



DEMONSTRATION PROGRAMME
ON EDUCATIONAL DISADVANTAGE

INTEGRATED SERVICES AND CHILDREN AT RISK

by
Barry Cullen



COMBAT POVERTY AGENCY

DEMONSTRATION PROGRAMME ON EDUCATIONAL DISADVANTAGE

INTEGRATED SERVICES AND CHILDREN AT RISK

The Integration of Services for Tackling Early School-Leaving and Educational Disadvantage at Local Community Levels

by Barry Cullen

Barry Cullen is Programme Director of The Children Centre, Trinity College Dublin which undertakes evaluation and research on issues concerning children and young people.

CONTENTS

	Page No's.
Background	3
Introduction	4
1 Children 'At-Risk', Integrated Services - Introduction and Definition	5
2 Levels of Service Integration	9
3 Integrated Services - European Experience	11
4 Integrated School-Linked Services in the United States	13
5 Case Study 1 - New Beginnings	16
6 Case Study 2 - Healthy Start	20
7 Lessons	25
8 Overview and Conclusion	28
References	31

BACKGROUND

In 1996 the Combat Poverty Agency initiated a Demonstration Programme on Educational Disadvantage. The programme is based on a partnership approach to educational disadvantage at a local or district level and follows on from the fourteen pilot projects funded under the Once-off Grants Scheme for Work with Disadvantaged Young People established in 1994. The programme will run for three years, and has two overall objectives:

- the establishment and support of locally-based networks whose role will be to develop an integrated response to the problem of educational disadvantage within their area and to thereby provide disadvantaged children/young people with opportunities to progress and transfer between the formal and informal education systems according to their needs and to maximise their participation in and benefit from these systems; and

- the development of structures which have the capacity to influence policy at national level drawing from the local experience.

Four networks are supported under the programme: Drogheda, Killinarden (Tallaght), Tralee and Tuam. The networks include representatives of the key education/youth interests in the areas, including schools and training centres, the Area Partnerships, youth groups, community groups and other statutory organisations. Over the course of the programme the networks will focus on the development of a process to facilitate the achievement of the objectives of the programme, that is, a more integrated response to the problem of education disadvantage and to influence policy at a national level. Each network has devised their own action plan to this end, however common themes are: assisting network structures and process; awareness raising programmes on educational disadvantage; structured intra-agency training programmes; and support of network partners. The programme has a strong policy and research focus.

An early experience from the programme was the

lack of a clear understanding of the term 'integration', the levels at which it can operate and the circumstances in which it can best be achieved. In response to this gap, the Agency commissioned Barry Cullen of the Children's Centre, Trinity College Dublin, to examine the concept of integration, its meaning, potential, barriers and expected outcomes and to draw on the experiences of other programmes. Preliminary findings from this work were presented and discussed at a discussion seminar organised by the Agency in May 1997. The paper was then completed and prepared for publication. It should be of interest to all those involved in the field of education and service provision.

Education and the National Anti-Poverty Strategy

The completion of this study is also timely in light of the government's commitment to the National Anti-Poverty Strategy (NAPS). Under the NAPS, all government departments and state agencies will be expected to include the reduction and prevention of poverty as key objectives in the development and implementation of their policies and programmes. Tackling educational disadvantage has been identified as a key issue in the NAPS. In this context, this study may prove of particular interest to those concerned with the development and implementation of an anti-poverty education strategy, and particularly the development of integrated responses to tackling educational disadvantage.

The Agency would like to acknowledge the work of Barry Cullen, the Children's Centre, Trinity College Dublin who produced a very informative and readable report. The Agency would also like to thank the members of the four Demonstration Programme Networks for their commitment to the idea of integration. The views expressed in the report are those of the authors and are not necessarily those of the Combat Poverty Agency.

December 1997

It is intended to explore here the concept of integration as it relates to efforts to develop comprehensive responses to early school-leaving and educational under-achievement at local, community levels. The framework is concerned mainly with educational disadvantage during primary and early secondary school years and with children who are perceived to be at risk of leaving school early and/or without formal qualification. The focus has been influenced primarily by the concerns articulated in the Combat Poverty Agency's documentation on its Demonstration Programme.

Different levels of integration are identified and factors that contribute to or hinder the achievement of integrated responses are analysed. The information is presented in seven sections:

- ✱ An introduction and definition of children 'at-risk' and integrated services;
- ✱ An outline of distinctions in different levels of integrated services;
- ✱ A brief summary of integration issues in a European context;
- ✱ An outline of integration services and schools in the US;
- ✱ An examination of an integrated service model in a US city, San Diego;
- ✱ A summary of an evaluation undertaken on a statewide integration service in California;
- ✱ Summary.

There is a need to define the notion of 'at-risk'. There are many factors associated with 'at-risk', including poverty, health, family characteristics, peer influences, social environment, quality of schooling as well as basic intellectual and academic capabilities. It is not particularly helpful to assess one set of risks in isolation from others. There is an interactive dimension to risk. For example, separate family and school expectations that pose no particular risks may do so if they are in conflict. Rutter (1979), in his study of the relation between life stresses and children's disorders, reported that children who were exposed to only one risk factor, even when this was serious, tended to do as well as children who had no exposure to risks. However, exposure to two or more risk factors increased fourfold the likelihood of emotional problems.

This analysis helps explain why some children exposed to social and environmental risks can still do well at school because of, say, family attitudes, relationships with teachers or the influences of youth clubs or other local institutions. It also helps us to understand why children who are brought up in communities with multiple risks find it so difficult to obtain benefits from education despite the dedicated efforts of parents, teachers and community members.

In setting out a conceptual model built around these interactive dimensions (see Figure 1, Page 6), Montgomery & Rossi (1994) argue that academic progress, and lack of same, need to be understood in the context of both:

- (1) the quality of resources available to children (abilities, family support and educational opportunities) and
- (2) students' perceptions of the value of investing these resources in academic achievement.

In this model, children's learning and development is influenced by multiple social systems, which at one

extreme could involve schools, homes and communities jointly encouraging and influencing children to invest their resources in education. The more they invest, the more the interacting systems support them to continue investing. This contributes, therefore, to both intellectual development and the development of further positive perceptions about the value of education, leading ultimately to academic achievement.

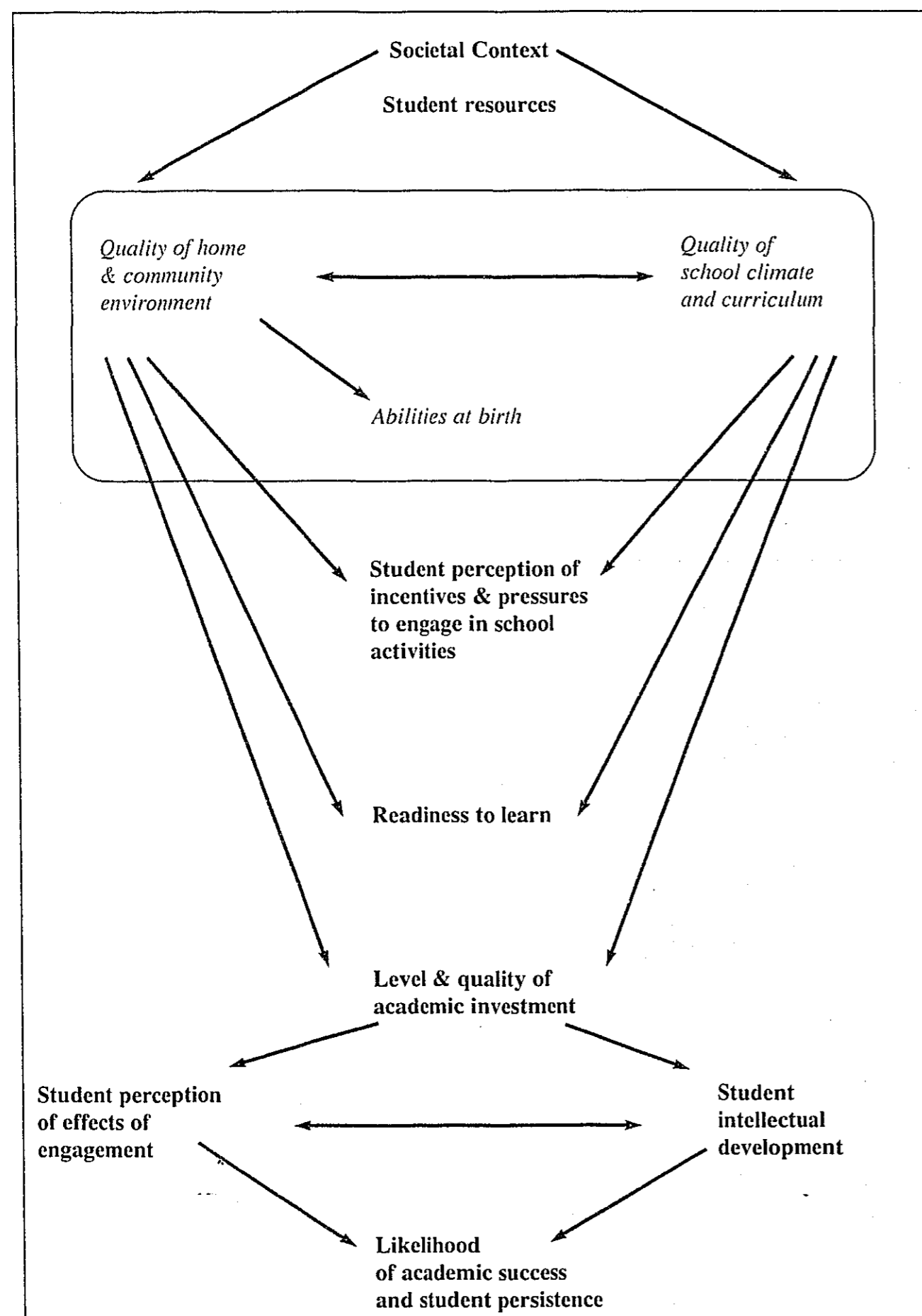
Risk Factors

Risk factors are variables that decrease the likelihood that students will have the abilities, willingness or opportunities to learn and/or perceive the value of academic achievement. Being poor is not necessarily a risk factor but risk occurs when differences arising from poverty limit the prospects of home, school and community interacting to encourage children to make use of their resources for educational purposes.

Integration

The model assumes that, in circumstances where children are generally doing well, home, school and community are, for the purposes of education at least, well integrated. The absence of integration contributes to poor educational outcomes. The integrated approach, therefore, is not simply a 'good idea' in relation to general education provision. Rather, the integrated approach is seen as a way of tackling problems inherent in the relationship between the home, school and community in circumstances where educational disadvantages persist.

Figure 1 Conceptual framework of Youth Development and Educational Performance (from Montgomery & Rossi, 1994)



Integrated community services have their theoretical roots in developmental ecology (Bronfenbrenner, 1979) and social and personal networking theories and research (Garbarino, 1982). The term 'ecological' emphasises the need to develop a viable, sustainable habitat in order to support the survival of a species. In applying this term to child development, the ecological approach stresses the need to develop a supportive social network, involving families, friends, neighbours and both formal and informal carers, in order to improve children's capacities to grow and develop.

Schorr (1988) provides a detailed discussion of several successful community interventions in the areas of education, health and social services, and family support and highlights the need to develop new operational partnerships or collaboratives in order that existing agencies may successfully cross traditional administrative and professional boundaries and see children more in the context of their families and their social and environmental surroundings. As with many US writings on the subject, greater emphasis is placed on the need to develop new models of service delivery rather than new types of services. A commonly used definition is cited by the OECD (1996):

Services integration refers primarily to ways of organising the delivery of services to people at the local level . . . it is not a new programme to be superimposed over existing programmes; rather it is a process aimed at developing an integrated framework within which ongoing programmes can be rationalised and enriched to do a better job of making services available within existing commitments and resources. Its objectives must include such things as:

- a) the co-ordinated delivery of services for the greater benefit of people;

- b) a holistic approach to the individual and the family unit;
- c) the provision of a comprehensive range of services locally and;
- d) the rational allocation of resources at the local level so as to be responsive to local needs.

The main international interest in the field of integrated models for delivering children's services in disadvantaged communities is in the United States. Developments have been influenced by the writings of Schorr (1988) and Melaville & Blank (1991). The latter have identified the following flaws in the way in which the service system for children at risk of early school-leaving and educational under-achievement operates:

- ✱ First, services are crisis oriented. They are designed to address problems that have already occurred rather than to offer supports of various kinds to prevent difficulties from developing in the first place.
- ✱ Second, the current social welfare system divides the problems of children and families into rigid and distinct categories that fail to reflect interrelated causes and solutions. Services designed to correspond to separate problems, commonly referred to as categorical problems, are administered by literally dozens of agencies. Each has its own particular focus, source of funding, guidelines and accountability. Even though a child and his or her family may need a mix of health, education, child welfare, or other services, separate and often conflicting eligibility standards and rules governing the expenditure of funds work against comprehensive service delivery. Services are provided within, rather than across, service categories.

☼ Third, the current system is unable to meet the needs of children and families due to a lack of functional communication among the various public and private agencies that comprise it. Agencies with pronounced dissimilarities in professional orientation and institutional mandates seldom see each other as allies. Operating like ships passing in the night, agencies have little opportunity to draw on services available throughout the community that might complement one another.

☼ Fourth, the current system falls short because of the inability of specialised agencies to easily craft comprehensive solutions to complex problems. Existing staff typically represent only a narrow slice of the professional talent and expertise needed to plan, finance and implement the multiple services characteristic of successful interventions.

Many North American studies on integrated services refer to attempts to bring together two, and

usually more, mainstream education, social service, housing, youth and healthcare providers in order to develop new collaborative structures at government, programme management and practitioner levels. This is to enable more effective delivery of targeted services to families and children where there is a multiplicity of risk factors. The term collaborative means multi-level collaborations among services whose activities are area-based in communities of high social need.

Although the initiatives are usually a small part of overall programme activity they aim for systems change in order to achieve greater integration. There is now a wealth of both academic and unpublished literature on such programmes and although the operational contexts differ in Ireland, these programmes provide an important framework for exploring and understanding how integrated service responses can develop, the results that have been achieved, the problems that have been encountered and the lessons that have been learned.

The simplest concept of integration in health, welfare and educational support tends to be concerned with co-ordinated case management by interdisciplinary teams, either from the same agency, or groups of agencies within the same operational programme. For example:

- co-ordinated case management of community psychiatric care involving doctors, nurses, social workers and occupational therapists (Ovretveit, 1993);
- integrated hospital treatment programmes involving both specialist and primary health and social care (WHO, 1990);
- co-ordinated interdisciplinary case management of child care and protection services (Hallett, 1995; McGuinness, 1993);
- co-ordination between teachers and social workers (Ryan, 1995).

However, in community development and community network programmes, being interdisciplinary and integrative means a lot more than multi-disciplinary case management. There is a marked distinction between forms of integration that improve day-to-day communications in relation to individual service participants (simple co-operation) and forms of integration that are focused on achieving systems changes (systems partnerships).

This distinction is consistently articulated in literature supporting new community actions on children's services (Carnegie Corporation of New York, 1994; Schorr, 1988; Melaville, Blank & Asayesh, 1993):

... a collaborative is a group of community leaders who have agreed to be partners in addressing shared problems. The collaborative undertakes an initiative - a series of interrelated activities designed to solve these shared problems and create a new system of services

for children and families. . . Partners using a collaborative strategy establish common goals and agree to use their personal and institutional power to achieve them. Partners must have the authority to speak for their institutions or those segments of the community they represent. They agree to commit resources and alter existing policies and procedures to attain measurable goals and objectives. They accept individual and collective responsibility for outcomes. It is collaboration, far more than co-operation, that offers the possibility of real service integration . . . (Melaville, Blank & Asayesh, 1993).

Essentially, the above distinction underlines that new integrative approaches are concerned with achieving a complex array of changes and not simply with the way existing services interact. Other distinctions relate to the types of integrative strategies and the different levels at which they operate.

Integrative strategies

Himmelman (1992) defines and compares different integrative strategies as follows:

Networking

exchanging information for mutual benefit. The simplest form of integration;

Co-ordination

exchanging information and altering activities for mutual benefit and to achieve a common purpose. It is more complex and requires participating organisations to share in decisions about changes;

Co-operation

exchanging information, altering activities and sharing resources for mutual benefit and to achieve a common purpose. It requires even greater

organisational commitments and possibly even legal instruments to cover the redeployment of personnel and financial and technical resources in new integrative arrangements;

Collaboration

exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose. It requires the application of sophisticated organisational linkages involving the sharing of risks, the development of shared visions and the development of complex partnership relationships and processes.

Levels of integrative operation

Bruner (1991) has argued that collaboration in integrative initiatives need to be developed at every level of an organisation or service system and describes four different levels:

Level 1:

Inter-agency collaboration - Administration:

Administrators at the state or local levels manage agencies to facilitate inter-agency and intra-agency collaboration through protocols, inter-agency agreements, staff organisation, staff incentives, and job evaluation systems.

Level 2:

Inter-agency collaboration - Service:

Workers at the service delivery level in various agencies are given incentives and support for joint efforts with staff in other agencies.

Level 3:

Intra-agency collaboration:

Workers at the frontline service delivery level are given discretion in serving clients, provided with support for decision-making, and involved in agency planning.

Level 4:

Worker-family collaboration:

Frontline worker and family members determine needs, set goals, and work toward greater family autonomy and functioning.

Essentially, integrative initiatives can begin at any level. When they are promoted at a higher executive level they can bring a commitment to institutional change. There is a risk, however, that they will encounter resistance at lower levels and contribute to the formation of centralised, uniform and inflexible integrative practices.

Integrative initiatives that emerge from the practices and decisions of frontline personnel can involve quite a lot of trial and error in building trust and developing positive working relationships in the search for good practice models. However, such developments can lack authority and, therefore, lack the capacity to bring about wider systems changes.

Integrative initiatives that are built in conjunction with parents and other community members constitute a bottom-up development and also contribute to community development processes, because they treat parents and children not simply as service receivers but as resources for planning and developing new responses. Initiatives that take place at this level without higher levels of institutional support, however, can lack the capacity for continuation and self-sustainment.

There is a growing expectation, however, that integrated children's services need to be driven more at this community, service-user level. They should provide new opportunities for service users, community members and marginalised people to directly participate in programme development and operation. This factor is now quite central to discussions about tackling social exclusion in Europe through improved education and social development programmes (EURYDICE, 1994; European Communities Commission, 1995).

Developments in relation to "integration of services for children at risk" are less apparent in the European than in North American literature. The OECD (1996) reported on integrating services for children at risk in five European countries, Denmark, France, the Netherlands, Sweden and the United Kingdom. This report highlighted that, while school-community relationships and services integration were viewed as "highly relevant to the needs of educationally disadvantaged children", nonetheless, the "social distance between education and other services systems" seemed "pervasive".

France and the Netherlands have developed national policies for identifying geographical areas of high risk for school failure and dropout and for targeting these areas for additional resources provided there are local plans to achieve more co-ordination and integration.

France

The French Ministry of Education has overall policy and funding responsibility for its ZEP (Zones of Educational Priority) programme. These areas are allied to Urban Social Development areas thus allowing for wider collaborations involving community and educational resources. Areas are designated for educational priority both on the basis of their socio-economic circumstances and on the basis that school officials would submit viable strategic plans demonstrating community involvement and support. There are 30 ZEPs and these are administered through regional educational boards. There are usually three full-time personnel assigned to each ZEP and much of their time involves networking and providing ongoing support to local co-ordination working groups.

The French Ministry of Education has overall responsibility for evaluating the programme.

However, there is no uniform approach to evaluation and no coherent evaluation results are reported in the OECD report.

The Netherlands

The Dutch government introduced a comprehensive Educational Priority Policy (OVb) in 1986. There are two elements to this policy. In the first, additional teaching staff are allocated to primary schools designated as disadvantaged according to social and cultural characteristics. The second key element is to fund area-based education and welfare institutions to develop a collaborative plan to tackle educational disadvantage. Area plans must include at least 10 primary schools and three secondary schools. There must be a governing board on which all participating schools and welfare institutions are represented.

Of 166 areas which applied in 1992, 70 were designated as priority areas and funding amounting to £400,000 per annum was allocated to each area project. Projects employ co-ordinators who prepare and implement plans. Typical project activities include new initiatives to tackle truancy, improving use of libraries and special tuition in language and literacy. Generally, partners in the projects maintain their autonomy and projects exist as organisational networks to facilitate networking and co-operation and to translate new educational support ideas into practice.

The programme is evaluated through independent university-based research which gives consideration to services integration outcomes. The initiative was seen as more successful than approaches that simply provided extra facilities to schools (the first key element in the Government's strategy).

There are no indications that area projects brought new collaborative outcomes into existing mainstream

practices and services. Research reports indicated that ethnic minority children were falling behind other Dutch children with the same socio-economic status. Arising from this a more comprehensive attempt to develop inter-agency collaboration was apparent in government funding of a new initiative - the Capabel project - in the Bos En Lommer district of Amsterdam. This project deals with very high-risk groups (usually new immigrants) and uses parental involvement, which tends to be missing from regular school-based responses. The Capabel project has developed in tandem with OVB in Bos En Lommer¹.

EU Role

Apart from the EU's YOUTHSTART programme, it is really only in relation to post-second level education programmes that the EU has a role and a specific interest in developing services integration for children at risk. Generally, EU and national government supports for local services integration in disadvantaged areas have tended to be less concerned with children's services and more focused on improving the quality, delivery and outcomes of enterprise, employment and training initiatives through funding the formation of new, independent, targeted local area partnerships (European Communities Commission, 1995b).

Irish Programme

A typical example of this approach to local integration is the Irish government's Operational Programme for Local Rural and Urban Development, 1995-1999 (Ireland, 1995).

In the operation of this programme, children's services are looked on as a secondary outcome of economic interest; that is, their capacity to generate new occupational activities in what has become known as a social economy. However, there is a

significant crossover of personnel involved both in partnership companies and in family and children's services. Potentially, these connections provide new opportunities for developing integrated responses to the needs of young families and children at local levels and a further expansion in programmes aimed specifically at young people while they are still in school (Chisolm, 1992). Indeed, a significant number of participating partnership companies applied to be funded under the Combat Poverty Agency Demonstration Programme on Educational Disadvantage.

The development of enterprise and employment-related initiatives, under EU funding programmes, could, in the future, include early intervention actions with children. Given this prospect, it is critical that detailed case study data on the origins, operations and outcomes of existing integrated service initiatives be collected, documented and analysed in a European context. The work of the Combat Poverty Agency is particularly important in this regard and the research dimension of the Demonstration Programme on Educational Disadvantage is especially welcome. It is also important that information be gathered about initiatives in other countries, particularly non-European ones. The Children's Centre has already started doing this in a report it undertook for the Dublin-based Integrated Services Initiative, Cullen (1997).

¹ The Capabel project is described in Cullen (1997).

Local public elementary (or primary) schools have tended to become the focus for developing many integrated child and family services in the United States. Schools are increasingly recognising that to improve the educational performance of at-risk children efforts must be made to remove learning barriers that arise from problems outside school in the community. Linking the community and schools to integrated health and social services is considered *one way of doing this*. This approach recognises that those at greatest risk face multi-dimensional problems which combine and reinforce each other with devastating impact on their learning and social chances. Reducing the problems in one particular area of a child's life may be meaningless if there is lack of progress in another. The integrated approach is considered vital for tackling all dimensions together.

The basic goal of integrated approaches is to restructure services to be more responsive to children and families in the context of their local communities, resulting in better matching of resources and services to needs, and ensuring that better educational and developmental outcomes for children are achieved.

Full Service Schools

New structures and programmes have been developed within schools that encourage parents to enrol for home-visiting linked to school-based health, welfare, personal development and vocational training programmes. This approach sees the school as being capable of creating home-school partnerships and of mobilising parents, community and social services to engage in new partnerships on behalf of children and their families. In this view, leadership is provided by the school and school leaders become advocates for developing school-based social services. (Comer, 1988). This

comprehensive approach to such school-linked services has led to the term 'full service schools':

The vision of the full-service school puts the best of school reform together with all other services that children, youth and their families need, most of which can be located in a school building. The educational mandate places responsibility on the school system to recognise and innovate. The charge to community agencies is to bring into the school: health, mental health, employment services, child care, parent education, case management, recreation, cultural events, welfare, community policing, and whatever else may fit into the picture. The result is a new kind of 'seamless' institution, a community-oriented school with a joint governance structure that allows maximum responsiveness to the community, as well as accessibility and continuity for those most in need of services (Dryfoos, 1994, 12)

Many advocates of integrated services initiatives argue that new services need to be based in the schools where children are most likely to come on some regular basis, if not daily, and where, in general, accessibility to parents and outside services is considered good. Proponents of community-based models argue that services need to be school-linked but not necessarily school-based, that they have multiple access points and that locating them out of the school increases the prospects of flexibility and innovation.

Together We Can

One very useful publication relating to the US experience and which advocates a strategic alliance between school and other community institutions is jointly produced by the US Department of Education

and the US Department of Health and Human Services (Melaville, Blank & Asayesh, 1993). This publication, *Together We Can - A Guide for Crafting a Profamily System of Education and Human Services*, is a practical guide for assisting service managers and practitioners to create a more responsive education and human service delivery system. Recognising that the current system of programmes serving children is fragmented, confusing and inefficient, the guidebook advocates a radical change in the service delivery system. It

Guidelines

The following common sense guidelines are offered in *Together We Can* as considerations in developing inter-agency partnerships.

<u>Characteristic</u>	<u>Explanation</u>
<i>Involve all key players</i>	Commitment to change must be broad-based and should include the participation of not only those with the power to negotiate change, but also representatives from the families (including children) whose lives will be affected.
<i>Choose a realistic strategy</i>	Partners need to choose a strategy that reflects the priorities of service providers, the public, and key policymakers; the availability of resources; and local needs.
<i>Establish a shared vision</i>	Co-operative ventures are based on a recognition of shared clients. Collaborative partnerships must create a shared vision of better outcomes for the children they both serve.
<i>Agree to disagree</i>	Participants need to establish a communication process that gives them permission to disagree and use conflict resolution as a constructive means of moving forward.
<i>Make promises you can keep</i>	Setting attainable objectives, especially in the beginning, is necessary to create momentum and a sense of accomplishment.
<i>Keep your eyes on the prize</i>	It is easy for collaborative initiatives to become so bogged down in the difficulty of day-to-day operations and disagreements that they lose sight of the forest for the trees. We are striving for better outcomes and more successful futures for our children and families.

encourages a holistic approach in treating the problems of children and families; easy access to comprehensive services; early detection of problems and preventive health care services and flexibility in the use of government funds for education, health and human services. The guide underlines the concept of systems change which it defines as "a revision of the ways that people and institutions think, behave, and use their resources to affect fundamentally the types, quality, and degree of service delivery to children and families."

Build ownership at all levels

The commitment to change must extend throughout the organisational structure of each participating agency. Inservice staff training should allow staff time to air feelings about proposed changes and to predict the affects.

Avoid "red herrings"

Partners should not let 'technical difficulties' impede the development of a shared vision. Most differences usually result from policies that can be changed or otherwise accommodated. They should not be allowed to become convenient excuses for partners not fully committed to working together.

Institutionalise change

Participants must incorporate partnership objectives into their own institutional mandates and budgets, and earmark the permanent flow of adequate resources to keep joint efforts going.

Publicise your success

Inter-agency partnerships are a promising conduit for the large-scale creation and delivery of comprehensive services to children and families. Well-publicised objectives will go far to attract the funding necessary to replicate and expand innovation.

Together We Can reflects a trend in the United States to develop research and resource materials that contribute to services integration. A wide range of work in this field has been done by institutes such as the National Centre for Services Integration, National Research Centre on Education in the Inner Cities and Centre for Research on Effective Schooling for Disadvantaged Students.

Together We Can is presented as a five-stage process for achieving systems as follows:

- ✱ getting together;
- ✱ building trust and ownership;
- ✱ developing a strategic plan;
- ✱ taking action;
- ✱ going to scale

The different steps and milestones of each of these five stages are outlined in detail with reference to a number of comprehensive case studies. One of these case studies, *New Beginnings*², is discussed below in more detail. It is a good model to study for two reasons. First, it is an initiative with multi-level integrative elements and secondly, its considered success led to wider policy decisions including a Californian government decision to introduce a statewide programme for supporting other similar initiatives. A fairly comprehensive evaluation of this programme was undertaken and the results of this evaluation are also discussed below.

² This is one of the models described in detail in Cullen (1997)

New Beginnings was initiated in 1988 by senior administrators in the Department of Social Services in the County of San Diego³ and San Diego City Schools⁴. The administrators decided to come together to explore ways of improving services to children, youth and families. At the time, both agencies were concerned that the services they provided to low-income families were uncoordinated, inconsistent and often ineffective. Administrators were aware that, in searching for new solutions, they faced considerable obstacles, particularly arising from administrative and professional boundaries, conflicting eligibility regulations in different services and problems of confidentiality. Acknowledging these difficulties, and knowing that there were few comprehensive models for bringing service providers from different agencies together, it was decided that the primary focus of searching for service improvements should be inter-agency collaboration.

A core group of four agencies (and their subsidiary service providers) became the nucleus of the initiative. These included the County of San Diego, the City of San Diego, the San Diego City Schools and the San Diego Community College district (an equivalent to San Diego City Schools for second-level education). Initial discussions focused on preparing an inventory of the type and range of services provided by respective agencies. Studies highlighted a higher level of service provision than had been anticipated and poor levels of knowledge of what each other was doing.

Feasibility Study

The group then decided to target a single school site within the city area and to test the feasibility of developing a one-stop co-ordinated services centre. Hamilton Elementary School, located in City Heights - an area of San Diego that is densely populated,

highly transient, with one of the city's worst crime rates and a high reported incidence of child abuse - was selected as a test site. The school has a multi-ethnic mix with over 23 different languages spoken and about half of the children's families received supplementary welfare assistance from the US Federal Government through AFDC (Aid to Families with Dependent Children). Funding for the community assessment aspect of this study was provided by the Stuart Foundation while the initial cost of the test site was met by contributions (mostly in-kind) from the partner agencies.

The feasibility study had an action-research dimension: as well as engaging research experts to collect baseline and service delivery data, a social worker was placed in the school to work closely with families in order to understand what it was like to access services. The social worker's subjective observations were included in the report and these highlighted that many families did not know of, or how to reach, many of the agencies charged with helping them.

³The County of San Diego is the second largest county in California (and 17th largest in the US) with a population of 2.5m. It provides health, social services and probation services with a \$1.6bn annual budget. Like Irish regional health boards it has overall responsibility for child welfare and protection services. The County of San Diego would be similar to an Irish regional health board except that it has twice the population of Ireland's largest board and extra responsibilities (probation).

⁴San Diego City Schools is set up by charter of the city of San Diego - the second largest city in California (sixth largest in the US) with a population of 1,250,000 (similar to greater Dublin). It is an intermediate structure between the state of California's Education Department and school providers. San Diego City Schools is the largest of 43 school districts in the County of San Diego and the second largest school system in California (eight largest in US). It has overall administrative responsibility for 160 elementary (primary) schools, 121,000 students and 12,000 employees with a \$560m budget. There is no Irish equivalent to San Diego City Schools.

The study concluded the following:

- ✱ there is a basic fundamental need to reform the way schools and government agencies deliver services to families;
- ✱ the school setting is a primary, sustained contact point for working with families but collaboration should not be school-governed;
- ✱ the worst cases are the target of most spending with little resources targeted for prevention and early intervention;
- ✱ services are fragmented with problems being addressed rather than families;
- ✱ eligibility procedures which are complex and differ from agency to agency create barriers for families;
- ✱ lack of data-sharing among agencies, workers and families prevents optimal service;
- ✱ family mobility is a serious barrier to receiving services.

The study reinforced the belief that the system was over-fragmented and it laid the groundwork for planning the Hamilton Demonstration Centre for changing the systems that provide services to children and families. As outlined by one of the founders, the Hamilton "demonstration centre, unlike a project, will go on for a long time and will become the learning laboratory for collaboration, for integrating services for children, families and youth. The closest analogy I can think of is a teaching hospital" (Payzant, 1994).

The *New Beginnings* approach, as developed initially in the Hamilton Demonstration Centre, is to reallocate funds to an inter-agency collaboration and to empower collaborating agencies to have increased

authority to solve problems and to have a greater, more in-depth involvement with a smaller caseload of families. The Hamilton Demonstration Centre is housed in three portable classrooms on the school's playground. All families who enroll children have an opportunity to be included in the centre's services which include family social services, child welfare case management and a variety of child health services. The centre also serves the wider community in which it is located. The centre operates on three levels.

Level 1:

This is within the school itself where teachers are the main source of referral. Teachers refer children who are experiencing academic, behavioural, attendance or health problems. Ongoing communication between teacher and Centre staff forms a vital feedback 'loop' to assess whether services are having a beneficial effect on children. Teachers receive intensive training and support in problem identification and supportive techniques in the classroom.

Level 2:

This is the Centre - staffed by a director, family services advocate and administrative secretary - which assesses family needs, makes referral to special programmes, parent education and other self-help services and provides some health services (physical examinations, immunisations, and treatment for common childhood conditions).

Level 3:

This is the extended team of workers who are able to undertake specialised tasks (not capable of being undertaken locally) in relation to child guidance, housing and probation.

Overall, co-ordination of *New Beginnings* is the responsibility of an executive committee made up of the main funding partners. The executive committee employs a centre director (with responsibility to provide overall team leadership and direction) and family services advocate (with responsibility to act as advocates for families within the overall services system). Other centre personnel are funded through existing agencies' resources, which, as a result of collaborative arrangements, are used in a more flexible manner. In all, a total of eight full-time staff equivalents work either directly in the Centre or in the extended team concentrating on centre families.

While generally each *New Beginnings* site has community participation in management, there were initial difficulties in both attracting and holding onto participant parents and/or local community leaders. Participation is often through the involvement of local and community service providers and advocacy groups. There is a wide variety of participation models and in setting up newer sites greater attention is given to how participation can be improved.

Key Factors

In a paper that reflects on the *New Beginnings* experience (Payzant, 1994), one of its founders identified and elaborated on a number of key factors that can support or impede the development of integrated services models. The paper highlights that new collaborative initiatives need institutional supports at all levels of government: local, regional, state and federal. No matter what the issue is and no matter how localised the level may seem - for example, delivering particular services to a specific person - changes in the delivery system most often require a shifting of policy, procedures and resources at all other levels also.

The paper also highlights that integrated services systems are not simply about implementing better co-ordination between two to three agencies. While a small number of agencies working together may constitute a good starting point for developing an integrated system, ultimately their collaboration risks becoming simply a new 'add-on' project to what is already there. Furthermore, within the framework of a small number of agencies, there is a risk that efforts become focused on direct service implementation with insufficient attention paid to the need to identify and lobby for changes in policies, attitudes and wider decision-making processes.

It is considered vital that the early promoters of an integrated initiative continue to try to bring on board new partners and to bring them in on an equal basis and with a determined commitment for a long-term partnership. This second factor was considered critical in *New Beginnings* success - all of the key agencies were at the table before any single agency could claim the initiative as exclusively theirs. As a result, the partnership developed trust and good working relationships. Furthermore, this unity of purpose had tremendous effect when the partnership dedicated itself to bringing about change at other levels, particularly the level of state government.

The *New Beginnings* programme was one of a number of similar local and regional initiatives that campaigned for statewide funding to support such partnerships. Eventually, funding was brought about as a result of state legislation in 1991 and, in 1992, California's Healthy Start programme for supporting collaborative partnerships for tackling under-achievement and for developing school-linked social services was introduced.

Obstacles

On the negative side, the following obstacles were identified as impeding the development of the *New Beginnings* programme.

- Existing programmes for at-risk children and families often operate in a crisis management mode and for this reason it is extremely difficult for personnel to develop mechanisms for long-term planning, prevention and systems changes.
- There are considerable communication barriers for developing common visions among workers who come from different professional and philosophical backgrounds. They have different expectations of their working roles, interventions, anticipated outcomes and timescales for achieving results. These all need to be ironed out through mechanisms and procedures that facilitate trust building and the development of common goals. It is also often necessary to position personnel in new roles that are distinctly different to what would be considered normal in their respective professions. Thus teachers, social workers, nurses

and community workers may be expected to work alongside each other, say as family resource workers, within similar structures for pay and conditions, training, support, supervision and promotion.

- In the early operation of integrated responses, the protection of client confidentiality is often an obstacle to developing new systems and services. Effective co-ordinated case management requires that basic rules are established for sharing information. Otherwise, not only is there the risk of service duplication, but different elements of the same service team could be operating at odds with each other.

At the same time not all information can or should be shared and the process of working out practices and procedures for sharing information and for building in appropriate consent are time consuming and difficult. This illustrates some typical obstacles likely to be encountered in developing integrated initiatives.

The *Healthy Start Support Services Programme* was launched by the California Department of Education in 1992 and provides grants to local partnerships to plan and implement comprehensive school-linked local service initiatives for children and families in areas of social disadvantage. These partnerships usually consist of education, health, mental health and social service agencies and community organisations. Between 1992 and 1995, three-year operational grants of up to \$400,000 were awarded to 150 successful applicants in support of local initiatives.

The programme's underlying premise is that local communities are best able to design local strategies, so the programme has no single local model. Local partnerships develop individual approaches: they could involve primary or secondary schools or both; they could focus on single schools or clusters; they could be school-based or school-linked. Local partnerships could also have varying goals in terms of the type of services and supports they provide. Some have focused on developing either school-based or school-linked clinics as a way of bringing health and counselling services to students. Others have focused on developing parenting skills or promoting parental involvement in schools or on encouraging parental support of homework and other home-based educational activities.

Despite local variations, this programme was designed to reflect an emerging national consensus concerning what is an effective delivery system of services for children and families. This includes the need for services to be -

- comprehensive;
- integrated across a range of providers, particularly the schools;
- accessible;
- committed to prevention;
- family centred;

- culturally appropriate;
- of high quality.

Underlying Assumptions

The programme has three basic underlying assumptions:

- Although considerable public and private resources are invested in meeting the needs of children and families, these are ineffective because delivery of services is fragmented.
- Comprehensive delivery systems should include:
 - (i) easy access to a wide array of prevention, treatment and support services;
 - (ii) in-built mechanisms for responding to changing children's needs;
 - (iii) focus on the whole family;
 - (iv) seek to empower families within an atmosphere of mutual respect;
 - (v) seek real improvements in outcomes for children and families.
- The development of partnership/collaborative strategies is seen as the best way of making progress towards achieving comprehensive service-delivery systems.

The programme is one of the largest of its type amid a growing number of federal, state, city and privately funded initiatives that are attempting to restructure systems that provide education, health and social services to children and families in greatest need. The size of the initiative, its high level of local variation, and the fact that there is an underlying consistency in relation to concepts of integration and inclusion make it a rich programme to learn from.

A comprehensive evaluation was undertaken and published in three volumes which dealt with the following issues:

- results for children and families;
- results for affiliated schools;
- local implementation.

Results for individual targeted children and families were positive and results for schools in relation to targeted children similarly good. Results for schools in a wider sense were not immediately apparent and it will take some time to ascertain whether the programme will have a positive impact on non-targeted schoolchildren. Below the issue of local implementation which was the focus of the evaluation's third volume is examined.

Local Implementation

In exploring the issues of local implementation, the evaluators addressed the following three questions:

- (1) Incorporation of principles
To what extent did the activities and services affiliated with local *Healthy Start* initiatives reflect the emerging consensus on what constitutes effective service delivery?
- (2) Effective delivery
What were the factors that helped to produce activities and services that better reflected effective service delivery?
- (3) Sustainability factors
At the end of the three-year funding period, what characteristics of partnerships appeared to contribute to more sustainable school-linked services?

(1) Incorporation of principles

In addressing the first question, the evaluators drew on a growing body of knowledge on what constitutes good integrated practice. In particular, the evaluators drew from a publication, *Principles to*

Link By - Integrating Education, Health and Human Services for Children, Youth and Families (National Consensus Building Conference on School-Linked Service Systems, 1994). The evaluators identified the following key principles as appropriate to *Healthy Start*. Services should be:

- comprehensive. A continuum of services should be available;
- co-ordinated, integrated and collaboratively delivered;
- available and accessible to all in a variety of settings;
- focused on primary prevention;
- family-centred, driven by the needs of children, youth and families, and should build on existing strengths;
- culturally competent;
- high quality with staff who are well trained, fully qualified and who know how to work effectively with children, youth and families.

The evaluators reported that local *Healthy Start* initiatives varied greatly in their emphasis on these principles. Different combinations of principles were apparent in different projects. At times, one or two principles were emphasised and other principles were not prioritised or were even neglected. There were local variations in specific aims, objectives, personnel and resources.

These variations between local projects meant that some of the key principles operated independently of each other. Operationally, such programmes, particularly at their early stages, are possibly more likely to incorporate some but not all of the above principles. Indeed, as the evaluators concluded, the promotion of specific aspects is often achieved through minimising others. For example, the focus on quality - indicated in terms of employing trained, skilled staff - could be at the expense of cultural relevance - not enough local community members

with the requisite skills and qualifications to undertake staff positions. Similarly, a focus on preventive services is likely to be achieved by not having comprehensive services.

The evaluators highlight that these variations are more evident in projects' early stages. They speculate that, as the projects grow and develop, it becomes more possible to incorporate a fuller range of principles. Thus, for example, in the long term, it should be possible to achieve both quality and cultural relevance by ensuring enough local people are given suitable, accredited training. The evaluators conclude that it may be unrealistic to expect *Healthy Start* initiatives or other projects seeking organisational and systems reforms to embody all of the key principles during their early stages. It may be necessary to set priorities for developing these reforms.

(2) Effective delivery

The second key question is, what are the attributes of successful inter-agency reform efforts?

Healthy Start evaluators again drew on a growing national consensus as to what encourages effective service delivery. They identified that service reform efforts should:

- ☼ be focused on well-defined areas of greatest need;
- ☼ be broadly inclusive of all the interests in the targeted communities;
- ☼ have a collaborative working style with jointly developed structures, shared responsibilities and with mechanisms for developing mutual respect, understanding and trust;
- ☼ need to be capable of identifying and overcoming reform obstacles;
- ☼ need to be integrated with wider resource and policy developments;
- ☼ need to have the resources sufficient to the

specific tasks they are trying to undertake;

- ☼ need to be well managed.

The evaluators examined whether these and other attributes contributed to effective service delivery and arrived at the following five conclusions.

- ☼ They found that local initiatives that focused on one school as distinct to clusters of schools delivered integrated services more effectively. Such initiatives were more likely to involve parents and to deal with issues resulting from lack of parental support.

Although, the cluster approach was useful in trying to spread resources for maximum impact, the resources tended to be spread too thin to have meaningful integration benefits.

- ☼ The evaluators found that local initiatives that involved parents demonstrated a similar capacity to include other key stakeholders. They tended to have mechanisms for keeping teachers and principals informed, for involving more stakeholders and for developing collaborative relationships with other neighbouring *Healthy Start* sites. Initiatives that had a more inclusive ethos tended to be better able to deal with problems arising from organisational and administrative changes and to deliver more integrated, family focused, accessible and culturally competent services. They also tended to be single-school initiatives.

- ☼ The role, location and perseverance of local service co-ordinators seemed to be quite critical in relation to successful outcomes. When co-ordinators were based on school sites where they were accessible to parents, they tended to stay with the initiatives over prolonged periods and the services delivered tended to be more accessible and comprehensive and better integrated with the school.

- ☼ Local initiatives with a greater number of local statutory service providers tended to be the most family-focused and to have the most thorough case management strategies. This was particularly the case when family support and child protection services were involved. However, local initiatives with multi-state agency involvement tended to be less effective in multilingual situations suggesting that state agencies may not be as competent as, say, non-government voluntary agencies in meeting the needs of non-English speaking communities.

- ☼ The evaluators found that a number of factors generally considered to be important for effective delivery were unimportant in relation to effective *Healthy Start*. For example, larger collaboratives with broadly-based representation were not necessarily more effective in service delivery. Similarly, when initiatives adopted collaborative working styles - characterised by shared ownership and leadership and joint decision-making - this did not necessarily contribute to effectiveness.

The evaluators argue that these procedure-related factors were more relevant to sustaining initiatives in the long term than they were to current effectiveness.

(3) Sustainability Factors

The third question explored by the evaluators was to identify what attributes of local initiatives helped sustain school-linked services and service reforms. In exploring this question, the evaluators examined local initiatives that expected to be more successful in sustaining themselves when *Healthy Start* funding ceased.

Three key factors were identified by the evaluators as contributing to long-term sustainability:

- ☼ Parental involvement was considered essential for both creating and sustaining service reforms and improvements. High levels of parental involvement were indicators of wider community support contributing to local will, momentum and demands for continued change.

- ☼ Collaborative working styles were seen again as being important for obtaining and maintaining community support and for securing long-term funding and other resources from existing service agencies. Smaller, focused, more stable collaboratives were more confident about their future. The greater their tendency to have shared decision-making, the more persons and agencies backed them with a long-term commitment. The evaluators concluded that real collaboration could be the key to keeping agencies together at the table and this was a prerequisite for long-term service delivery reform.

- ☼ The evaluators reported that co-ordinators who had already secured future funding tended to be those who were located off-site and who nurtured relationships with agency administrators and officials. This conclusion is quite interesting when set against a previous finding which highlighted that co-ordinators located on-site tended to contribute to more effective service delivery. Clearly there is a trade-off here between having someone who can achieve more effectiveness and one who can secure more funds.

The evaluator's report that some initiatives were already dividing funding and management responsibilities between two co-ordinators in order to ensure both on-site co-ordination and the development of supportive relationships with funders.

Report Recommendations

In concluding their report, the evaluators drew on the various points raised in their three evaluation questions and made five key recommendations for improving school-linked service initiatives.

(i) They recommend the need to strengthen the quality of case management practices. They highlight case management as a key strategy for integrating and co-ordinating services to children and their families.

(ii) The evaluators recommend that greater integration may be achieved when services are located on school sites and greater efforts are made to involve teachers in service plans and by providing them with more feedback. They found that integrating school-linked services into the larger school life had been a difficult issue for Healthy Start and also for other school-linked service initiatives.

(iii) The evaluators found that parental and community involvement in all aspects of service development has clear benefits for school-linked service initiatives, although it is time consuming and difficult to achieve. These benefits need to be further understood and they recommend that initiatives avail of technical assistance for designing and implementing more effective strategies for broader community involvement.

(iv) The evaluators restate the importance of single-school as compared to cluster initiatives for achieving more effective integration, local ownership and an inclusion ethos. While they recognise the difficulties in creating systemic changes school by school, they recommend that, if a cluster strategy is adopted, then additional, targeted technical assistance and other supports may be necessary for individual participating schools.

(v) The evaluators highlight the critical role of co-ordinators in making a success of local initiatives. They stress the importance of good leadership and management and of the necessity of investing care in selecting co-ordinators and in providing them with the type of support to ensure:

- ✱ there is a balanced mix between on-site management and off-site lobbying (even if this means having two co-ordinators);
- ✱ they have sufficient time and back-up to undertake their responsibilities;
- ✱ they remain in their jobs long enough to generate staff confidence and provide stability.

Drawing on the experience of developments elsewhere⁶, an important first lesson is that initiatives focused on achieving more effective service integration need to take place at all levels - policy, management and service delivery - and not just the local level. There would be little point in making progress on the more effective co-ordination of local initiatives if mechanisms for influencing wider developments on policies, structures, incentives and programmes were absent. Indeed, this highlights one of the essential weaknesses of the Combat Poverty Agency's programme. Although the programme has built-in mechanisms for generating debate and discussion on the wider issues, many of the key players in relation to these are not effectively engaged in the programme from the outset. One of the inherent shortcomings of such local pilot programmes is that, if and when the pilot phase leads to model developments, these, too, will lack adequate input at other levels. The obvious risk is that local integrated initiatives simply become mere local projects.

✱ A second lesson in relation to integrated service developments is that the partnership needs to focus first on integrating what is already there and not simply the creation of new services. When different educational, social service and community stakeholders form local integrated initiatives there is a very real danger that, rather than focusing on how they might collaborate to improve and expand their current efforts, they focus, instead, on identifying service gaps and developing proposals to fill these with new projects, thus creating yet another uncoordinated service provider.

This impulse to provide direct services is very difficult to resist and it detracts from service reform efforts. Partners can become absorbed quite easily in designing new projects to help specific children and

consequently avoid reflecting on the shortcomings of their own organisations and services, or addressing the changes that they would need to make. By focusing on new projects, partners can remain reassured that their energies are well spent. Indeed, for statutory funders, it may be easier to finance new project developments than to engage in a more in-depth analysis of exactly why existing services and programmes lack co-ordination and integration and require reform. It is "much easier to make symbolic change through a project than to change the system in any depth" (Melaville & Blank, 1993, 17). Even though such new projects may be high quality, they tend to rely on short-term money and do not necessarily generate the resources to multiply or sustain their programmes.

This tendency towards new project development is apparent in the recommendations contained in a report by Integrated Services Initiative - a two-year research/development project on service integration in inner city Dublin (Integrated Services Initiative, 1997). Integrated service initiatives are unique in that they adopt a wider, systemic view of the problems and deficiencies in local service provision and attempt to bring about a wide range of changes and developments, including the provision of new local services. But they firstly include institutional changes for improving policy, management and resource decision-making and changes in how frontline workers interact and relate with each other across and within professional, administrative and community boundaries.

⁶ The following lessons are drawn from a synthesis of reports of the *New Beginnings* and *Healthy Start* experiences as summarised above and a number of other reports of similar initiatives elsewhere in the US (Amherst H. Wilder Foundation, 1996; Annie E. Casey Foundation, 1996; Melaville & Blank, 1993; Rossie & Montgomery, 1994; Stone, 1996.)

☛ A third lesson in relation to integration initiatives is that the project of integration itself requires new funding. Ultimately, additional co-ordinating resources can be drawn from existing budgets in either re-directed grants or payments-in-kind. However, the core costs of bringing a partnership together, employing a co-ordinator and contracting technical assistance requires newly sourced funds. In the US quite a number of trusts and foundations have channelled funds into local integration initiatives because they see it as a way of strategically getting better value for money. There may be a case for foundations here adopting a similar strategic view.

☛ The fourth lesson is that integration developments require a great deal of time in order to develop shared visions, to conduct detailed needs assessments, to plan effective strategies, to develop effective forms of communication between partners and to build new management capacities. Adequate time and resources are needed to develop ownership among all key collaborative participants and this ownership needs to be quite central at all stages in the development process.

☛ A fifth lesson is that getting existing frontline personnel to cross traditional boundaries to share information and ideas or develop inter-disciplinary interventions is extremely difficult. This is particularly the case for personnel who collect confidential case material. The actual bringing together of frontline personnel is a task that needs to be carefully managed and one that may involve external resource agencies assisting personnel in developing a base of common knowledge and understanding and in managing personal differences and conflicts.

There are indications that the depth and quality of changes in how personnel relate to new organisational developments are not fully

understood. In the absence of this understanding, resistance within organisations develops alongside a re-dedication to long-standing rules, regulations and behaviours. To overcome these difficulties it is suggested that key partners in integrated initiatives see themselves as learning organisations committed to developing integrated practices at all organisational levels. A key element to this approach is the provision of inter-agency training, something that can take place at both professional training and in-service training levels. Another key element is the development of shared information management systems.

☛ A sixth lesson, and one that was well highlighted above in relation to the *Healthy Start* programme, concerns the critical role of co-ordinators in contributing to successful outcomes. The task of managing diverse partners requires co-ordinators who are committed to facilitative, collaborative leadership and who have basic skills in supporting diverse participant partners and group problem-solving as well as generating new local service ideas and managing the contacts and relationships with funders. The evaluation of one integration initiative in Kentucky (Replogle, 1995) found that success depended largely on the "co-ordinator's capacity to foster collaboration and service delivery" and that successful co-ordinators regularly crossed, "physical boundaries by working in schools, homes and agency offices; temporal boundaries by working untraditional and sometimes long hours; and normative boundaries by challenging pervasive cultural and social values and definitions of family, school and community."

☛ A seventh lesson arising from integrated service initiatives is that the initiatives themselves may be insufficient to transform educational outcomes in the

absence of other programmes concerned with social and economic development. Communities where there is a need for new approaches to tackle educational disadvantage tend to lack economic investment or development opportunities. Service integration efforts need to be "augmented by social-capital and economic development initiatives that target the whole community and increase the access of poor families to incomes, opportunity and work". (Annie E. Casey Foundation, 1995). Reorganised local services have the potential to provide entry-level and other jobs for local people in a way that transfers public investment to in-community residents and institutions. This indicates that local integrated service initiatives in relation to educational disadvantage are best tackled in conjunction with, or as part of, other economic development partnerships. This is already the situation in relation to the Combat Poverty Agency Demonstration Programme and there may be a case for ensuring that other, new, initiatives are similarly organised.

☛ An eight lesson concerns the issue of research and evaluation. Traditional approaches to evaluation are rarely capable of capturing the complexity of community-based programmes, let alone those involving multi-partners. In addition, the range of outcomes being pursued and the need for flexibility as programmes evolve through changing environments make the task of evaluation even more complex. Yet, evaluation has a critical role in determining the focus and shape of integration initiatives as these develop and grow. As Brown (1996, 53) highlights, "the evaluation becomes the arena in which conflicting expectations and interests among all the parties involved get focused, and not always worked out. Issues of power and control concerning such questions as who defines the pace and criteria of success, how funding decisions are

related to interim evaluation findings, and who shares what information with whom, can make it extremely difficult for evaluators and initiative operators to establish relationships of trust and open communication".

The notion of evaluators popping in to administer pre- and post-programme questionnaires and compiling desk reports on outcomes is not one likely to survive the turmoil of inter-agency and community partnership processes. Integration initiatives pose new challenges for evaluators to rethink concepts of scientific rigour and objectivity and to adapt new roles that involve them more directly in providing ongoing feedback, in providing technical assistance for self-evaluation, in involving partners and community members as assistants in evaluation and in developing theories about local change. By making these changes and adopting new roles evaluators can help to demystify and democratise the processes whereby knowledge is developed. They can make the evaluation an integral action in programme development and they can enhance partners' and community understanding of, and commitment to, the integration initiative.

It is important that the above lessons be placed in an Irish context so we can draw maximum benefit from reviewing developments elsewhere. In this Irish context, both the Government's National Anti-Poverty Strategy and the Local Development Programme provide useful pointers on future integration possibilities. As highlighted in the Background (see page 3), the National Anti-Poverty Strategy has given a commitment to consider integration initiatives, particularly in relation to tackling early school-leaving.

The area-based partnerships in the Local Development Programme are a likely institutional framework for developing such initiatives. Indeed, a number of partnerships have already invested resources in projects where closer school-community linkages are a possible outcome and participation in the Combat Poverty Agency's Demonstration Programme on Educational Disadvantage was restricted to partnerships (or constituent or supported networks).

On a separate front, the formation of local drugs task forces has also involved local partnerships. It seems quite realistic, therefore, to assume that the next few years will witness an expansion of integration initiatives in relation to educational disadvantage and involving an area-based partnership model.

Partnership Evaluation

At present, more is probably known about what partnerships are doing, and can do, than about why they are or should be doing it. In a similar vein, it seems easier to invest energy into looking at how to continue with and sustain partnerships than into how to research, conceptualise and evaluate them. There is, for instance, a critical absence of literature and research exploring theories of social change arising from the experience of partnerships and other

community initiatives. To take a very simple example: theoretical assumptions that emphasise the role of individual achievement in creating social change have very different practical and outcome implications than those that focus on institutional and structural aspects. Whereas the first approach might lead to interventions that are focused on individual capacity-building, personal development and education, training and job placements, the second is perhaps more likely to influence the formation of strong, independent community - and other - institutions that can effectively interact with and possibly change social, economic and political structures.

There appears to be an underlying assumption that area-based partnerships are essentially dealing with this second, structural, issue. In reality there is, in fact, no real debate going on about whether or not this is the case or, indeed, whether it may be the case in some locations and not others.

A number of other important issues have lacked significant exploration in relation to the partnership process. These include:

- the trade-off between using EU funding to strengthen communities at a local level while, at the same time, contributing to the formation of a single market at a European level;
- the contribution of partnerships in developing community governance structures;
- models of evaluation that are capable of elucidating and giving meaningful expression to partnership processes.

There are two main reasons for raising these points here. First, to caution against focusing on integration in relation to early school drop-out and educational disadvantage to the point where the need to tackle the deeply rooted institutional and systemic dimensions of these problems is ignored. Second, to submit that, in developing future

integrated responses, we need to be better informed of lessons that can be learned from developments elsewhere and need to ensure that adequate mechanisms and resources are in place to address key research questions in planning, operating and evaluating initiatives.

In highlighting the first point the table below provides some indication of a range of measures that may be considered capable of contributing to tackling educational disadvantage. This range includes

curriculum development, teacher training, equality initiatives, financial incentives (at both national and local levels), various school-based initiatives and a number of community-based programmes.

Community-based programmes may or may not take place within a local integrated model. It is quite clear from this table that a focus on local integrated responses alone is not likely to make a deep impact on the wider range of measures necessary for tackling this problem.

Measures that may tackle educational disadvantage			
Department of Education - Direct		Various Departments, State Agencies, Community & Voluntary Groups	
National Policies	Incentives	School-based initiatives	School-linked or other community initiatives
Policy developments aimed at systemic reform of educational structures, content and forms of delivery	Incentives (of both selective and universal types) in the form of fee waivers and direct money payments to encourage more participations	Additional resources for designated schools to increase their capacities to tackle educational disadvantage both in and out of school	Initiatives by funding bodies, social and community development agencies (outside mainstream education providers) to develop school-linked and other services.
<ul style="list-style-type: none"> • Local Structures • Curriculum • Teacher Training • Equal Access 	<ul style="list-style-type: none"> • Removal of Fees • Grant Schemes • Transport • Books • Youthreach 	<ul style="list-style-type: none"> • Home-School-Community Liaison • Early Start • Counsellors • Breaking the Cycle • Youth Encounter Projects 	<ul style="list-style-type: none"> • Financial Subsidy • Social Services • Mentoring • Homework Clubs • After-Schools • Neighbourhood Youth Projects • Teacher Assistants • Integration <ul style="list-style-type: none"> - Youthstart - Combat Poverty Agency - Local Development Programme

Differing Contexts

In conclusion, this report has set out some of the key definitions, contexts and lessons in relation to integrated initiatives for tackling educational disadvantage at a local level. The discussion for the most part arises from developments that have taken place in the United States. This is the main limitation of this discussion and it needs to be understood that there are different social, political, economic and cultural contexts operating in both countries, not to mention basic differences in how education and social services are structured, organised, resourced, developed and monitored. Nonetheless, there is, in the US, a wealth of literature on the subject of integrated service developments, and this alone provides a firm justification for focusing on this experience.

While this experience is quite unique, both in terms of the volume of initiatives and the amount of policy, funding and research interest these have generated, it is significant that the issues and lessons that have arisen are quite similar to those that have already emerged here in other developments and programmes. These lessons provide a sound basis for learning about integrated initiatives as they apply to tackling early school-leaving. Taken together with what is already known about area-based partnerships here, they should provide a helpful basis for developing new programmes and interventions. They should also provide insight into the issues involved in tackling other aspects of educational disadvantage, particularly in a local community context.

REFERENCES

- Amherst H. Wilder Foundation, (1995), *Collaboration: What Makes it Work?*, St. Paul, Author
- Annie. E. Casey Foundation, (1995), *The Path of Most Resistance: Reflections on Lessons Learned from New Futures*, Baltimore, Author
- Bronfenbrenner, U. (1979), *The Ecology of Human Development: Experiments by Nature and Design*, Cambridge MA, Harvard University Press.
- Brown, P. (1996), "Evaluation of Comprehensive Community-Building Initiatives" in R. Stone (ed.) *Core Issues in Comprehensive Community-Building Initiatives*, Chicago, Chapin Hall Centre for Children
- Bruner, C. (1991), *Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services*, Washington DC, Education and Human Services Consortium
- Carnegie Corporation of New York, (1994), *Starting Points - Meeting the Needs of Our Youngest Children*, New York, Author
- Chisolm, L. (1992), "A Crazy Quilt: education, training and social change in Europe" in J. Bailey (ed.), *Social Europe*, London, Longman
- Comer, J. (1988), "Serving ethnically diverse communities" in *Scientific American*, 295 (5), 42-48
- Cullen B. (1997) *A Report for ISI (Integrated Services Initiative) on Models for Integrating Services for Young Families in the Community*, Dublin. Unpublished Paper for Integrated Services Initiative.
- Dryfoos, J. (1994), *Full-service schools: A revolution in health and social services for children, youth and families*, San Francisco, Jossey-Bass
- European Communities Commission, (1995), "Medium-term action programme to combat exclusion and promote solidarity" in *Social Europe - Two Years of Community Social Policy*, July 1993-June 1995, Brussels, EU Publications Office
- EURYDICE (Commission of the European Communities: Task Force Human Resources, Education, Training & Youth), (1994), *Measures to Combat Failure at School: A challenge for the construction of Europe*, Brussels, EU Publications Office
- Garbarino, J. (1982), *Children and Families in the Social Environment*, New York, Aldine
- Golan, S., Wagner, M., Shaver, D., Wechsler, M., Williamson, C. (1996), *From Principles to Action: Local Implementation of California's Healthy Start School-Linked Services Initiative*, Menlo Park (CA), SRI
- Hallett, C., (1995), *Interagency Co-ordination in Child Protection*, London, HMSO
- Himmelman, A. (1992), *Communities Working Collaboratively for a Change*, Minneapolis, The Himmelman Consulting Group
- Ireland, (1995), *Operational Programme on Local Urban and Rural Development*, Dublin, Stationery Office
- Ireland, (1997), *National Anti-Poverty Strategy*, Dublin, Stationery Office
- Integrated Services Initiative, (1997), *Common Goals, Unmet Needs - Meaningful collaboration in tackling exclusion in Dublin's North East Inner City*, Dublin, Author

McGuinness, C. (1993), *Report of the Kilkenny Incest Investigation*, Dublin, Stationery Office

Melaville, A., Blank, M. (1991), *What It Takes: Structuring Interagency Partnerships To Connect Children and Families With Comprehensive Services*, Washington DC, Education and Human Services Consortium

Melaville, A., Blank, M., Asayesh, G., (1993), *Together We Can: A guide for crafting a profamily system of education and human services*, Washington DC, US Government Printing Office

Montgomery, A., Rossi, R. (1994), *Educational Reforms and Students At Risk: A Review of the Current State of the Art*, Washington DC, Office of Educational Research and Improvement

National Consensus Building Conference on School-Linked Integrated Service Systems, (1994), *Principles to Link By - Integrating education, health and human services for children, youth and families: Systems that are community-based and school-linked*, Washington DC, Author

OECD (1996), *Integrating Services for Children at Risk*, Paris, Authors

Ovretveit, J. (1993), *Co-ordinating Community Care : multidisciplinary teams and care management*, Buckingham, Open University Press

Payzant, T. (1994), *Lessons From San Diego's New Beginnings*, Washington, Institute for Educational Leadership

Replege, E. (1995), "Emerging Strategies in Evaluating Child and Family Services" in *The Evaluation Exchange Newsletter*, Harvard Family Research Project

Rutter, M. (1979), "Protective Factors in Children's Responses to Stress and Disadvantage" in M. Kent and J Rolf (eds.), *Primary Prevention of Psychopathology, Vol. III: Social competence in children*, Hanover, NH, University Press of New England

Ryan, S. (1995), *The Home-School-Community Liaison Scheme, Final Evaluation Report*, Dublin, Educational Research Centre

Schorr, L. (1988), *Within Our Reach: Breaking the Cycle of Disadvantage*, London, Anchor Books

Soler, M., Peters, C. (1995), *Who Should Know What? Confidentiality and information sharing in service integration*, Columbia, National Centre for Service Integration

Stone, R. (ed.) (1996) *Core Issues in Comprehensive Community-Building Initiatives*, Chicago, Chapin Hall Centre for Children

WHO (1990), *Co-ordinated Health and Human Resources Development: report of a WHO study group on implementation of integrated health systems and health personnel development*, Geneva, World Health Organisation

DEMONSTRATION PROGRAMME
ON EDUCATIONAL DISADVANTAGE



COMBAT POVERTY AGENCY
Gníomhaireacht
do Chomhrac na Bochtaine

Bridgewater Centre Conyngham Road
Islandbridge Dublin 8

Tel. (01) 670 6746
Fax, (01) 670 6760

Ionad Bridgewater Bóthar Conyngham
Droichead na hinse Baile Átha Cliath 8

Teil: (01) 670 6746
Facs: (01) 670 6760