Integrating Services: The Case for Better Links to Schools

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As new economic and social realities come to characterize U.S. life, public and private service systems have become inefficient, discontinuous, and fragmented, and their responses to the expanding needs of children and families are limited. They are characterized more by *antergism* than *synergism*. Antergism, a term coined by R. Weinberg and W. Charlesworth, University of Minnesota, represents the concept where the whole is less than the component parts. The discontinuities in social services to children (such as making diagnoses but not treating the identified conditions) present a clear example of antergism. To insure a healthy future for children, systems of support must evolve a more holistic focus on individual and family needs through practices that maximize *collaboration* among educational, health, social, and economic support services.

Service Integration: Past and Present. The ideas of coordination, co-location, and liaison services have been part of public discourse for decades; in the 1960s and 1970s interested practitioners and federal and state governments sought to develop new administrative structures. Money flowed to schools and local communities initially, and special agencies and categorical services provided social and health services to people living in poverty. However, this top-down model was criticized for keeping clients passive and uninvolved in planning and decision-making, and for failing to provide ownership at the state, community, and practice level. Most of these early reform efforts bypassed schools entirely and funneled money for services through community-action agencies. Another problem, especially during the decade 1965-1975, stemmed from extensive federal and state mandates that were insufficiently funded, which resulted in many educators withdrawing their commitment to providing nonacademic services.[1-3]

Growth in the categorical programs that were intended to target specific human needs inevitably led to problems of fragmentation and limited coordination of effort. In fiscal year 1989 (Table 1) the federal government spent $60 billion on services for children in 340 offices and agencies within 11 cabinet-level departments.[4] State and local governments invested almost $200 billion additionally for K-12 education, Aid to Families with Dependent Children, Medicaid and foster care, and even more in related services. More than 30% of the total investment was targeted for the needs of children and youth. Combined with local expenditures, 50% to 60% of every tax dollar in most states are spent on children and related services; yet federal, state, and local government services are increasingly fragmented. Governor Terry Sanford[5] observed more than 25 years ago that since we do not know what direction is best, we go in all directions.

The problems of fragmented services, still present today, have led to a number of reform initiatives. Most established separate operating agencies with limited formal links to schools or school systems. Since the 1960s, the federal government has supported both broad system-level and service-oriented initiatives.[6] In general, broad approaches generally have failed or achieved limited impact whereas the smaller and less comprehensive service-oriented projects often achieved somewhat greater success. Systems-level approaches possessed more comprehensive goals but could not establish either political and resource support or the necessary consensus on shared responsibility and integrated funding from various service providers to achieve the vision. Since the late 1970s and throughout the 1980s, the education component in the reform of service integration became more isolated as schools shifted their focus to educational reform initiatives. Schools focused on excellence rather than poverty, emphasizing back-to-basics ideology, higher graduation requirements, academic outcomes, and more systematic accountability systems. Although many social and health services are not linked to schools today, increased nonacademic services can be observed, nevertheless, in the added busing, nutrition, counseling, health, and related services. These school-based services are poorly connected to other publicly and privately operated service systems although the pressures on schools can only be relieved by collaboration with other public sectors. Thus, the case for reform in the management and coordination of services is even more compelling today than it was over 25 years ago.[5]

The Changing Reality of Children and Families. The welfare and well-being of children and their families have declined sharply over the past 10 years. In the U.S. and many other countries, increases in poverty, especially among children, have persisted.[7-9] Other indicators — percentages of low birth-weight babies, births to unmarried adolescents, declines in high school graduation rates, juvenile violent crime and death rates — reflect a worsening reality for children and their families.[7] While rates of infant and child mortality have declined, other statistics evidence sharp reduction in the health and welfare of American children; most disturbing is the substantial increase in the number of children and youth living in poverty during the period 1988-1990.[7] Furthermore, the

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trends in poverty, responsibility, work, and health are among the most salient indicators of increased adversity for children and families.

Given the critical nature of the indicators, the importance and responsibilities of schools in the provision and integration of services must be strengthened.[10] Schools are places where problems can be identified earlier, prevention practices applied, and crisis situations addressed and reduced. Inasmuch as prevention of problems always is preferred, schools can become the focus of prevention efforts, the place where children and their families receive support, and the place where early signs of stress can be monitored and resolved.

Barriers to Reform. A major problem today is the lack of coherence in policy and practice relating to the needs of families and children in society.[4] This article identifies eight issues as barriers to meaningful improvement of service integration.

1. *The Medical Model.* While a misnomer, the phrase is used to describe services that are *crisis oriented.* In this model, interventions are initiated for problems; service recipients are viewed as disadvantaged or deficient in some way. An alternative to a deficiency or problem-based model is a *developmental model* — one that emphasizes prevention and addresses the unique strengths as well as needs of people at various life stages. This model shift has not been translated into practice.[4,11] Crisis-oriented interventions identify problems but rarely focus on the causes or prevention; thus, the problems tend to reappear, persist, and worsen.

2. *Categorical ways of thinking* divide the problems of children and families into distinct categories and thus fail

Table 1
Estimated Public Expenditures on Children, Fiscal Year 1989

Type of Assistance	Expenditures ($ billions)
Income Support	
Social Security[a]	12.14
Aid to Families with Dependant Children	7.35
Child support enforcement	.95
Refugee assistance	.15
Railroad Retirement	.09
Veteran's benefits	.06
Subtotal	20.74
Nutrition	
Food stamps	6.91
Child nutrition[b]	4.56
Special Supplements Food Program for Women, Infants and Children (WIC)	1.94
Commodity supplemental food	.06
Special milk	.02
Subtotal	13.49
Social Services	
Social Services block grant	1.34
Foster care and adoption	1.34
Head Start	1.23
Child welfare	.25
Juvenile justice	.06
Older American volunteers[c]	.05
Adolescent family life	.01
Other social services	.15
Subtotal	4.32
Education	
Compensatory education	4.19
Education for the handicapped	1.88
Chapter 2 Block Grant	.97
Impact aid	.76
Vocational education	.73
Bilingual and immigrant education	.16
Indian education	.07
Other education	.33
Subtotal	4.43
Training	
Job Training Partnership Act (Title II-a)	.80
Job Corps	.74
Summer youth employment	.72
Subtotal	2.26
Health	
Medicaid	4.15
Maternal and child health block grant	.55
Immunization	.14
Family planning	.14
National Institutes of Health	.11
Infant mortality	.02
Subtotal	5.11
Housing	
Section 8 Leased Housing Assistance	3.21
Public and Indian housing	.94
Home ownership & rental housing assistance	.22
Subtotal	5.11
Subtotal Direct Expenditure Programs	**59.49**
Tax Expenditures[d]	
Dependent exemption[e]	24.00
Earned Income Tax Credit (EITC)[f]	3.90
Dependent care credit	4.88
Exclusion of employer health insurance	4.54
Exclusion of public assistance benefits	.23
Exclusion of food stamp and housing benefits	.23
Exclusion of disability benefits	.10
Exclusion of survivors' and dependents' benefits	.47
Exclusion of employer-provided day care	.26
Exclusion of foster care payments	.03
Subtotal	38.64
Total, All Programs	**98.13**
Identifiable State and Local Expenditures on Children, Fiscal Year 1989	
State elementary and secondary education	89.99
Local elementary and secondary education	80.03
State and local AFDC	6.07
State foster care	.99
State Medicaid	3.20
Total, State and Local Children's Programs	**180.28**

Juffras J, Steuerle E, Public Expenditures on Children, Fiscal Year 1989. Presented at the National Commission on Children, Airlie, VA: November 1990.

[a]*Benefits for children come through dependents' and survivors' benefits.*
[b]*Includes the school lunch and school breakfast programs, and child care and summer feeding programs.*
[c]*Older Americans volunteer as foster grandparents and work on such issues as literacy and drug abuse prevention.*
[d]*Outlay equivalents.*
[e]*Technically, the dependent exemption is not treated as a tax expenditure, as the nontaxability of the first dollar of income.*
[f]*Includes both the reduced tax liability of EITC recipients and the refundable earned income credits that many families recieve.*

to reflect the *relationships* between causes and solutions to the problems.[12,13] Policymakers are unable to see the individual, family, and community connections; policies therefore, often are contradictory such as health care funding for children goes up but income assistance and educational support to single mothers goes down. The deteriorating conditions of individuals and families are not related to the conditions of communities and the educational success of children and schools.[10]

3. *Self-sufficiency, isolation and fragmentation* characterize service agencies. Providers have few incentives to communicate and coordinate with other public and private agencies; instead, they concentrate on their unique functions in competing for scarce resources.[12]

4. *Insufficient funding* of existing services in all areas[4,12] derives from a cost-containment world view rather than a focus on human investment. The result? Treating problems with crisis rather than prevention strategies, which increase cost.

5. *Interprofessional education* is not offered to service providers, administrators, and policy makers. Each learns to use different vocabularies, approaches, and ways of working within a narrow frame of reference. Models and strategies for collaboration and coordination are unknown to them.

6. Leaders in policymaking, administration, and service provision communities are *unwilling to confront the underlying causes* of the worsening conditions of children and families, and to emphasize the central importance of personal and community responsibility, values, and judgments.[14] Avoiding the issues of values allows many personally and socially destructive behaviors to become the acceptable norms of life.

7. The *lack of consensus* on policy goals and expected outcomes for services[15,16] prevents the clear delineation of expected goals and outcomes for the welfare of children and families.

8. Current *investment in research, demonstration, strategic planning and dissemination* strategies is insufficient to improve practice. In this information age and period of change, more than ever before, it is essential to invest resources in the activities that will improve policies and practices. Through research and the sharing of knowledge, we can learn from successes and failures and synthesize what we learn into coherent ways of thinking and action.[15]

THE PATH TO REFORM IN SERVICE INTEGRATION

Conceptual Framework for Reform. Reform is needed to achieve greater consensus on beliefs and goals, the development of different strategies and structures for achieving results, changing the relationships between providers and recipients of services, and measuring outcomes of the efforts — not just inputs and processes. Some useful conditions for creating greater opportunities and quality of life for people with special needs can be identified:

1. Reform services for children and youth by linking social, health, and economic support services more closely to schools and related educational institutions.[17] School-linked services models are discussed in the recent report of the David and Lucille Packard Foundation.[18] Some models create liaison personnel at school sites, coordinated case management strategies, evaluation indicators, and various specific strategies. A coordinating committee addresses more systemic problems relating to policies, sites, and agencies. The models for linking services to schools vary widely but the number of common attributes are likely to contribute to their overall success.[18]

2. Reform is aided by advancing systemic and coherent policies and strategies. Hence, a modest conceptual framework is proposed that is adapted from a model for leadership developed by the Reflective Leadership Center, Hubert H. Humphrey Institute of Public Affairs, University of Minnesota. It offers four major elements: policy-coherence and values, leadership, structure, and resources (Figure 1).

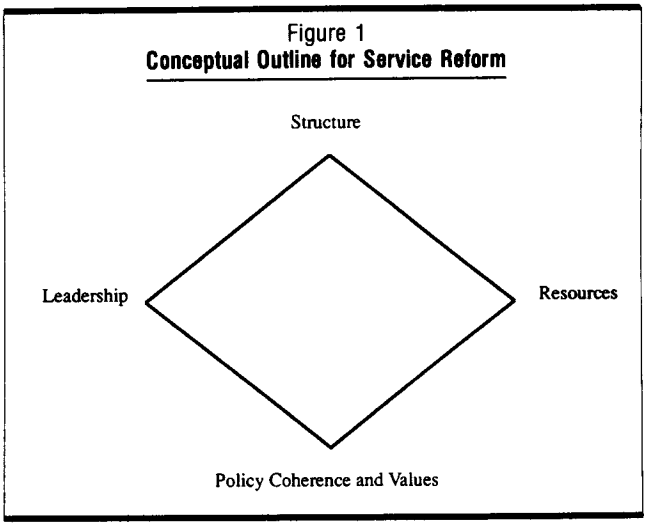
Policy Coherence and Values. Policy coherence and values are the foundation of any reform initiative. Integrated services must be grounded in clear and explicit beliefs, values, goals, outcomes, and standards. At the national, state, or community level, reformers must examine the meanings of well-being and health as they pertain to individuals, family, and community. These beliefs and values then become the underlying policy guidelines for ethical and just decisions regarding outcomes.

A growing belief (based on research and values) emphasizes the importance of addressing the needs of the whole child.[19] Education, health, and human services should be aimed at allowing all children first to develop their potentials in loving and nurturing environments and then to strive toward inner unity in an appropriate way.[20] It is important to clarify publicly what constitutes healthy development so impediments to growth and well-being will be recognized.

A coherent policy framework articulates the values and responsibilities of the community toward the whole child, the healthy family, community integration, and cultural diversity; and it makes explicit the goals, outcomes, and standards for providing quality support, prevention, and intervention services. At state and community levels, the goals should include service integration: ideals of collaboration, patterns of communication, structures for shared assistance and collective responsibility; and ways to maximize use of resources.

Policy *outcomes,* on the other hand, should focus on

Figure 1
Conceptual Outline for Service Reform



families and children and express what the community expects to achieve through services, and should address the needs of families and children and indicate the expected results of interventions. Finally, policy *standards* should spell out the availability, duration, intensity, range, and quality of services that are needed to support families and children.

The policy coherence so formulated must be supported by leaders at all levels of government and by the local citizenry to increase consensus on initiatives for children and families[10] and to sustain reform across normal election cycles.[21]

Leadership. Leadership in service integration reform is needed to clarify the values and benefits of collaboration and the limits of authority. It is needed at every level — federal government to family — to create the vision and reality of coherent policies and to construct principles to guide legislation, policy, and service strategies. Leadership and collaboration also should be modeled in higher education by people who conduct research and translate it into practice and who educate and train professionals. Their expertise in technical and professional matters is needed by government leaders and community members.[22]

To achieve true collaboration, leadership should be shared broadly and many people empowered with decision-making capabilities. Collaborations should be equal partnerships and the formal partnerships must be flexible and responsive to new insights to problems.[23] Without committed leadership, reform initiatives suffer from a lack of coherence, direction, and results.

Structure. The collaborative work to achieve service integration must address the issues of structure. Collaboration, cooperation, and coordination differ in structure from each other.

Collaboration is a mutually beneficial and well-defined relationship of two or more organizations to achieve common goals that cannot be accomplished by one alone. The structure shares responsibility, resources, and rewards and assumes mutual authority and accountability. Success is measured in outcomes.

Cooperation is a shared mission with some joint planning. Authority still rests with individual organizations.

Coordination, the least complex structure, is characterized by short-term, informal relationships. Mission, structures, resources, authority, and rewards are separate, and information and activities are shared only occasionally.[24]

MODELS OF COLLABORATION

Three distinct structures have emerged from existing collaborations in communities around the country: ring, spoke, and spiral models.[25] *Ring* models (cooperatives) involve multiple agencies or individuals with a common mission who interact frequently to solve problems. Each member retains its autonomy and identity. This system is found at the state level where mandated or systematic change occurs. Purely voluntary ring models are more vulnerable to disintegration.[26] They encompass some principles of successful collaboration but do not cement relationships because funding and resources are not shared, or the sharing is limited.

The *spoke model,* a "coordination" strategy, has a primary agency at the hub, and links to other agencies. Broadly based goals unite them. Many collaborations at the local level with links to a central agency provide this form of direct service. It is thought to work best when short-term, targeted goals must be identified and reached quickly. The hub provides, for example, multidisciplinary assessment, case management plans, referrals, and follow-up services.

The *spiral model,* usually a "collaboration," is a single agency that grows collaboratively by acquiring and administering previously separate agencies. Social workers, counselors, and school nurses, for example, have been incorporated into schools and their services are administered through educational agencies. School-based structures have both positive and negative aspects.[23] Arguments in favor include: co-location and administration of services include easy access to children, administrative structures that are already in place, services that are more likely to endure within the school system, and communication barriers that are easier to overcome. Arguments against include: programs may be perceived as "owned by the schools," which may diminish community involvement; the public perceives increased, nonacademic demands placed on teachers as leading to unsatisfactory educational results for students; and the negative connotations of a school with co-located services may discourage parents from engaging in programs because of feelings of intimidation, failure, and mistrust, and make the public unwilling to support new programs in the present fiscal climate.

Linking schools to a community-based model may be preferable or more acceptable than housing such services in schools.[18] Community approaches draw broader-based support and can communicate consistent standards and values.[18] This model requires more effort to create a new structure or restructure existing services. Whatever structure is adopted in a community, the model must include two types of relationships to proceed successfully toward a fuller form of collaboration.[27]

Direct service linkages: community reformers agree on the degree to which core services (such as outreach, intake, diagnosis, referral, and follow-up services) are linked and on the model of case coordination (such as case conferences, case management, case team). *Administrative linkages:* reformers must decide on management of integration effort and degree of administrative collaboration in three areas: fiscal (budgeting, funding, fund-transfer, purchase of services), planning and programming (joint planning, programming, development of operating policies, information sharing, evaluation), and administrative support (record-keeping, grants management, central support system). Models of coordination and cooperation tend to become more collaborative and more comprehensive when both types of linkages operate together.

Structures that are mediated (spoke model) or directed collaboration (spiral model) are stronger and function better than voluntary structures. Mediated and directed collaboration structures provide greater accessibility, continuity, and efficiency compared to voluntary collaboration structures.

A structure for service integration should include an

easy point of access that functions on behalf of families with minimum redundancy and bureaucracy. Such comprehensive systemic community-based school-linked structure or process requires extensive effort, planning, and time. Reforms if achieved in small steps, become increasingly collaborative over time, however. The more familiar a community with its own characteristics, the more its reformed service integration can incorporate existing resources and structures and create a model that better fits the unique characteristics of the community.[23]

Resources. Even the most carefully designed program will inevitably fail if funding is not provided and sustained. Grants and private sector funds rarely provide stable funding streams and long-term results.[23,26] Federal categorical funds are profoundly complex, contain strict eligibility criteria, and specify a confusing array of services to children and families. More flexible use of these funds would remove barriers to comprehensive services and create more stable funding sources. Changing the system will require modifications in public policy and the development of new professional roles.

RECOMMENDATIONS

Changes in policies to improve the coordination and outcomes of service for children, youth and families depend on breaking the gridlock of categorical services and polarized politics. E.J. Dionne, Jr., eloquently argued[16] that pervasive gridlock characterizes U.S. politics:

> *What is required to end popular hatred of politics, I believe, is the creation of a new political center...The new center I have in mind would prefer problem-solving to symbolism. It would rather govern than polarize the country around contrived themes and empty slogans.*

It is likely that reform initiatives, at least in the next decade, will result more from local alteration of relationships within and between existing systems and less through sweeping reforms of national policies. Positive changes, however, in services and supports to families and children will require important modifications in federal-state relations.

The National Policy Framework. Much of the incoherence in services to children and families at the local level has its origins in national policies and federal-state relationships. What is required is a national undertaking by the Executive Branch and the Congress to enable and empower state and local governments, along with the private sector, to coordinate responses to the growing needs of families and children. At present, the federal government provides important funding and occasional oversight but it acts generally to limit local creativity and flexibility. Local flexibility is severely compromised under most categorically oriented programs.

In 1989, President George Bush and the nation's governors met to develop a national policy agenda in education. They agreed on a set of six educational goals to be reached by the year 2000. The limitations to this strategy (such as absence of Congressional involvement and limited range of goals) were obvious but national attention was focused on important issues and stimulated considerable discussion and action at state and local levels.

A policy framework at the national level would provide a foundation of shared values, goals, and incentives to enable states and local governments to reform service systems toward increasing integration. The president, the nation's governors, members of Congress, and citizens should meet and develop national goals. A similar effort by the National Commission on Children[28] was given limited national endorsement and support. The strategy more likely to lead to desirable results would be like that of the Social Security Summit of the early 1980s. This policy framework should embrace many of the concepts in the National Commission on Children Report[4] which emphasize the importance of increased flexibility for states, including,

- greater coordination of child and family policies across the executive branch;
- creation of a joint congressional committee on children and families to promote greater coordination and collaboration across the authorizing and appropriating committees with jurisdiction over relevant policies and programs;
- decategorization of selected federal programs to bring greater cohesion and flexibility to program for children and families;
- uniform eligibility and consolidated, streamlined application processes for the major federal means-tested programs and for other programs that serve the same or overlapping population;
- incentives to encourage demonstration projects and other experiments in coordination and collaboration of service at the state and local levels; and
- new accountability measures that focus on enhanced child and family well-being, rather than solely on administrative processes.

These and other recommendations can be organized into a national policy framework that includes four broad strategies to empower and mobilize reform: greater coherence, cross-referencing in federal categorical programs, expanded flexibility and incentives, and experimental initiatives. These elements would generate new energies as well as remove existing barriers to true transformation of services for children and families.

Coherence. The national policy framework should create greater *coherence* of values, goals, outcomes, and standards for quality services; and clarify what constitutes the holistic development of healthy and productive children, youth, and families, what is meant by *prevention*, and how to articulate goals and outcomes for continuous, coordinated support for families and children in all stages of their lives.

Cross-referencing. Changes should be made in existing federal categorical legislation to cross-reference major goals and values governing policies affecting children, youth, and families; and to remove a major barrier (excessive categorization) and to provide greater coherence in policy goals and regulation.

Flexibility and incentives. A policy framework at the federal level also would enable construction of more flexible ways to provide money to enable states to overcome the "cost-containment" barrier and move toward the creative "human investment" approaches that bring many diverse service programs out of categorical isolation.

Experimental initiatives. The federal government should undertake development of broad-scale experiments to provide flexible opportunities for states and local units to integrate services. Support for systems change projects by the federal government should be long-term, perhaps a minimum of 5-10 years, to provide support and incentives to develop and initiate models of service integration that best fit the needs of states.

THE PRACTICE FRAMEWORK AT THE LOCAL LEVEL

Very limited progress has been made over the 20 years since Hobbs[4] argued persuasively for the systematic integration of health, social services, and educational programs, although its importance has increased. The ingredients in successful state and local service reform efforts can be organized into four broad strategies (Figure 2): policy coherence and values, leadership, structure, and resources. The framework assumes broad public support and acceptance of a common set of goals and values. Clearly, reform must begin with building state and local consensus around values, goals, outcomes, and standards.

Not any one model, of course, will fit every community and state. Each community, then, must start with its local circumstances and priorities for families and children, but each also needs more permissive and flexible state and federal policies. Collaboration with schools is one of the most consistent educational and socializing forces in our society. Successful collaboration depends upon commitment to change that emanates from a sense of purpose, conviction, leadership, and sound strategy to achieve better results for children and families. The National Commission on Children[17] captured this challenge eloquently:

> *Our failure to act today will only defer to the next generation the rising social, moral, and financial costs of our neglect. Investing in children is no longer a luxury, but a national imperative.* ■

Figure 2
State and Local Framework of Service Integration for School-Linked Community-Based Reform

Policy Coherence and Values:

- *Values:* responsive to clients, family-centered, whole child.
- *Policy-coherence: goals, outcomes, and standards for quality prevention and intervention that are client-responsive.*
- *Publicly supported:* broad support for values and policy-coherence by constituencies of policy-makers, professionals, citizens, and communities. This is the foundation for grassroots support and leadership.

Leadership:

- *Governance:* authority, role of integrator, empowerment.
- *Commitment:* long term.
- *Orchestrating the learning process:* Confronting essences, principles, and practices to promote systemic thinking, personal mastery, mental models, shared vision, and team learning, using strategic planning and management models to maximize adaptation and promote change.

Structure:

- *Community-based variety of models:* a local structure that fits the community connected to clear state policy goals.
- *Information system:* tracking, data-bases, uniform language across systems, uniform confidentiality regulations, sharing of success and disappointment.
- *Service linkage:* linkage modes for outreach, intake, diagnosis, referral, and follow-up services.
- *Administrative linkage:* linkage modes for fiscal, planning and programming, personnel practices, and administrative support management.
- *Incentives for collaboration:* policies and regulations that encourage collaborative decisions and behaviors.

Resources:

- *Financial resources:* reinvestment of existing resources, fiscal flexibility, incentive funding for experiments.
- *Knowledge resources:* experimental investment to promote learning through continuous experience and ongoing evaluation of results.
- *Human Resources:* interdisciplinary - interprofessional education in the initial licensure and continuing education of personnel, investment in public awareness of values and public contribution in family-life and community volunteerism.

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