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AUTHOR Davis, William E.
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ABSTRACT

In recent years, demand has increased for the development and implementation of a better overall human service delivery system for the United State's at-risk children and their families. Critics condemn the current system as being fragmented, too narrowly focused, beset with bureaucratic red tape and harmful restrictive regulations, difficult to access, and lacking in both fiscal and programming accountability. This paper highlights the major findings of selected recent national reports and studies involving the current and projected status of children and families in the United States. Identified are the major problems and obstacles that impede the effectiveness and efficiency of the current national human service delivery system. General strategies of how these problems can be overcome are discussed, as well as the role the nation's schools can play in human service delivery. It is argued that traditional concepts of schooling must change in order to accomplish this objective. Suggestions are made as to specific ways in which psychologists can contribute to the development and implementation of a more effective human service delivery system. (RJM)

IMPROVING THE HUMAN SERVICES DELIVERY SYSTEM FOR AT-RISK CHILDREN AND FAMILIES

William E. Davis, Ph.D.

Professor of Special Education and Director
Institute for the Study of At-Risk Students

5766 Shibles Hall
College of Education
University of Maine
Orono, Maine 04469-5766

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ABSTRACT

In recent years, there has been a substantial increase in the demand for the development and implementation of a more effective overall human service delivery system for our nation's at-risk children and their families. Policymakers, program administrators, clinicians, legislators, advocates, and clients alike have become increasingly vocal in their arguments that the current system is woefully inadequate and inefficient -- and that it must be drastically altered.

The problems inherent in the contemporary United States human service delivery system for troubled children and families have been well-documented. The system long has been recognized as being fragmented, too narrowly focused, beset with bureaucratic redtape and harmful restrictive regulations, difficult to access, and lacking in both fiscal and programming accountability. Calls for a major overhaul in our human service delivery system certainly are not new. However, during the early 1990s, their volume and sense of urgency have been triggered by the publication of numerous national studies and commission reports which ' ve highlighted the declining personal, social, and economic well-being of large and growing numbers of our nation's children and families.

Most of these studies and reports contain alarming information about the current and projected status of at-risk children and families (poverty, inadequate healthcare and housing, child abuse and neglect, inadequate education, violence etc.). They also predict severe negative consequences for American society as a whole unless

the multiple and complex needs of vulnerable children and families are more adequately met via the development of a more comprehensive, coordinated, and effective human service delivery system. Effective collaboration among the major agencies (mental health, education, child welfare, health, and justice) which serve at-risk children and families increasingly is being viewed as an absolute necessity.

This paper has five objectives: (1) to highlight the major findings of selected recent national reports and studies involving the current and projected status of children and families in the United States; (2) to identify the major problems and obstacles within our nation's current overall human service delivery system which are widely recognized as contributing to its inefficiency and ineffectiveness; (3) to discuss general strategies for effectively overcoming these problems and obstacles; (4) to discuss how our nation's schools can play a major role in the overall human service system collaborative process and how traditional concepts of schooling must change in order to accomplish this objective; and (5) to suggest specific ways in which psychologists can make major contributions to the development and implementation of a more effective human service delivery system.

IMPROVING THE HUMAN SERVICES DELIVERY SYSTEM FOR AT-RISK CHILDREN AND FAMILIES

In recent years, there has been a substantial increase in the demand for the development and implementation of a more effective overall human service delivery system for our nation's at-risk children and their families. Policymakers, researchers, program administrators, clinicians, legislators, advocates, and clients alike have become increasingly vocal in their arguments that the current system is woefully inadequate and inefficient -- and that it must be drastically altered or, according to some, replaced with an entirely new system (Center for the Study of Social Policy, 1993; Hodgkinson, 1992; Kagan, 1991; Kirst, 1991; Koyanagi & Gaines, 1993; Melaville, Blank, & Asayesh, 1993; Morrill, 1992; Pizzigati, 1993; Schorr, 1989; United States General Accounting Office, 1992; Weissbourd, 1991).

The human services delivery system for children generally is regarded as consisting of four major components: *education*, *health*, *mental health*, and *social services*. However, considerable variance exists within and among states relative to how specific services are administratively organized and delivered. Mental health services, for example, may not be viewed as a separate category within some states but rather they are considered to be a subset within some other bureaucratic department. Also, juvenile justice frequently is considered to represent a separate component within the overall human service delivery system.

Despite differences which may exist regarding the specific organizational structure of the human services system for children, the inadequacies of the overall system have been widely identified. In general, this system has become increasingly viewed as being incapable of meeting the multiple, varied, and complex needs of children and families. Typically, each of the major components of the system has its own organizational structure, target population, budget, and program goals -- all of which may be quite different from those of the other components. Thus, services to children and families often are fragmented, isolated, and inaccessible.

Most of our nation's current human services are organized narrowly to respond to categorically defined problems and they are isolated from other relevant needs or circumstances. The common result is that children and families who need help must go to multiple locations and often endure duplicative assessments in order to receive fragmented and insufficient assistance (Center for the Study of Social Policy, 1993).

While the inconsistencies and inadequacies of our current human service delivery system have long been recognized, the pleas to change this system have become substantially more widespread and intense as the result of several recent reports and studies which have highlighted the rapid deterioration in the health, social, and educational well-being of our nation's children and youth -- and their families (Center for the Study of Social Policy, 1993; Children's Defense Fund, 1992; Hodgkinson, 1992; National Commission on Children, 1991).

Current and Projected Status of Children and Families in the United States

The information contained in recent reports involving the current and projected status of children and families in the United States is extremely disturbing. The evidence is clear: large and growing numbers of our nation's children and their families are finding themselves in deep trouble. More children are living in poverty, especially our youngest children. Larger numbers of children are living in single-parent households, usually headed by the mother. The rate of reported child abuse and neglect has risen dramatically since 1970 as has the rate of teenage suicide.

Too many children and families suffer from inadequate, or no, healthcare. Far too many children and families have inadequate housing and the number of homeless children in young families today is shocking. Alarming numbers of children and teenagers die each day as the result of violence. Mental health needs of children are severely neglected. Too many youth leave school unprepared to live a fulfilled and productive life in society.

What is most disturbing about the statistics contained in these "child and family status reports", however, is that the problems which they reflect are projected to worsen in ensuing decades (Hodgkinson, 1992). The message appears to be very clear: unless we as professionals, and our society as a whole, make a serious commitment to reverse the cycle of child and family neglect which has dominated America in recent years and to develop a more effective and efficient overall human service delivery system, the results could be devastating.

The following information on the current and projected status of children and families in the United States provides an overall picture of the suggested complexity and severity of the problems which must be addressed by professionals and policymakers in their efforts to develop a more integrated and effective system. These statistics and demographic data have been derived from the following sources: *Kids Count Data Book: State Profiles of Child Well-Being* (1993), Center for the Study of Social Policy; *The State of America's Children 1992* (1992), Children's Defense Fund; *A Demographic Look at Tomorrow* (1992), Hodgkinson; *The Index of Social Health: Monitoring the Social Well-Being of the Nation* (1992), Miringoff; *Poverty Income in the United States: 1991* (1992), U.S. Bureau of the Census.

- In 1991, 40% of all poor persons in the U.S. were children. Approximately 1 in 5 children were poor.
- The younger a child is, the greater are his or her chances of being poor (22.5% of all children younger than age six are poor).
- Children who represent racial/ethnic minority groups are far more likely than white children to be poor (17% of white children; 40% of Latino children; and 46% of Black children -- in 1991).
- It is estimated that at least 5.5 million children (1 in 8 children) are regularly hungry, while another 5 million children younger than age 12 are in families living on the edge of poverty and face chronic food shortages.
- Approximately 1 in 4 children today live in a single-parent family (usually headed by the mother).

- Approximately 50% of all children in female-headed households are poor(9% married couple; 24% male-headed).

- 68% of women with children (under age 18) now are in the labor force (up from 55% in 1980). 60% of mothers of pre-school age children (under age 6) work outside the home at least part-time (up from 46% in 1980). By the time their youngest child is two years old, about 60% of today's married mothers are in the workforce.

- 1 in 3 Americans is now a member of a step-family or "blended famiiy." By the year 2000, one-half will be part of a "blended family."

- Approximately 25% of all homeless persons in the U.S. are children. Young children in families represent the fastest growing single group of homeless persons in the United States (40% of all homeless).

- In 1991, 8.3 million children (12.6% of all children) lacked health insurance of any kind.

- Fetal Alcohol Syndrome currently is the second leading cause of birth defects in the United States.

- In 1991, there were more than 2.7 million child abuse and neglect violations reported in the U.S. (up four times the number reported in 1970).

- The rate of suicide among teenagers has doubled since 1970. In 1990, it is estimated that more than 400,000 young people either committed or attempted suicide.

- In 1990, each day 11 children in the U.S. were killed by guns (accidents, suicides, and murders) representing 12% of all child deaths in the nation.

Problems With the Current Human Service Delivery System

As previously discussed, the inadequacies of the current overall human services delivery system for vulnerable children and families have been thoroughly documented. Its poor outcomes arise largely from its inefficient and cumbersome structure, its fragmentation, its specialization mode, and its complexity. Among the major specific problems which have widely attributed to the present system are the following:

Crisis orientation:

The current system is designed to respond to crisis situations. It is strongly skewed toward remediation rather than prevention. Problems are allowed to escalate to serious, or crisis, proportions, before help to children and families is offered (Melaville, Blank, & Asayesh, 1993; Morrill, 1992). Usually the costs involved in remediation efforts are substantially higher than those for prevention and early intervention programs. Thus, under the current system, not only do needy children and families often not receive the services when they need them most, but also the later costs of assisting them usually are much greater.

Failure to recognize interrelationships among problems and solutions:

The current system typically divides the problems of children and families into rigid and distinct categories that fail to reflect interrelated causes and solutions. We frequently fail to recognize

that the problems faced by at-risk children are connected to those of their families, and further that the problems of children and families are interrelated to those of their communities (Hodgkinson, 1992; Melaville & Blank, 1991; Melaville, Blank, & Asayesh, 1993).

Services designed to respond to categorical problems (e.g., health, education, mental health etc.) are administered by multiple and varied agencies -- each of which has its own specific focus, funding source, regulations, and accountability requirements. Conflicting eligibility requirements, for example, frequently prevent children and families from receiving the "mix"of services which they require. According to Morrill (1992), perhaps the greatest failure of the current system is in effectiveness in serving children and families with *multiple* problems.

Access problems:

At-risk children and families frequently are unable to access the very system which has been designed to serve them. The barriers are both technical and physical. As stated by Morrill (1992), each human services program has rules about whom it will serve and under what conditions. Unfortunately, although these rules often are appropriate to a specific program, they are not consistent from one program to another in terms of who is eligible and in what situations. Also, in order for consumers with multiple problems to access services, they usually must travel to several different locations. Mental health services are located in a community mental health center; child immunizations are only available at the local health

clinic; food assistance is only obtainable at still another agency and so forth.

Thus, many children and families with multiple problems are unable to easily access the overall system because of its technical regulations as well as the physical location of those services. They "fall through the cracks" of a system which may, in fact, be prepared to offer quality services, but unfortunately, they cannot access them.

Specialized case management and lack of functional communication among agencies:

Frequently, at-risk children and families receive help only for their original presenting problem. Services are determined by which particular agency first "sees " the child or family. Thus, while a child who is identified as being in need of special education may receive appropriate instructional and even, at times, needed mental health services, that child and his/her family generally are not able to receive other financial or health assistance under the current system. Only a small part of the child and family's overall needs are met. Most providers generally focus only on those needs and services with which they are the most familiar (Morrill, 1992).

Also, human service agencies typically have very different professional orientations and institutional mandates. Service providers generally are products of their own specialized professional training, and they find it difficult to accept service providers from other agencies as allies. Communication among representatives from different agencies often is "strained" at best. Professional turf issues abound with each professional tending to view the problem and the solution very narrowly within his or her

own respective domain. The lack of a broad-based case management system which is capable of responding to the variety and complexity of child-family needs across all domains constitutes a substantial problem which must be overcome.

In addition to the inadequacies of the current service delivery system referred to above, several other problems have been commonly cited as contributing to its ineffectiveness: lack of adequate follow-up; restrictions on necessary information sharing across agencies because of client confidentiality and other factors; lack of meaningful evaluation and outcome data; and professional credentialing and cross-training issues.

Perhaps Weissbourd (1991) provides the most concise description of the problems and inadequacies which are commonly attributed to our current human service delivery system:

> "The failures of the current system stem primarily from a single weakness. Too often services are driven by legislative, funding, professional, and bureaucratic requirements, rather than by the needs of children and their families. Because of legislative and bureaucratic requirements, for example, most public institutions and programs today isolate and react rigidly to a narrowly defined need, ducking problems that do not fall neatly within their jurisdiction. Schools deal with school problems. Health agencies deal with health problems etc." (p. i)

What Needs To Be Done To Improve System

Changing the current human services system into one which would effectively and efficiently meet the multiple, complex, and changing needs of children and families will not be an easy task.

Several major actions will need to be taken. There must also exist a major commitment to effect this change, and we as a society must demonstrate our resolve that our children and their families are valued.

In this section, several suggestions and recommendations are offered regarding what needs to be done to improve the overall quantity and quality of human services within our nation. Given the space limitations of this paper, these suggestions, recommendations, and actions can only be generally addressed. Clearly, there are numerous other actions and strategies which must be involved in the overall system change process. Nevertheless, they are presented to provide a general focus upon some of the most critical elements within this process.

We must confront some common myths about at-risk children and their families.

(1) The population cannot be specifically defined (and therefore, we don't really know who really needs interventions). This commonly expressed myth often serves no other purpose than to delay the delivery of necessary services to troubled children and families. While the term *at-risk*, in fact, does have diverse meanings among professionals, it has become painfully evident that some children and families are at far higher risk than are others. The conditions and factors that place persons at risk are usually multiple and interrelated.

We also know what those conditions and factors that place children and families at risk are: living in poverty, inadequate healthcare, inadequate housing, dangerous personal and social

behavioral patterns, poor educational performance, etc. Further, we know that "risk usually is pervasive." Children and families typically have multiple indicators of being at risk. Defining the population is not really the problem. Providing effective services to this population is.

(2) The numbers are exaggerated. Some observers (Rector, as cited in Jacoby, 1992) argue that the numbers and percentages of at-risk children (e.g., those living in poverty) which have been reported in recent reports are excessive and that they substantially overestimate the severity of the problem. While honest differences among observers may exist relative to the specific size of the at-risk population within our nation, even the most conservative estimates which have been offered in this regard should constitute a major cause for concern.

Hodgkinson (1992) estimated that at least 30% of the current school-age population could be considered to be at risk. Natriello, Pallas, & McDill (1990) estimated that approximately 40% of the same population could be considered to be at risk. Dryfoos (1990) identified 50% of today's adolescents to be at moderate to very high risk. Thus, while observers may disagree relative to precise numbers and percentages, there appears to be little doubt that a large and growing number of our nation's children (and their families) are in difficulty, and that unless something is done, the situation will only worsen.

(3) At-risk children represent a homogeneous group. Clearly, this is *not* true. They, in fact, represent a wide range of children and youth with very diverse qualities, problems, and needs.

Interventions must be specifically tailored to meet diverse needs and problems.

We must confront some common myths and misconceptions about the collaboration process.

(1) Collaboration is the same as cooperation and communication. Collaboration among human service agencies is a complex process. It represents far more than simply talking about common problems. It also involves a great deal more than merely learning about each other's services or even coordinating the delivery of client services. What often is regarded as *collaboration*, in actuality, is *communication* or *collaboration*. While both of these processes are essential as building blocks in the overall service integration developmental process, *collaboration* represents substantially more in terms of commitment.

Bruner (1991) provides an excellent definition of collaboration:

> Collaboration is a process to reach goals that cannot be achieved acting singly (or, at a minimum, cannot be reached as efficiently). As a process, collaboration is a means to an end, not an end in itself. The desired end is more comprehensive and appropriate services for families that improve family outcomes. Collaboration includes all of the following elements:
>
> • jointly developing and agreeing to a set of common goals and directions;
>
> • sharing responsibility for obtaining those goals; and
>
> • working together to achieve those goals, using the expertise of each collaborator.

> Because collaboration involves sharing responsibility, it requires consensus-building and may not be imposed hierarchically. It is likely to be time-consuming, as collaborators must learn about each other's roles and responsibilities, as well as explain their own. Collaborators must also acquire expertise in the process of group-setting and decision-sharing, which may not be part of their own work.

(2) Collaboration means less research rigor, lower standards, and a diminution of quality re: individual disciplines involved. Often, professionals within certain disciplines are reluctant to engage in the collaboration process for fear that their own discipline's standards and expectations necessarily must be lowered, or at least, dramatically altered. Effective collaboration does *not* mean that professionals must yield in this regard. The knowledge base of each discipline is important, and rigorous research to expand and to improve upon this knowledge base must continue. Yet, what is important within the overall human services collaboration process is to ensure that the research outcomes of each discipline are reported in such a manner that their meanings and implications are clearly understood by all others involved.

Development and implementation of "real collaboration" among all human service agencies.

As previously stated, *collaboration* is a complex process which, in order for it to have any long-term positive outcomes for children and families, it must be carefully developed and implemented. In their recent publication, *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services*, Melaville, Blank,

and Asayesh (1993) suggest that effective human service system delivery change involves the following eight essential characteristics:

- Are school-linked;
- Are rooted in the community and are closely connected to state government;
- Use place-specific service delivery prototypes to create system change;
- Are data driven;
- Are financially pragmatic;
- Use new forms of interprofessional preservice and inservice education, training, and leadership development;
- Use the collaborative's influence to engage all citizens in decisions about the social and economic well-being of children and families; and
- Balance the political and technical dimensions of systems change (p. 12).

Melaville, Blank, and Asayesh (1993) suggest a model for the development of effective education and human services collaboration at the community level -- one which involves a fluid, spiraling five-stage process:

- *Stage One: Getting Together*: A small group comes together to explore how to improve services for children and families. They identify other community representatives with a stake in the same issue, make a joint commitment to collaborate, and agree on a unifying theme. They also establish shared leadership, set basic ground rules for working together, secure initial support, and determine how to finance collaborative planning.

- *Stage Two: Building Trust and Ownership.* Next, partners establish common ground. They share information about each other and the needs of families and children in their community. Using this information, they create a shared vision of what a better service delivery system would look like, and they develop a mission statement and a set of goals to guide their future actions.

- *Stage Three: Developing a Strategic Plan.* Here, partners begin to explore options that flow from their common concerns and shared vision. They agree to focus on a specific geographical area, and they design a prototype delivery system that incorporates the elements of their shared vision. Partners also develop the technical tools and interagency agreements needed to put their plan into action. During this stage, the group may go back to preceding stages to bring in new partners and to continue building ownership.

- *Stage Four: Taking Action.* Partners begin to implement the prototype. They use the information it provides to adjust the policies and practices of the organizations that comprise the prototype service delivery system. Partners design an ongoing evaluation strategy that helps them to identify specific systems-change requirements, make mid-course corrections, and measure the results.

- *Stage Five: Going to Scale.* Finally, partners take steps to ensure that systems-change strategies and capacities developed in the prototype are adapted, expanded, and recreated in locations throughout the community where profamily services are needed. To do this, partners continue to develop local leadership, strengthen staff capacity by changing preservice and inservice training, and build a strong constituency for change (p. 20).

Adoption of a broader concept of schooling in the U.S.: School-linked services.

Gough (1991) captured the essence of the major problem facing most schools and educators today: "Until we as a society

acknowledge the direct connection between children's lives outside the classroom and their achievement in it -- and then try assiduously to improve both at once -- we're likely to be left with half a loaf" (p. 571).

Clearly, the cognitive and academic needs of students must continue to be a major, if not the primary, responsibility of our nation's public school educators. Yet, changing demographics, changing family conditions, and emerging trends strongly suggest that *new concepts of schooling* also are needed.

As stated by Natriello, McDill, and Pallas (1990), *schools* should be viewed as only *one* of several educating institutions that simultaneously affect an individual's growth (the *family* and the *community* being the other major institutions) and that remediation cannot be confined to the school alone. A broader view of education presently is being demanded by the realities of today's complex society.

Schools certainly are not the *only* cause of our society's problems although they frequently are the primary whipping boy for the broader ills which are present in America today. However, borrowing a somewhat hackneyed but still likely accurate expression, "schools can be--and *must* be--part of the solution (Davis, 1993).

Schools could serve as a major facilitator of a broad spectrum of services to at-risk children and their families. Some basic shifts in roles and responsibilities will be required, but nevertheless, our nation's schools -- assuming that they are provided with sufficient fiscal and human resources (and, this is a major assumption) could

function in a major facilitator role for the organization, collaboration, and delivery of comprehensive programming services to this population.

Because all children have to attend school, schools are the most accessible, appropriate, and accountable institutions for establishing collaboratives. It is not suggested that our nation's schools should directly deliver mental health and health services to those children in need of them. In fact, given the severe financial and human resource constraints under which many of our schools are currently operating -- as well as because of the skepticism and negative attitudes which some parents and taxpayers already hold about schools -- this may not be a particularly good or effective idea. However, schools are in the "best position" to broker and/or to facilitate these services (Davis, 1993; Kirst, 1991).

"Grouping a number of services in one place makes it easier to use all of them. Schools can be one hub, but they should not be the only one, and may not be as appropriate in some instances as child-care centers, churches, or other institutions. In some cities parents perceive schools as hostile places and feel more comfortable with other community institutions" (Kirst, 1991, p. 617).

In recent years educators have become increasingly aware of the multiple and complex problems faced by growing numbers of their students. They recognize that many of their students' problems are directly connected to those of their families and their communities. As a result, many educators have been eager to form partnerships with other human service providers in an effort to develop a more integrated and effective overall service delivery

system. While some educators continue to resist these approaches, the development of school-linked human service delivery models are growing in popularity throughout our nation (Gardner, 1992; Levy & Shepardson, 1992).

The planning and implementation of effective school-linked services, however, is a complex and formidable task. While school-linked service delivery models hold considerable promise, in order to ensure their success, several key issues need to be addressed -- some of which involve technical items, and others, political/policy concerns. Governance and funding issues need to be resolved. Target populations must be specifically determined. Major questions such as the following will need to be asked: Which specific services will be offered -- and by whom? Who will be responsible for service delivery? Who will be ultimately accountable?

An excellent resource within the area of school-linked services is the Spring 1992 issue of *The Future of Children* (Center for the Future of Children) which is entirely devoted to this topic.

Evaluation models which measure meaningful outcomes.

Clearly we need to be able to accurately measure our outcomes. We need to have accountability -- and we need to have reliable and valid indicators of our progress. However, for many years educators and other human service providers have determined that the most appropriate and, at times, the sole, mechanism for conveying results is to publish quantitative data.

We appear to have become consumed with reporting out quantitative data -- which often is meaningless in terms of the real

changes that interventions have had upon consumers -- rather than focusing on what are far more likely to be more meaningful qualitative data. Thus, we frequently, for example, report out on the *number of social work contact hours* that a child or family has received -- often without any measure of the actual efficacy of such contact. In brief, we do not measure whether or not these interventions made any *real* difference in the daily lives of these people. We have tended to collect and report out *safe* data -- and not necessarily *meaningful* data.

Improvement is needed in both the quantity and the quality of preservice and inservice transdisciplinary training.

Individuals who are involved in the delivery of integrated human services to children and families must develop a much greater awareness of each other's roles, responsibilities, and basic professional knowledge base. Currently, most professionals receive only minimal training within other disciplines. It is highly unlikely that professionals will be able to collaborate effectively until they become more sensitive to the issues, obstacles, and concerns which are peculiar to each involved discipline. This will only happen through quality preservice and inservice training programs.

Re-evaluation of professional belief systems and advocacy roles.

It is easy to talk about effective collaboration, forming meaningful partnerships and so forth. The difficulty usually is in taking the necessary actions which will allow them to happen. Most of us are products of our past training and our past experiences. We

have become comfortable with the ways in which we have always viewed and done things.

We need to re-assess some of our professional belief systems and intervention techniques. What might have worked in the past within our particular discipline, may not necessarily be the most effective intervention for children and their families *today*. The times have changed. The conditions have changed. We too must change. We need to break some molds. And this will be difficult.

We cannot continue to operate in the same ways in which many of us have long been accustomed to -- within our narrow disciplines -- with very narrow goals. Our nation's human service delivery system for at-risk children and families has been largely ineffective not only because it has failed to recognize the interrelationships which exist among children, families, and their communities, but also because professionals who have been involved within this system generally have failed to demonstrate their willingness and ability to adopt new, creative cross-disciplinary interventions.

One of the greatest challenges facing us is to guard against the proliferation of narrow, self-serving *advocacy* interests. They can be very divisive. We need to overcome the temptation to advocate for our own special interest groups. We need to realize that no-one possesses the market on child advocacy. We need to be very careful not to assume that we are the only ones who care about the rights of children and families or that we are the only professionals who know "what's best programmatically" for them.

It is perfectly natural and laudable for each of us, in whatever our professional capacity may be, to work hard to obtain needed services for vulnerable children and their families. At the same time, however, let us not become so insular or so narrow in our professional advocacy efforts that we deny those same children and families the diverse but integrated interventions and service that require.

Involvement of Psychologists

Psychologists can (must) play a major role in the development of an effective overall human service delivery system for at-risk children and families in our nation. The need for a comprehensive, integrated, and efficient system which will be fully responsive to the complex and changing needs of our most vulnerable children and families is urgent. Psychologists have both a professional responsibility and also a major opportunity to use their expertise to help create a human service system that ensures positive outcomes for its consumers.

Psychologists, depending upon their particular area of expertise, can participate in the human service delivery collaboration process in several ways. While precise roles and responsibilities in this regard likely will be largely determined by situation-specific variables (e.g., professional position held), there are some general areas of potential involvement which cross all subdomains of psychology.

First, psychologists must continue in their efforts to expand their upon their particular domain's knowledge base by conducting and/or reviewing relevant research involving at-risk children and families. Second, they must be prepared and willing to share their knowledge and research findings with professionals from other disciplines who are also involved in the overall collaboration process. Third, psychologist can help ensure success of this process by making a concerted effort to present their findings and professional observations in such a manner that they are readily understood by non-psychologists -- most certainly including the target populations of the overall collaboration process.

Psychologists also can help in other ways. They should be willing to participate in cross-training programs, both preservice and inservice, with other professionals who are involved with children and families. At the same time psychologists should demand that, as part of their own discipline's professional preparation programs, they are provided with substantial opportunities to develop broad-based skills involving roles, responsibilities, and general knowledge bases of other human service disciplines. Specific training in the *collaboration process* is a necessity.

Finally, psychologists must take an active role in advocating for policies and programming practices at all levels (national, state, and local) that promote a better quality of life for our nation's most troubled children and families. As *scientists*, we must maintain the highest level of professional integrity and ensure that our recommendations are based upon nonpartisan, objective, empirical evidence. At the same time, nevertheless, as *human beings* we

cannot afford to close our eyes and ears to the sights and sounds of large and growing numbers of our nation's children and families who are in serious jeopardy. These people need our help now! An effective, integrated human service delivery system which they can easily access will go a long way toward providing them with this assistance.

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