack of parental supervision, homelessness, and child abuse. He asserts that until we pay attention to these changes, our efforts at education reform will not produce important results. Hodgkinson, H. Reform vs. reality. *Phi Delta Kappan*, September 1991.
  17. The recent report *What It Takes* drew a distinction between collaboration and cooperation. According to the report, a situation called for collaboration if the "need and intent is to change fundamentally the way services are designed and delivered throughout the system." Collaborators can go "beyond the assessment and advisory activities characteristic of most cooperative system level initiatives" and "can authoritatively call for new directions in system-wide programming and make the budgetary revisions and administrative changes necessary to implement them." See note no. 10, Melaville and Blank, pp. 15, 17.

18. "All partners must share responsibility and authority when establishing goals and developing plans to meet those goals." At the top administrative level, this sharing may be seen as "giving up power." Collaboration "allows others to challenge the assumptions of one's profession or occupation." See note no. 6, Bruner, pp. 17-18.
19. As discussed above in note no. 7, Schorr called for such "comprehensive, intensive and flexible" services to serve children and families effectively. See also note no. 10, Melaville and Blank, p. 9.
20. In a recent article, Morrill and Gerry identified several hypotheses about the integration and coordination of services. One hypothesis is that integration will lead to increased access and utilization of needed services and thus to improved life outcomes. Another is that integration will lead to improved efficiency and cost reduction. Morrill, W.A., and Gerry, M.H. *Integrating the delivery of services to school-aged children at risk. Toward a description of American experience and experimentation*. Paper prepared for the conference on children and youth at risk sponsored by the U.S. Department of Education and the Organization for Economic Cooperation and Development. February 6, 1991, p. 4.
21. "[H]igh quality services must empower children and families. . . . [They] should have a considerable voice in identifying and planning how best to meet their own needs." See note no. 10, Melaville and Blank, p. 11.
22. School-linked services should not be seen only as attempts to prevent specific problems or to intervene where problems have already occurred. Many believe that service systems should also provide basic information and support that can benefit all families. See the Levy and Shepardson article in this journal issue.
23. See Schorr, L., and Both, D. Attributes of effective services for young children: A brief survey of current knowledge and its implications for program and policy development. In *Effective services for young children*. L. Schorr, D. Both, and C. Copple, eds. Washington, DC: National Academy Press, 1991, p. 33. The report summarizes a workshop of the National Forum on the Future of Children and Families.
24. See note no. 6, Bruner, p. 18.
25. See note no. 5, Levy and Copple, p. 1.
26. See Lewis, A. *Restructuring America's schools*. Arlington, VA: American Association of School Administrators, 1989, chap. 8.
27. See, for example, the description of the Healthy Start initiative of the U.S. Department of Health and Human Services in the Gerry and Certo article in this journal issue.
28. For example, in a recent report the National Commission on Child Welfare and Family Preservation proposed a system of services "to strengthen and preserve families experiencing problems before they become acute, based on realistic, concrete, early intervention, delivered through a community-based service mechanism." National Commission on Child Welfare and Family Preservation. *A commitment to change*. Washington, DC: American Public Welfare Association, 1991, p. vi.
29. In a recent book Chester Finn wrote: "To the extent we can get children's other needs met, they will learn more in school. Insofar as we can free schools from direct responsibility for dealing with those difficulties . . . we will be more successful in teaching algebra and civics. . . . [That] does not mean isolating the schools. They should be part of a coordinated effort on behalf of children. But in few cases should schools be the primary coordinators, and in none ought they be expected to solve these other problems on their own." Finn, Jr., C.E. *We must take charge*. New York: Free Press, 1991.
30. Both New York and California have recently passed legislation to support demonstration projects in which communities form councils with representative governance. The California legislation was vetoed by Governor Wilson (California Assembly Bill 831); the New York legislation became law (New York 1990 Session Laws, chap. 657).