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Integrated services (IS) is a coordinated, holistic approach to addressing the needs of children--particularly the complex, interrelated problems of at-risk children--by providing a comprehensive range of educational and human services. In these programs, schools are the hub of a coordinated network of service providers and the link between these service providers and children and their families. School-linked IS programs focus on prevention, promoting wellness for children and their families, and providing services that overcome barriers to school readiness and academic success (Center for Research, 1992). These services include drug abuse counseling, gang-diversion programs, health care, teen pregnancy counseling, job training and counseling, tutoring and remedial education, mentoring, drop-out prevention, after-school care, literacy training, parent education, mental health services, child abuse programs, recreation, programs to reduce intergroup tensions and student conflict, and programs for homeless youth ("Evaluation in a Sample," 1992).

TARGET POPULATION

Most integrated services programs target at-risk youth, children who have a high probability of not receiving sufficient education to become independent, successful, and productive adults (Center for the Study, 1992). Children considered at risk include: children of migrant workers, adjudicated youth, limited-English-speaking youth, pregnant minors, children in single-parent families, children who live in poverty, children with a record of poor attendance or behavior problems, abused children, and homeless children ("Evaluation in a Sample," 1992; Olenick & McCroskey, 1992).

RATIONALE

The argument for implementing school-linked integrated services rests on six basic premises.

1. All facets of a child's well-being impact on his or her potential for academic success. (Kirst, 1990).
2. Demographic trends indicate that an increasing number of American school-age children can be considered at-risk for school failure and other social problems such as drug abuse and incarceration (Hodgkinson, 1989; Usdan, 1991).
3. Prevention is more cost-effective for society than correction or remediation. For example, Hodgkinson (1989) reports that there is an established relationship between dropping out of school and the probability of committing a crime and that drop-out prevention is cheaper in the long run than the cost of incarceration.
4. At-risk children come to school with multiple problems that cut across conventional

health, social, and education systems boundaries, problems that schools are ill-equipped to handle alone (Kirst, 1990).

5. The current system of child-related service delivery is fragmented, often characterized by duplication, waste, and lack of coordination. Consequently, many children fall through the cracks and don't get the services they need (Kirst, 1990).

6. Because schools have sustained, long-term contact with the majority of children, they are the logical gateway for providing multiple services to children (Kirst, 1990).

CHARACTERISTICS

There is no one model for school-linked integrated services programs. Some programs are school-based, with services delivered on-site by school personnel, while other programs provide services at community agencies, human services offices, churches, or in the student's home. However, model programs are family-focused, prevention-oriented, community-centered, and responsive to local needs. In addition, they offer a comprehensive continuum of services; they avoid duplication and gaps in services through communication and collaboration among service providers; and they are designed so that each child and family has a personal relationship with program staff (Robinson, 1990). Successful programs are also characterized by shared governance, collaborative funding and planning, ownership by the school, redefined school faculty roles, establishment of a case manager position, gradual phase-in of program components, and extensive training and staff development (Center for Research, 1992; Pollard, 1990).

PROBLEMATIC ISSUES

Collaboration and coordination among educational and human services providers are the cornerstones of successful school-linked integrated services programs. However, state and federal regulations often impose confidentiality requirements that block the sharing of information among service providers. There are many school professionals and others who believe that involvement in social service delivery will overburden the schools and divert time and resources from the schools' primary mission ("Analysis," 1992; Ooms & Owens, 1991).

School-based or school-linked services may not be the most viable approach for some students and their families. In many communities schools are not viewed as sympathetic to the interests and concerns of local residents. Many of the neediest youth are drop-outs who no longer have regular contact with any school. The existence of magnet schools and busing often means that a needy child's school is not conveniently located for family visits or after-school activities. For those who are unable or unwilling to utilize school-linked services, multiple access points to social services are needed (Chaskin & Richman, 1992).

IMPLICATIONS FOR TEACHER EDUCATION

Teachers need to be trained to identify students who need intervention; to handle problems in the classroom; to locate sources of help for students; to take part in the collaborative process; and to view themselves as part of a team effort to address the academic, social, and health development of students (Center for Research, 1992; Bucci & Reitzammer, 1992). At present, integrated services-related teacher education consists primarily of inservice workshops. Robinson and Masty (1989) recommend interdisciplinary training at the preservice level. To implement these kinds of programs, higher education institutions will need to restructure their professional programs in ways that facilitate interprofessional training since professional schools have traditionally operated in isolation from one another (The Health/Education Connection, 1990; Kirst, 1990).

However, the growing interest in school-linked integrated services has stimulated teacher educators to initiate programs to remedy this situation. For example, Ohio State University (Columbus) has developed a project to promote interprofessional training: the Commission on Interprofessional Education and Practice. The American Association of Colleges for Teacher Education recently received a \$1.4 million grant from the DeWitt Wallace-Reader's Digest Fund to establish a 3-year demonstration project to facilitate incorporation of health and human services training into teacher education programs. The four sites which were funded are Jackson State University (Mississippi), University of Louisville (Kentucky), University of New Mexico (Albuquerque), and University of Washington (Seattle) (Snider, 1992).

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