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A number of factors put pressure on schools to work more closely with health, social service, and other youth-serving institutions. Few teachers are comfortable intervening in students' emotional difficulties, and they feel particularly overburdened by having to teach successfully those students whose personal lives are made stressful by homelessness, adolescent pregnancy and parenting, drug abuse, AIDS, alcoholism, suicidal tendencies, family dissolution, or the burdens of living alone and supporting themselves. In addition, in the last few years, cutbacks in social service staff have resulted in counselor caseloads of 250-500 students, while nurses may visit a different school each day (Achievement Council, 1988). Further, the concurrent specialization of the few remaining nonacademic staff, such as counselors, social workers, nurses, disciplinary deans, etc., has compartmentalized and isolated them.

Although many nonacademic school staff develop informal relationships with public and private agencies, several factors prevent these connections from being firm, clearly drawn, and efficient. First, school staff generally lack information about where to obtain the variety of services available. Second, agencies outside the school--also isolated from each other and facing strained resources--often provide help that is piecemeal and crisis-oriented, resulting in redundancies at the same time that other problem areas may be neglected.

Third, social service school staff often fear for their own job security if they refer too many students to agencies.

And fourth, because intervention in such areas as pregnancy prevention or psychological counseling are often controversial, nonacademic school staff are concerned about parental and community support (Farrar & Hampel, 1985, 1987; Kirst & McLaughlin, 1989).

NEW CONNECTIONS

Recently, at the Federal level, success in combining education, health and social services in Project Head Start, Federal law P.L. 99-457, and such local programs as James Comer's effort to restructure the New Haven Public Schools, has spurred new interest in improving the linkages between schools and human services (Cohen, 1989; American Public Welfare Association, et al., 1989). At the local level, a variety of mechanisms are being tried as public schools, social, health, and other youth-serving agencies establish links (Mclaughlin, 1989):

o Case management--a teacher or social worker is assigned to help a student get needed services.

o Programmatic integration--a school and a public or private agency link up to deliver a particular service or range of services.

o Co-location--nurses, social workers, and other professionals are brought into the school, often at the expense of a foundation or agency.

o Community coordinating council--a council that cuts across mental health, social services, education, and employment is appointed at the city level to create a youth policy and integrate services.

THE SCHOOL AS LOCUS FOR DELIVERING SERVICES

While linkages between services can be created by professionals in any of the bureaucracies, a number of reformers have argued that, because all children have to attend school, schools are the most accessible, appropriate, and accountable institutions for establishing collaboratives. Further, since schools are supposed to be concerned with their students' overall development, it is logical for them to coordinate students' contact with human service agencies. Not only will access to health, employment, and social services be improved if they are located in schools, but, according to this view, school policies can be influenced positively by professionals from these disciplines (Kirst & McLaughlin, 1989; Shedlin, Klopf, & Zaret, 1989). Obviously, however, schools can also be difficult institutions for other professionals to navigate: established school practices can work against good collaborative approaches, and there may be regulations that are problematic for these professionals (Cohen, 1989). Schools are also not always family-friendly institutions, and involving the family is often key to serving the student.

SUCCESSFUL PROGRAMS

Much of the creative thinking about how to improve nonacademic services for large numbers of students has focused on ways to make bureaucracies work more cooperatively. Collaboration advocates suggest earmarking resources for coordination; obtaining top-level commitment from key officials; concentrating on issues whose mutual relevance and importance is readily apparent; creating clearly defined responsibilities and assignments; finding areas of mutuality in philosophy, standards, etc.; setting realistic time frames; and rethinking professional training to end professional and institutional isolation (Kirst & McLaughlin, 1989; Levy, 1988; Levy & Copple, 1989).
It is also commonly agreed that the best school-human service collaborative programs are locally defined and arise out of a community's own peculiar history, strengths, interests, and needs. Despite the uniqueness of the best locally-developed collaborations, successfully provided collaborative services share several characteristics (Cohen, 1989; Levy & Copple, 1989; Schorr, 1989):

- They are generally comprehensive, either directly offering a wide array of services, or

providing an easy entry point to services, delivered flexibly and coherently.

- They move beyond crisis management and even early intervention to focus on prevention and development.

- They cross professional and bureaucratic boundaries to offer coherent services, often in nontraditional settings and at nontraditional hours.

- They provide staff with the time, training, and skills necessary to build relationships of trust and respect.

- They hire one staff member who is from the local community and can act as a facilitator.

- They involve both teachers and parents in the communication loop.

- They deal with the child as part of the family, and the family as part of the neighborhood or community.

- They build in accountability, with creative and meaningful measures.

FOCUS ON THE CHILD

Because of the newness of collaborations, students' problems still tend to be bureaucratically defined: child abuse, pregnancy, drug and alcohol addiction, homelessness, etc. An individual student's needs can get lost amidst the interplay of different agencies, each with its own terminology, funding streams, eligibility requirements, and interpretation of prevention and intervention.
To solve this problem, change must occur at both the systemic and client levels. Some cities are already developing an "integrated youth policy," which reconceptualizes the purpose of children's services, shifting from a crisis orientation to one that is comprehensive and developmental (Kirst & McLaughlin, 1989). At the client level, there are rudimentary attempts to involve students and their families in identifying their specific needs (Shedlin et al., 1989). Equally important, services are beginning to be provided in a nonfragmented, coherent manner in some locations. And there is an understanding that students and their families also need services to help them become self-sufficient (Schorr, 1988).

THE FUTURE

Broad-based collaborations that reach into the core of schools and public human service systems have yet to occur. The roles of teachers, human service staff, and whole institutions must be redefined if the services these professionals provide are to become comprehensive and geared toward enhancing students' development, including

their ultimate self-sufficiency (Levy & Copple, 1989).

Both schools and service agencies have tended to talk at youths, labeling their problems and dictating solutions according to standardized procedures. Thus an important change will be to promote students' competencies in defining their own needs and helping themselves (Brice Heath & McLaughlin, 1989; Schorr, 1988).

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