

What have we learned documenting and evaluating school-linked services for children and youth at risk?

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Rapid social change, transformation of traditional family patterns, social isolation, and loss of community have revealed the ineffectiveness and inefficiency of uncoordinated responses from educators and other human service providers (Schorr, 1997; Sefa Dei, Massuca, McIsaac, & Zine, 1997; Volpe, Clancy, Buteau, & Tilleczeck, 1998). Economic recovery in this time of world wide readjustment depends on current and future human resources. The cohort of children that are in the midst of economic changes must be capable of supplying the knowledge, skills, and solutions to carry the changes, recovery and adaptation forward. The Organization for Economic Cooperation and Development (OECD) review "Our Children at Risk" reported that among member countries 15 to 30 per cent of children could be considered at risk, that is, in danger of failing school and/or of being unsuccessful in making the transition to work (Centre for Educational Research and Innovation, 1995). Children and youth at risk are those prone to academic failure and diminished life opportunities due to poverty, racism and other disabling conditions. They represent an international phenomenon whose educational and life adjustment problems transcend the traditional borders between existing disciplines. Moreover, this situation reflects the enormous problems being faced by education systems. Schools alone cannot deal with the complex of personal and family problems, high levels of violence, substance abuse, poverty, and alienation. Traditional social services also appear overwhelmed. Almost all children's services are fragmented, overspecialized, and overburdened. Their capacity for effective outreach is often limited by working in isolation to one another. Fragmented and piecemeal programs have challenged our ability to deliver educational, health, social, and recreational services to children and youth at risk. Moreover, these unintegrated services have been shown to be deficient in their ability to produce desired outcomes (Evans, Hurrell, Lewis, & Volpe, 1998). For over a century, efforts to link schools to other service agencies and community stake-holders have been part of government strategies designed to deal with this situation.

School Linked Services and Children and Youth at Risk

The aim of this paper is to review selected services integration literature in relation to lessons learned from the OECD evaluation of international efforts to link schools to health and social services. The specific task of the OECD project was to describe some of "the world's best efforts to integrate services" (Volpe, 1996). The project was designed to investigate the ways in which member countries have integrated educational, health, and social services to meet the needs of children and youth at risk. In the study, children who were "failing in school and unsuccessful in making the transition to work and adult life" were defined as being at risk of not making a full contribution to society. The ultimate goal of this paper is to derive lessons that can prove useful in planning and implementing more mature policies and practices.

Reported here are some of the major observations derived from the OECD study and several related studies conducted in Alberta, New Brunswick, and Ontario designed to describe innovative solutions to breaking down barriers to productive collaboration between schools and children service providers (Evans et al., 1998; Volpe et al., 1998; Volpe, Batra, Bomio, & Costin,

D., 1999). The focus of these projects was on the way in which effective services were organized for children in danger of failing school and/or of being unsuccessful in the transition to work. In the OECD study all participating member countries described the range of existing services, examples of good practice, and their evaluations of cost effectiveness. In addition to these country reports, in-depth case study reports, based on site visits and submitted documentation, were created to describe service integration in terms of legal mandates, management issues, operational problems, and actual practices. The study involved the collection of country reports, national literature reviews, and field based case studies of integrated services designed for preschool, school, and the transition to work periods. Information was gathered at four levels: mandating (legal and policy); strategic (managers and coordinators); operational (resource allocation); and field (implementation and service delivery). These materials were synthesized and supplemented by literature reviews from Europe, North America, and Australia, and in-depth case studies of exemplary services derived from field visits in Australia, Canada, Finland, Germany, the Netherlands, Portugal, and the United States.

Background

Diversity and fragmentation have challenged our ability to deliver educational, health, and recreational services. Linking school services to other services is part of a larger movement for the reform and integration of education, health, recreational and social services, including an effort to re-knit communities (Volpe et al., 1998). As a consequence, the terms partnership and collaboration in human service delivery are used throughout government. These terms cover a host of system reform perspectives that include school linked services, co-location of services, school based clinics, one stop shopping, wraparound services, seamless services, and comprehensive school health (Swan & Morgan, 1993). Although the term *school linked services* will be used in this paper, service integration is the most inclusive and widely used term. In many discussions of service coordination it subsumes the creation of more effective connections between parents and teachers, increased parental involvement, the development of communities of learners, closer community governance of schools, vigorous outreach initiatives, and a variety of work-study combinations.

Kahn and Kamerman (1992) define service integration as “a systemic effort to solve problems of service fragmentation and of the lack of an exact match between the individual or family with problems and needs and an intervention program or professional specialty, with the goal of creating a coherent and responsive human service system.”

Brief History of School Linked Services In Canada

Although service integration has been attempted in Canada since the turn of the eighteenth century (Sutherland, 1976), most contemporary formally evaluated second generation projects began in the 1970s and 80s. Many of these early efforts at system reform have given way to a “third generation” of service integration efforts.

The role of Canadian schools in linking children and families to a variety of services is not a recent innovation. The notion of offering or tying services to schools may be as old as the very concept of public education in Canada. The first generation of children’s services integration started in the late 1800s with the school acting as the major carrier of progress in health sciences. The greatest impact of an array of important discoveries in bacteriology came through the disease prevention efforts of schools boards working in partnership with public health. Sutherland (1976) quotes an Ontario minister of education declaring in 1880 that “the prevention of disease could be

more certain than the curing of disease itself". As compulsory schooling spread, children and their families could be served on a convenient and massive scale. Sanitation and sanitary health practices were demonstrated as effective means of controlling contagious and infectious diseases. Teachers were given a grounding in physiology and hygiene. Curriculum was developed that included information on diet and sound health habits for every grade level. Health visitors carried the public health message from the school to homes across Canada.

This approach was extended to the dental examinations and instruction in tooth and gum care. Permanent dentist chairs became fixtures in many Canadian elementary schools. In fifteen years health workers became a visible part of the services co-located in schools. In addition to sanitation, school design, lighting, and ventilation were influenced by these collaborations.

Interest in the prevention of disease spread to a concern for the prevention of social pathology. Evidence for this exists in widespread acceptance of eugenics. Many professionals believed that the consequences of "bad heredity" would be revealed through large scale intelligence testing programs in schools. Although these hereditarian views gave way to greater and greater appreciation of environmental determinants, they nevertheless fuelled a number of school linked efforts to ameliorate and prevent educational, health and social problems (Rosen, 1958).

Perhaps the culmination of these efforts came in 1920 with the launching of the Canadian National Committee for Mental Hygiene's interdisciplinary and interprofessional longitudinal study of children's school adjustment. This study co-sponsored by the Toronto Board of Education involved a team of psychologists, psychiatrists, nurses, pediatricians, and social workers working with teachers and school administrators in a Toronto school. Through careful analysis of public records Regal Road School was assessed as representative of the city's diverse social composition. In 1925 the team moved into the school and for eight years occupied two converted classrooms, gathering data and offering services to children and families. A portion of the original 1150 children involved in the study, their children, and children's children still participate in what may be one of the first and largest efforts to integrate educational, health, and social services (Volpe, 1999).

The second "post World War II" use of integration as an organizing principle is about 25 years old. This form of integration was more top down than bottom up, with governments awarding demonstration grants sought to link two or more service providers to allow for more effective individual or family treatment. Current service integration efforts or "third generation" efforts combine top down and bottom up initiatives that reflect reforms that are being sought across the whole spectrum of human services. What characterizes the real difference in these efforts is the extent to which they are more targeted and community focused (Volpe et al., 1998). These changes, called "new wave" (Crowson & Boyd, 1993; Waldfogel, 1997), reflect lessons learned during the earlier pilot and demonstration phase. Shorr (1997) notes that most of the programs initiated during this phase have disappeared, along with the naive optimism with respect to the possibility of total system change.

In reviewing the literature on school linked services since the 1970s, it is clear that in spite of good intentions, second and third generation attempts to link schools to other human service agencies have revealed the difficulty of implementing systemic educational change. Franklin and Streeter (1995) have outlined five emerging alternative models for linking schools and services: informal, coordinated, partnerships, collaborations, and full integrations. However, Knapp (1995) concludes that it has proven very difficult to institutionalize any of these linking initiatives. Despite strong advocacy and clear recognition of need, schools remain narrowly focused and protective of

their turf (Adelman & Taylor, 1997). Despite years of evaluation, service integration has not led to demonstrable cost savings, better use of facilities, or reduced bureaucracy at a level or on a scale that would count as a fulfilment of what has been promised by advocates (Crowson & Boyd, 1993; Chibulka & Kritek, 1996). Fears over loss of autonomy and power remain seemingly intractable barriers to social and educational change (Fullan, 1991).

Clearly, considerable controversy continues to exist around the role of schools in the integration of community services (Crowson & Boyd, 1993). Several factors account for this debate. First, disagreement exists on whether service integration is a means or an end in educational and other human services reform. Second, controversy exists over what is the appropriate level for implementation of integration efforts -- local (board), provincial (state), or national. Third, debate continues on whether a problem-focused, child/family, field, discipline, or multiple domain integration effort is preferable. If the ultimate aim of school linked service integration is to improve chances for positive educational outcomes, much of this controversy can be reduced by accepting that a variety of implementation forms will result from the interplay between service aspirations and community needs.

The promise of a package of coordinated services that would provide more, while using the same (or fewer) resources, in spite of complex difficulties, continues to have obvious appeal. As part of his argument for the “school of the twenty first century” to act as the hub of services, Ziegler (in Kagan and Weissbourd, 1994) noted that we have both knowledge and resources enough to do what is needed to help children and their families. The issue is not one of lack of resources, but of fragmented and uncoordinated services. Children have complex problems and multiple needs that are not well served by specialized and categorical services (Richardson, Casanova, Placier, & Guilfoyle, 1989; Donmoyer & Kos, 1993; Dryfoos, 1994; American Psychological Association Practice Directorate, & Coopers & Lybrand, 1996; Burt, Resnick, & Novick, 1998). Hence, service integration is the sensible and appealing symbol for ways of increasing efficiency and availability. Efficiency involves matching needs with resources. Availability refers to coordination and accessibility of services. These extended supports appear consistently in the literature as important aspects of the ability of teachers to address the full range of students’ needs.

General Findings and Lessons Learned

The most alarming finding from the OECD study was the extent to which all member countries have large populations of children considered to be at risk. In this regard, the decision of UNICEF to bring services previously designed for underdeveloped nations to Western industrialized countries is particularly significant. This major policy shift was the result of an understanding that wherever children live in difficult circumstances there is more similarity than dissimilarity in their plight. Another important contribution of the study, in addition to best practice service descriptions and an increased understanding of the multidimensionality of the concept of risk, was the finding that integrated services was generally the preferred delivery mode at all levels of service. Administrators valued economies, while professionals valued the improved service, reduced stress, and increased job satisfaction. Integration appears to have remained high on the policy agenda, though not for the reasons of responsiveness and equity often given in the early nineties. Rather, integration continues to hold interest because of its potential to provide affordability and accountability. This finding may account for some of the complexity and confusion of current policy debates. Moreover, integration often means the amalgamation of services, resulting in surplus people, and this has made it a sinister concept that is resisted by

service providers. This study yielded some potentially important lessons regarding characteristics of mature attempts to link schools with health and social services. These results are subsumed under the following headings: image of the child at risk, organizational form, progressive change, and leadership.

Image of the Child at Risk

Although no one model of school linked services exists, a consistent finding in all the exemplary programs reviewed was that many were explicitly child centred. This is in keeping with the assertion that to integrate a program you must have an integrating idea. In many of the case studies a wholistic child centred focus was consistently evident. Increasing the educability and improving the life chances of children were the general aims of the integration efforts. These goals provided a dual focus for both service delivery and the system of service delivery improvements. The former provided a tangible and concrete day-to-day feedback, while the latter was more abstract and unavailable to assess. These two dimensions have differential appeal to managers and front line workers. The more abstract goal, the implementation of policy, was the focus of managers. In contrast, front line workers sought input around whether or not their collaborative efforts had paid off in terms of improved service for children and their families.

Organizational Form

Organizational form refers to the ways in which schools are linked to health and social services. These forms both illustrate and illuminate the persisting question, "if school linked services are such a good idea, why is it so difficult to achieve?". The OECD study suggested that even in mature school linking structures, issues of funding, turf, and autonomy remain tenacious and pervasive. Crowson and Boyd (1993) point to the need for the creation of an institutional climate that will be supportive of linking efforts. Leadership and trust are both personal and organizational qualities that need to be addressed in creating the kind of climate that will enable integration to catch fire. As they argue, "people cannot be separated from the 'iron cages' of their separate employing organizations".

School linking tends to take on one of three organizational forms, a ring, spoke, or spiral (Kagan, 1994). Some linking arrangements involve agencies and individuals sharing common goals that each work on collaboratively. Problems are shared and they tend to have impact on all participants. This organizational form is like a ring or a circle, involving frequent and intense interaction. A substantially different form of linking is spoke-like interactions that have a primary agency acting as a hub to connect other agencies. These agencies interact with one another as specific needs arise to form spokes. These spokes are often coordinated to meet shared goals. Spiral organizations have multiple services that cohabit in the school. In time they may become absorbed by the larger system. An important example of this is day care, which may have arisen through a social service agency, but which comes under the control of a school.

In general, state level programs tend to be like rings, and local level programs are more like spokes. The implication of this observation is that large top-down programs tend to function best as rings, and smaller, service-focused programs work best as spokes (i.e., as small, problem-focused dyads).

Progressive Change

Third generation programs showed evidence of progressive change. Moreover, in keeping with modern perspectives on development, these changes were not linear. Multiple paths, along

with sidetracks and regressions, were evident. Context played a major role in shaping the emergence of organizational forms. Funding and governance changes caused disruptions and often transformations. The rate and pace of changes often hinged on political-ideological events and alterations in physical environments.

Guidance through the implementation phase of program development was also extremely important in shaping what organizational forms emerged. This period was often underestimated in terms of the length of time needed and the amount of effort that would be required. These features highlight the need for effective leadership by both management and service providers.

Leadership

Leadership, along with funding, must be counted as a program resource. Almost all forms of school linking recognize the importance of community/business, political, educational, and service leaders. Moreover, the extremely important involvement of families often appears as part of community leadership. Consequently, leadership appears to be intimately related to financial support. Business, government, and foundation financial resources result from an array of partnerships that are expressed through leaders. Power is rarely shared. Strong leadership consistently plays a role in the maintenance and evolution of programs.

Discussion and Conclusions

This final section will highlight emerging themes, trends, and issues that arise from previous sections. In examining program rationales three developments consistently provide program impetus. The first is the wholistic child centred view that has come to dominate thinking in education and human development. Second, is the fruit of numerous long term studies that show the multiplicity of paths to positive life outcomes. Third, is an expanded definition of risk that incorporates both personal and societal features. Each of these developments highlights the importance of seeing problems in living as complex and in need of supports and services that are at the same time multifaceted and coordinated. School linked programs that are effective are the product of service offerings, specific personal needs, and local conditions. Consequently, no one preferable model of service delivery has emerged. Rather, innovative school linked initiatives illustrate the dynamic nature of education and human service delivery.

The OECD's examination of relatively mature programs has enabled us to discern evolutionary changes as these undertakings have taken hold in schools. Most important among these changes is a shift from an emphasis on risk to protective factors, a shift from focussing on negative personal and environmental features to inherently more positive achievements and strengths. These shifts can be seen in a change in focus expressed in describing children in terms of promise as opposed to risk.

Funding changes have created a new mind set for many programs. Moving beyond a pilot or demonstration phase has grounded many providers and facilitated their becoming a school fixture. Funding is often as eclectic as the programs themselves. This is both a result and benefit of greater cooperation between schools, other services, and funding sources. Most programs began as foundation or privately funded initiatives and moved to more secure government support.

Through years of internal and external evaluation, constant justification, and intense competition these programs have become more able to articulate their practice visions and service delivery models. In many cases this has made it possible for more recent growth to be more purposive and coherent instead of a patchwork of opportunistic add ons.

School reforms are paralleling reform efforts in health and social services. In response to both legislative initiatives and public opinion, human services are attempting to overcome old patterns of operation. Many schools are trying ways of promoting learning and human development that better integrate school and community environments. Educators concerned with these developments are challenged to reconsider their roles. Consequently, teacher educators are challenged to reconsider the way they provide pre-service and in-service programs.

Western society appears to accept that it is increasingly having a problem providing even *good enough* environments for children. Advocates of human service reform have had to often overcome criticisms that their attempts were abstract, vague, and unfocused. Often they have to deal with individuals working on the front line who feared reforms would divert necessary resources from their efforts. Consequently, three major lessons from this review need to be reinforced. First, service system change requires intense interventions that grow out of or result in valued human relationships. Second, change is possible when communities work in concerted and integrated ways to solve shared problems in living. Finally, change efforts need to be part of everyday life if their benefits are to be sustained and fully realized. Therefore, it is vital that all community members understand and be part of efforts that are designed to alter their lives. These are important lessons. They require new attitudes, professional responses, and ways of thinking about human service delivery.

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