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To whom it does concern:

Before working as a school nurse, I didn't have a clear idea of what it was that school social workers did. Now, six years later, I break into a cold sweat if a whispered rumor of me losing 'my' part-time social worker blows by my office.

Over these years, as a team, Susan Peck and I have done some life-changing work. I can call to mind referrals to the DCF hotline that have resulted in immediate, positive changes for students in our care. There are also the little things that happen, when ever I am allowed to have Susan at my school, that ease the minds of my students that matter more that I can relay via words-on-paper. We have worked together to send children to the Camp Connri, a fully funded summer experience for some of our more fragile students. She has identified students that would benefit from after-school guided theraputic experiences that have had an immediate, positive effect on the children.

Because of the set-up of our school system, our social worker is here approximately half-time. Many weeks, it is less than that. My nurse office has become the triage center for an increasing number of non-medical situations that require help beyond my training. The following examples illustrate our need for a full time social worker in our school:

- Child having issues with *Parent A* making unfulfilled promises that cause child to believe that child is at-fault and worthless.
- Repeat presentations to me [school nurse] with non-biological symptoms that end-up being related to bullying at, and on the way to/from, school.
- Child in new family guardianship where the well meaning guardian is overwhelmed and frustrated.
- Child in new family guardianship where the child overwhelmed and having trouble adjusting.
- Children with somatic symptoms related to recent deaths of loved ones.
- On-the-run families that arrive at our school with scared, confused children.
- Children who 'need to talk to someone, but Ms. Peck isn't here'. (These are the most common presentations; 2-3 a week at times.)

When a student visits me for a non-nursing reason, I:

- Take notes,
- Assure that the child feels safe at school, home and any other pertinent area, and
- Call Susan and hope that she will be able to get back to me so that I can patch this child until she can come and start the real, healing work.

I have two children, ages 11 and 15. I have 20 years of nursing experience, a majority of it working with children aged 3 years to 25 years. I can put a band-aid on a soul and kiss boo-boos, but I cannot teach effective coping skills and conflict resolution. I don't have the clinical experience of helping someone actively work through the stages of grief. I rely heavily on Susan for guidance on reporting issues to the venue that will get the student the safest, most effective help.

The worst thing about not having a full-time social worker? It is not uncommon for the child to come see me a few days later, and say, 'I met Ms. Peck. She said that she [was aware of my situation], but [she hasn't been able to schedule me time to see her].' The children know, because I make sure to tell them, that Ms. Peck is taking care of many children, and that they're all equally important.'

They do understand that she's only part-time at our school. I breaks my heart, because without Susan here full time, the best that I can offer is,

'Why don't you come to my nurse's office and tell me what's going on?'

Debra L. Majewski