

Comprehensive School-Linked Services

Nearly 15 million U.S. children -- one-third of the school-age population -- are estimated to be at risk of failing in school. In the extreme, these children may drop out of school, a consequence shown to be costly both to themselves and the nation. Linking the delivery of human services to schools shows promise as a strategy for helping children overcome problems that put them at risk of failing.

THE PROBLEM

Approximately 25% of ninth graders nationwide will not graduate "on time" in four years, and in some urban areas the rate may be as high as 40%. Fortunately, many graduate or get GEDs later, so that only 15.3% of those age 19 to 20 and 13.8% of those 21 to 22 have not graduated. This suggests that reaching the National Education Goal of 90% graduation rate by the year 2000 may be difficult.

Although the factors that contribute to failure are many and varied, in general, children are at risk because they live in at-risk environments. Some statistics underscore the problem: 14 million children -- 22% of all U.S. children -- were living below the poverty line in 1991; one in four children are raised by single parents; and among those in mother-only households, 55% live in poverty.

Grade failure, retention, and dropping out of school raise concerns for the nation's budget, work force, and ability to compete in a global economy. Dropouts earn \$200,000-\$260,000 less over their lifetime and pay \$60,000-\$78,000 less in taxes than high school graduates. They are also more likely to be poor, have costly medical problems, require job training, and be imprisoned.

SCHOOL-LINKED SERVICES

Although schools traditionally have shouldered the burden of stemming school failure, a consensus is emerging that the schools cannot do it all. Several experts urge that a comprehensive mix of social, health, and educational services be offered to students in their schools.

Program Characteristics

Existing school-linked programs vary in the specific services they offer because they are shaped to the needs and ages of the particular students they serve.

Academic tutoring and counseling, pre-employment skills and job training are commonly-provided services. Health and social services may also be offered. For example:

In Los Angeles, Focus on Youth offers a gang diversion program, teenage pregnancy casework, mental health counseling, housing placement, clothing, and food.

In St. Louis, the Walbridge Caring Community offers school-age parents job-skills training, substance abuse and behavioral modification counseling, and other services in addition to educational, health, and social services for at-risk elementary students.

In Baltimore, Success For All's "do everything" approach to enhance student performance in school includes preschool, kindergarten, reading tutors, individual academic plans based on individual assessments, and a family support team to provide parenting education and support assistance for day-to-day problems.

Community Attitudes

The services offered and the support for school-linked programs may be influenced by the attitudes of parents, school officials, religious groups, and politicians. Some school-related health clinics, for example, have prohibited distribution of contraceptives to avoid negative community reaction.

Recent evidence suggests, however, that opposition to school-based health clinics is softening. The number of school clinics in the U.S., for example, rose from 32 in 1985 to 574 by the end of the 1992-93 school year.

In Pittsburgh, where the idea of school clinics met with public resistance several years ago, the School Health Partnership has been established to link every city school to a health provider by the year 2000. When developed, the on-site services will include physical exams, screening, attention to minor illnesses, and “human sexuality education in accordance with the school philosophy.”

Common Problems

School-linked programs presumably have the advantage of being convenient to students who otherwise might not use such services, but they also confront some problems that are not faced by programs providing the same services outside the school context. For example, school-linked programs may:

- Become entrenched in school bureaucracy and lose their ability to operate independently.
- Distract school principals and administrators from their management responsibilities by consuming too much of their time and attention.
- Be viewed negatively by students and parents who have had unpleasant school experiences in the past.

- Have trouble collaborating with service agencies because the agencies may not have a good understanding of the program, and may not be accustomed to sharing information or working with other organizations, operate under policies that discourage collaboration, or are inclined to protect their turf.

Some policies and practices have helped school-linked programs overcome these and other obstacles. They include:

- Non-school employees and funds may be used to lessen the burden on school administrators and school budgets;
- Program goals are tailored to fit those of the particular school district;
- Commitments to the program are secured from high-level service agency officials to promote collaboration;
- Roles and issues related to program control are clearly defined in the planning stages, and program and school officials meet regularly to address specific concerns;
- Interdisciplinary teams are formed to address student and family problems;
- Services may be offered nearby but off school premises to accommodate students and families who view schools in a negative light, to promote privacy for students while maintaining convenience, and to avoid certain school regulations that would restrict service delivery.

FUNDING

Uncertain and inflexible funding places the futures of several comprehensive school-linked service programs in jeopardy.

Uncertain funding is potentially disruptive. For example, administrators and staff might spend

large amounts of time on grant writing and other fund-raising efforts; program coordinators tend to abbreviate planning efforts so services can be delivered before the grant period expires and monies dry up; and long-term or even short-term evaluation might be given low priority.

Program coordinators also report that narrow eligibility requirements of many federal programs often conflict with the purpose of school-linked programs. In Texas, for example, a school-linked program offered drug screening and counseling, but was ineligible for federal grant money because it did not directly provide treatment.

Using several sources to fund school-linked programs has tended to complicate development and implementation because it requires administrative time to apply for, monitor, and report on funds and because it is difficult to provide a balanced, integrated, continuing program if one has several short-term (1-3 years) and narrowly-focused sources of support.

EFFECTIVENESS

Reports and journal articles provide a wealth of information on how school-linked programs are implemented. Many fewer studies of outcome effectiveness, however, are available.

Available outcome studies show that dropout rates may decrease and grade averages may increase for students in school-linked programs, and the U.S. Department of Education concludes that such programs “make intuitive sense and appear to show promise.”

Common Elements

Most of the successful school-linked programs share several characteristics:

- They have strong directors who draw together school and program staffs and service providers to collaborate on achieving common goals.

- Teachers are encouraged to share their observations with program administrators, and their input is used to help identify troubled children and families.
- A case management approach is used to identify problems and match students with services provided directly or by referral. This reduces the need to locate all of the services in one place and gives students access to a broad range of professionals.
- A great variety of services are offered, many of which are routine and not indicative of serious problems (e.g., athletic physicals, eye exams, aerobics) to reduce the potential stigma of using services for more severe problems (e.g., pregnancy, depression, abuse).
- Staff may teach certain courses in the school to develop a relationship with the school and students.

Unfortunately, few reports are available that evaluate the impact school-based service programs have on the at-risk students they serve. The General Accounting Office of the U.S. Congress, in preparing its 1993 report on school-linked services, was unable to find any long-term evaluations, although such studies are underway for 4 of the 10 programs it reviewed.

Why So Few Studies?

Several factors discourage long-term and short-term evaluations of the impact of school-linked programs:

- Many programs are too new to measure long-term impact.
- Funding is generally not provided for the extensive collection of data and analysis required for impact evaluations, which can be very expensive.

- For most school-linked programs, the focus is on delivering services, not evaluating the impact of those services.
- Collecting useful data is often made difficult by poor school record keeping practices; highly-mobile, hard-to-track at-risk populations; and the reluctance of agencies to release client information.
- Assigning at-risk students to non-treatment control groups raises ethical concerns about excluding them from services for the purpose of study.
- School systems may not employ personnel skilled in program evaluation, and access may be limited to the few university faculty or independent research organizations experienced in evaluating multi-service programs.

Unanswered Questions

The lack of research leaves many questions about school-linked programs unanswered:

- What is the impact of school-linked programs on the life outcomes of the students who participate?
- Is a dynamic program director or other strong leadership crucial for program success?
- What is the minimum set of services a program must offer to improve educational and life outcomes?
- Are school-linked programs more cost-effective than community-based programs offered outside the school?
- What is the cost-benefit of providing preventive and health promotion services in schools compared to not providing those services to students?

- What long-term effects do school-linked services have on school retention, attendance, pregnancy and birth rates, mental health, and involvement with drugs?

WHAT COULD BE DONE?

The movement toward school-linked services has been launched primarily by schools, states, and communities with little leadership from the federal government. Since 1989, at least 8 states and nearly 200 localities developed programs offering comprehensive school-based services.

The federal government takes a comprehensive approach to helping at-risk young children with Head Start, which provides health, nutrition, and family services in addition to preschool experiences. However, no major federal program similar to Head Start is available for school-age children, and some researchers feel that the potential gains of Head Start children might be maintained to a greater extent if similar services were available in elementary school and beyond.

Directors, staff, planners, researchers, and others involved with school-linked programs suggest the federal government could support comprehensive service delivery by:

- Providing general funding.
- Funding staff training and evaluations.
- Providing technical assistance in program development and outcome evaluation.
- Publishing information about developing school-linked programs and about the use of federal categorical programs as funding sources.

In this regard, Health and Human Services and the Department of Education has agreed to

jointly develop a strategy to evaluate school-linked programs. The Department of Education has begun a review of some school-linked programs and has organized a group of experts to publish guidebooks on school-linked services.

On the local level, schools and communities might work to overcome turf barriers and envision new kinds of joint institutions.

State governments might further develop school-linked programs through funding, centralized administration, and technical assistance in planning. A lead agency might also be appointed for school-linked programs in the state.

Federal funding may be required to move school-linked service programs out of the demonstration phase. Even a small amount of dedicated federal funds would tend to legitimize the concept of delivering educational, health, and social services to children in their schools.

REFERENCES

This Special Report, written by Jeffery Fraser, is not intended to be an original work, but a summary predominately based on:

Dryfoos, J. G. (1994). Full service schools: A revolution in health and social services for children, youth, and families. San Francisco: Jossey-Bass, Inc., Publishers.

General Accounting Office (Dec. 1993). School-linked human services: A comprehensive strategy for aiding students at risk of school failure. Report to the Chairman, Committee on Labor and Human Resources, U.S. Senate. GAO/HRD-94-21.