

*Testimony before the Bipartisan Task Force on
Gun Violence Prevention and Children's Safety
~ Working Group on School Security ~
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Friday January 25, 2013*

Good afternoon. My name is Susan Peck, and I have been a social worker for almost 27 years, with this being my 6th school year as a school social worker. I rearranged my schedule to be here today because of the significant importance of the role of school social workers in addressing school security in Connecticut and across the nation. Also because of the significant needs of students that go unmet every day, largely due to being stretched too thin, across too many schools, too many children, too many needs.

I realize that much of the conversation about 'school security' will likely be about armed guards, surveillance and alarm systems, office locations, lock down procedures and even bullet proof glass. However, there are needs that all the locks and guns in the world cannot secure or protect—the social and emotional needs of our school children. We need to not only take care of keeping schools safe from outside threats, but also keep our children emotionally safe and supported within.

I chose to begin working as a social worker *within* a school because I saw the complex needs that simply couldn't be met with services from various community resources. So much depends upon the day to day interactions with children, and *being there* at the time they need support in order to truly be able to make an impact. Our schools need the resources of at least one social worker in each school on a daily basis. We need to be able to catch, teach and treat problems early in order to prevent them from becoming far more complex.

Every day I deal with many barriers in doing this effectively. It becomes hard to know where to begin. During difficult economic times, schools are hit particularly hard within economically compromised communities. Relying as heavily as we do here in Connecticut on property taxes, cities and towns hit the hardest, have the families with the most needs; *Children* with the most needs. Amidst greater demands for academic achievement, demands for tighter budgets and tax cuts, changes in educational standards and related training, curriculum and materials, ***schools are often forced to limit not expand school social work services.*** Yet these are the times and locations where our children need the supports the most.

Currently I have approximately 400 students on my potential caseload, across two buildings with an additional 100+ students who may have a need or a crisis when our 1 other social worker may be in her other school. There are times in each school where neither a school social worker nor a school psychologist are in the building. There are many more times when they are tied up with legal requirements such as special education Planning and Placement Team meetings (PPTs) and related documentation. It's easy to say that when a child is in crisis staff can call over for support from the other buildings, but rarely is there a time when we aren't dealing with the direct needs of another child or group of children that can't simply be turned off. Prevention needs become almost an after thought in the competing bundle of needs on administrators' and Boards of Education's plates.

I deal every day with children saying “Mrs. Peck, can I please come to lunch group?” and having to tell them I’m sorry, but not today. And learning to say “I’m sorry, but I know I won’t be able to this month.” I can’t meet the counseling and crisis needs of the intensely involved students in a larger group effectively, but that doesn’t change or minimize the needs of the other students. These aren’t students with minor needs, or small problems on their plates. They’re children living in foster care, struggling with changing caregivers and insecurity, they’re children whose parents are ill and might not recover. They are children whose parents are in jail, or just coming out. Children whose parents work 2 or 3 jobs to survive, children with limited positive adult involvement. They are children without health insurance and language barriers for parents in accessing it. They are children facing homelessness, trauma and violence. They are children whose needs are not known.

On a daily basis, teachers face issues of children that need emotional support, and the skills to handle the difficulties they’re facing. In our district the other social worker and I far too often having to take care of the most critical needs first, which only leaves the more easily solved problems to fester, become more challenging, and become more ingrained issues. In classrooms of +/- 25 children, having one or two upset, angry or distracted can interfere with the learning of all students. Often it is a far greater percentage of students struggling.

Part of my job is providing formal counseling and social skills training for students in special education with plans specifically identifying this service. Serving the upper elementary grades in our district, the direct counseling needs grow, with more formal weekly service demands. These needs are a priority by law, so other needs go unmet. We aren’t asked about ALL of the children and families we provide services to, we have to account for those with counseling in their IEPs. Without adequate staffing, only the most involved situations receive the bulk of social work services.

I help children learn how to stay on task, how to pay attention, coping skills for handling frustration, and problem solving skills. I teach children how to resolve conflicts with peers assertively not aggressively, and how to decide if it is an issue that an adult needs to help resolve, or one they can handle safely and responsibly. I help children learn to understand and manage their feelings, to recognize when something is unsafe or unhealthy, to stand up for what is right, for themselves and for others. **Without these skills, our children are not safe, physically nor emotionally.** These skills are all the more important in times of crisis, in times where children feel vulnerable or unsafe. Times when young children say, ‘you know, like in Newtown’.

I also help identify early signs of mental health problems, and assist families in accessing treatment. I help families find resources in financial crisis, preventing trauma, homelessness and frequent changes in schools. I help families who have had fires in their home, with only 3 days in a motel covered by the Red Cross and nowhere to go with their 4 children. I help children and families become involved in healthy, pro-social activities such as community sports, the Y, volunteer opportunities, summer job and camp programs. I help families navigate systems to meet their needs in a positive and assertive manner, helping parents model for their children controlled, responsible and effective means of resolving conflicts.

There are many things I don’t get to do which I know could make a difference in preventing lost, hurt and lonely children from becoming angry, violent adults. Research shows that things like teaching social skills, anger management skills, problem solving skills all improve outcomes.

There are not enough hours in the day to do it all, particularly when trying to meet those needs in multiple schools. Children need to have their core basic needs met in order to be able to learn effectively and grow into caring responsible adults. When difficulties or problems are addressed early, while the problems are still relatively small, they are able to develop the skills they need to handle the more challenging problems of life.

Regular education teachers. School nurses. Paraprofessionals. Special education teachers. Principals. Music teachers. Health, phys ed and art teachers. Office staff. Parents. STUDENTS. Every day these people identify needs or concerns that are fully appropriate for me to address as a school social worker. And will prevent future problems if I do. And every day they preface their needs with ‘can I interrupt just for a minute?’, ‘I know how busy you are but’, and ‘can I steal you between counseling groups?’, ‘after you finish helping this student, can you help Melissa?’ I enter a building and hear ‘I’m so glad you’re here today’, and ‘wish you’d been here an hour ago’. After leaving another building with needs hanging, requests pending. ‘Wait, Mrs. Peck, I need to talk with you about....’ All have talked with me about their years of experience with children, but not having the training or skills needed to handle these needs, and being amazed at the effectiveness of social work interventions, with children, with families, with educational needs. It is a different yet complimentary skill set from other disciplines.

All of this while knowing daily that my job is not secure. In the next budget crunch, it could be school social workers that are gone. They aren’t ‘required’; we’ll have to do without.

And then there’s 10 year old Johnny, who I don’t really know, asking his teacher if he can talk with me. Telling me he watched me with children last year and decided he could trust me. He needed to talk with someone about big worries he has. “To be honest with you Mrs Peck, I told my parents I needed to talk with someone. I decided I could trust you. They said it was okay. Do you have a minute we can talk?” I see him after school, and fight to preserve that time. *“To be honest with you Mrs. Peck, I really need to talk with someone. I can handle a lot and am pretty mature for my age, but these issues are pretty big.”*

Children’s needs don’t arrive on schedule—they arrive throughout their day. **A social worker as a daily part of the school community should not be a luxury.** We need to have the basic resources to do our jobs efficiently and effectively. This will help us, as society, to develop capable, well-rounded, emotionally stable students with the skills to handle the challenges of life safely. Without violence.

Submitted by Susan Hamilton Peck, MSW

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Note: Also included is a letter from the school nurse at one of my schools, expressing the day to day social work needs she sees, with and without a social worker present to address them.

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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 therapeutic 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. It 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