

COLLABORATION FOR KIDS

*Early-Intervention Tools for
Schools and Communities*

HEATHERLY WOODS CONWAY, ED.D.

Collaboration For Kids: Early-Intervention Tools For Schools and Communities

© 2006 Heatherly Woods Conway, Ed.D.

112 pp.

Bibliography pp. 99–102

All rights reserved. No part of this book may be reproduced in any manner whatsoever without written permission, except in the case of brief quotations embedded in critical articles and reviews. For information, contact the publisher:

aha! Process, Inc.

P.O. Box 727

Highlands, TX 77562-0727

fax: (281) 421-9852

www.ahaprocess.com

Copy editing by Mary Conrad Lo and Dan Shenk

Book design by Sara Patton

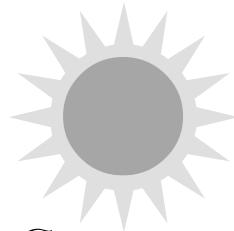
Printed in the United States of America

ISBN-13: 978-1-929229-71-0

ISBN-10: 1-929229-71-2

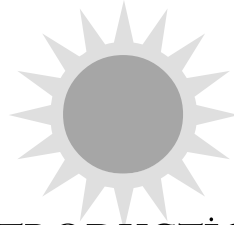
U.S. Library of Congress Control Number: 2006933380

10 9 8 7 6 5 4 3 2 1



CONTENTS

Introduction	1
1. Why Bother?	3
2. Collaboration Is a Team Process	11
3. What Is CFK—Collaboration For Kids—Really?	17
4. How Do You Make It Work?	27
5. Setting the Stage for a Pilot Program	33
6. Content and Tips: Getting the Team Ready	43
7. Taking Action: Practical Help for Gathering Resources	51
8. In Conclusion, Let's Begin!	77
Epilogue	83
Using the CD	85
Appendix	87
Bibliography	99



INTRODUCTION

*If we are to reach real peace in the world,
we shall have to begin with the children.*

—Mohandas K. Gandhi
Indian philosopher and social activist

Much has been written about children with special needs and challenges. Recently, the “No Child Left Behind” legislation has stimulated a lively national debate on education and standardized testing. Of utmost urgency however, is that we look carefully at the increasing number of children who are “unavailable to learn”—unavailable because of adverse societal and family influences that can sometimes bring the learning process to a halt.

This book describes a simple, straightforward initiative—Collaboration For Kids (CFK)—that can be put into place in any community by a single school, school division, human service agency, or any caring and interested individual. It outlines an interactive process for addressing, early in a child’s life, problems that negatively impact education—a process that utilizes the inner strengths of the child and family members. Guidelines for training in the not-so-natural art of collaboration are given, and the CFK training program is clearly portrayed.

Some truly serious children’s issues are, unfortunately, unattractive political fodder in the U.S. Therefore, these very critical problems rarely receive adequate, realistic levels of funding or attention. Current legislative initiatives in education are really not new educational concepts. In general, the *integrated* needs of the *whole* child, particularly those of the “unavailable child”—a rapidly expanding population, are not adequately addressed. By ignoring this omission, we as a society may be positioning ourselves to deal with increasingly troubled communities and an undereducated populace in the future. If agencies and schools continue to work in isolation, progress made toward the goal of developing healthier, more educated children and families will remain at current levels.

What can be done? The need is not for more research! The need is for true collaborative community interaction among schools and human service agencies to help stabilize families and place children back on the path to successful learning.

This book is written as it was lived in order to bring a real message and real solutions to readers. As I travel and tell others about CFK, I am frequently asked if I have written about the program so it could be started in other jurisdictions. I am doing this now because of these requests, and because I believe passionately in the right of every child to be safe, nurtured, and educated.

-Heatherly Woods Conway, Ed.D.



WHY BOTHER?

*Few will have the greatness to bend history itself;
but each of us can work to change a small portion
of events, and in the total of all those acts
will be written the history of this generation.*

—Robert F. Kennedy
U.S. attorney general

Throughout the United States, demands placed on schools and community systems are rising rapidly because of increasingly adverse social conditions. More and more children come to school *unavailable to learn*, with their “emotional quotients” (Goleman, 1995) and intellectual quotients (Cryan, 1985) depressed because of problems experienced in their lives outside the classroom.

Figures for 2003 from the Children’s Defense Fund (*National Kids Count: A Data Book*) give us chilling information.

Each day in America ...

- 2,385 babies are born into poverty.
- 13,245,000 children live in poverty.
- 77 children die before their first birthday.
- 2,482 children are found to be abused or neglected.
- 4 children are killed by firearms.
- 4,262 children are arrested.
- 177 children are arrested for violent crimes.
- 1,186 babies are born to teen mothers.
- 2,756 high school students drop out of school.
- 16,964 public school students are suspended.

- 9,977,000 school children speak languages other than English as their first language.
- 8,391,000 children do not have health insurance.
- 5 children or teens commit suicide.
- 50–75% of incarcerated juveniles have diagnosable mental health disorders.

In *A Framework for Understanding Poverty*, Ruby Payne quotes these statistics:

- In 2003 the poverty rate for individuals under age 18 in the United States was 17.6% (U.S. Bureau of the Census, 2004).
- Regardless of race or ethnicity, poor children are much more likely than non-poor children to suffer developmental delay and damage, to drop out of high school, and to give birth during the teen years (Miranda, 1991).
- The United States' child poverty rate is substantially higher—often two to three times higher—than that of most other major Western industrialized nations.

The National Incidence Study on Child Abuse and Neglect (Sedlak and Broadhurst, 1996) documents an enormous increase nationally in these tragedies, noting as prime causal factors the use of illicit drugs and economic stressors. Also reported is the fact that investigations into maltreatment of children have fallen dramatically as child protective agencies across the country have reached operational capacity. Sedlak and Broadhurst find further that, as a result, children in the United States are not receiving adequate protection. The study suggests that neglect warrants more concentrated attention overall, as it often leads to abuse. The authors conclude that greater collaborative efforts are needed on behalf of these children.

The child experiencing trauma has been described in the literature as “vigilant yet anesthetized.” Garbarino and his associates describe children who, after exposure to various types of violence, exhibit passive reactions and regressive symptoms, such as enuresis, delayed adaptive behaviors, aggression, increased inhibition, somatic complaints, cognitive distortions, and learning difficulties. The impact of family and community dysfunction on appropriate development is well-documented by these researchers: Truancy, lowered cogni-

tive ability, interruptions in social/emotional development, delayed physical development, delays in emergence of speech and language, inappropriate behavioral manifestations, and other developmental anomalies are cited as consequences for children (Garbarino, et al., *Children in Danger*, 1992).

“America’s fight against violence must begin in the high chair, not the electric chair,” states George Sweat, former police chief and now Secretary of the Department of Juvenile Justice and Delinquency Prevention for the state of North Carolina. Edward Flynn, former Arlington County police chief and current Police Commissioner for Springfield MA has indicated that domestic violence involving children will not be reduced until the government’s investments in prisons and police are matched by front-end investments for programs specific to children’s well-being. Another group of investigators concludes that unavailable, neglectful, and/or abusive parents often present a direct threat to a child’s physical, emotional, and intellectual development (Kurtz, et al., 1993).

The 1995 Gallup Poll reported that 49 out of every 1,000 children are physically abused and that 19 out of every 1,000 are sexually abused. In 2005 the U.S. Department of Health & Human Services (DHHS) released statistics revealing that of the 2.9 million cases of child abuse reported in 2003 (three-quarters of whom were under the age of 4), 906,000 were investigated to the point of substantiating abuse or neglect: 1,500 of these children died. Tragically, other DHHS statistics indicate that the majority of children who died due to abuse or neglect were never brought to the attention of a child protection agency.

If we are to embrace early collaborative intervention for children in our communities, we must actively address such issues as significant increases in:

- The number of “working poor”
- Cases of domestic violence and child abuse
- The number of homeless individuals
- Gang violence
- Parent and student substance abuse and trafficking
- Mental health disorders that impact children and families

The tremendous problems faced by those not proficient in the English language must not be overlooked. These factors are real deterrents to learning that must be recognized and dealt with by all communities. Schools everywhere can be leaders in this effort, since children usually spend more hours per day being

seen and attended to by school personnel than they spend at home in the care of their parents. Schools, however, must have on their side the collaborative power of community human service agencies and/or religious organizations if real solutions are to be found for children.

After examining these powerful statistics, and with the knowledge that we *can* make a difference in the lives of children and their families, the *why* in “why bother” becomes clear. We must move forward toward empowering parents to be leaders and problem solvers—agents of change in their own lives, the lives of their children, and their communities. Collaboration For Kids provides an opportunity for parents to become those leaders in planning for the education of their children and the future stability of their families and communities.

THE CFK STORY

This is the story of a large school system in one of the fastest-growing counties in the nation—and how it is successfully meeting the needs of children who are *unavailable to learn* due to problems experienced outside of school. Prince William County, Virginia, has a school system that is opening new schools every year. It has evolved from a quiet rural system into an enormous urban school division serving more than 66,000 children in 80-plus schools. It’s a county filled with the questions, concerns, and challenges that so many urban areas have today. The school division is constantly wrestling with the best ways to meet the educational needs of its large and diverse population. As with most areas of the United States, Prince William County has experienced the rise in social dysfunction that goes hand in hand with rapid growth and other trends of the times. With escalating levels of family, community, and educational problems, the school division and the community’s poorly funded social agencies are constantly searching for ways to stabilize families and educate the population.

In 1998, I—acting as a single individual within the school division—started Comprehensive Child Study (CCS), the first CFK initiative, in Prince William County. (The name CCS was chosen to support Virginia’s 1993 legislative action on behalf of children titled the “Comprehensive Services Act.”) CCS proved to be a highly successful way of addressing the community’s challenges while simultaneously ensuring that children were educated and families stabilized. An initial pilot program was put into place in three elementary schools. Within six years, and with remarkable success, it had spread to 39 elementary schools. During the 2004–05 school year, more than 1,550 children in 44 elementary schools made outstanding progress as participants in CCS Team Action Plans. This award-

winning* program—a simple, effective process having an 89% success rate—has had a dynamic impact on the children and families in this district.

A Juvenile Court judge in Prince William County wrote a letter on behalf of all the district judges stating that it was their belief that the effectiveness and success of the CCS (CFK) program had led to a significant reduction in the number of middle and high school students coming through the court system (see letter in Appendix).

COLLABORATION FOR KIDS: OUTCOMES/RESULTS

- Reduced truancy and tardiness
- Increased parental empowerment, participation, responsibility, and guided follow-through
- Improved academic progress
- Fewer classroom disruptions
- Improved behavior
- Reduced referral to special education
- More appropriate use of community services facilitated
- Reduced recidivism rate
- Possibly reduced number of middle and high school students in the court system.
- Stabilized children and families
- Successful, ongoing collaboration and communication between schools and agencies
- And more

- *1. Prince William County Award for Outstanding Team Performance
2. Prince William County United Way Special Recognition Award
3. Virginia Governor's Conference on Education Recognition

CCS was designed to be an “early” intervention program for children of preschool age through Grade 5, the definition of “early” being early in life, not necessarily in the early stages of existing problems. One of the assumptions made initially was that this program would make big differences in truancy and tardiness. With minimal research, it was determined that preschool and elementary-grade patterns of truancy and tardiness are symptoms indicating the presence of underlying family dysfunction. An informal study in the first three CCS (CFK) schools indicated that, in all but two cases (where illness was a key), underlying family dysfunction was at the core of truancy. Children in this age range usually love attending school.

NOTE: Good results are based on interventions that take place early in the lives of children.

SAM

Sam (not his real name) was a 9-year-old fourth-grader who had two very young male siblings. He was frequently late for school and often came without his homework, appearing tired and inappropriately dressed for the weather. His mother came to school periodically to complain loudly about things that did not make sense to school officials, but she never appeared for scheduled parent conferences. The teacher expressed concerns about the mother’s mental health status, as she always seemed to be too hostile to be able to engage in discussions. When the mother did arrive at school in anger, she often had bruises and scratches on her arms, face, and neck.

One day I entered the school building only to be greeted by a flurry of confused words from Sam’s teacher, the principal, and others. Once calmed, the teacher explained that I must speak to Sam immediately; he had arrived at school very early that morning, before the building was open, having walked the two miles from home in his bare feet. He had two black eyes and was limping. Everyone had tried to provide comfort and find out what had happened, but Sam said he had to talk to me. Someone had found spare shoes and socks, and he was waiting for me in my office. I was concerned, as I had met with Sam many times and knew him well. As I entered, he looked at me with stern eyes and said with some assurance, “All right, do you want me to tell you what my mom said to tell you, or do you want to know what happened?” Suddenly he burst into tears, and that stern gaze faded into hopelessness. He kept repeating, “I really tried, and I didn’t do anything bad. Do you believe me?” Once consoled, he described, step by step, what had happened. To make a long story short: His mother had made

him responsible for feeding both his siblings—an infant and a 2-year-old brother—before he could go to school, while she sat on the couch drinking. The 3-month-old was on the floor crying and Sam was trying to get the 2-year-old to eat some cereal. Mom didn't like the crying and said Sam wasn't working fast enough. As Sam went over to pick up the baby, his mother grabbed him and punched him in both eyes. Sam said he almost dropped the baby, and then tripped trying to get away from his mother, hurting his leg. He put the baby back on the floor and started to go to heat up a bottle when his mother grabbed him again. He escaped, running out the door with his mother shouting after him, then ran to school, where he knew he would be safe.

Of course, this became a child protection case. During the first social services visit, both younger siblings were taken to the hospital for complete examinations. The infant was suffering from “failure to thrive” syndrome and the 2-year-old had pneumonia. After two weeks in the hospital, both were placed back with the mother. Sam was temporarily removed from the home twice; following additional abusive incidents, he was permanently removed. The baby and 2-year-old remained with the mother.

Some of the questions raised by Sam's case are:

- Could this have been averted with an early-intervention protocol in place?
- How could Sam, already behind in school, concentrate on his work that day?
- How many of Sam's classmates were negatively impacted by his patterns of tardiness, ongoing stress behaviors, and incomplete work?
- How much time was taken from Sam's classmates as the teacher tried to help him catch up academically and worked individually with his behaviors?
- Without regular, steady intervention, what will likely happen to his two younger siblings?
- Should a collaborative system designed to help the parent realize and express problems—and to plan for family success—have been in place?

It's quite obvious that Sam's story is only one of a multitude, illustrating just a few of the many serious issues confronting young children. Sam's predicament went unresolved for quite some time, having many twists and turns that greatly affected all three children in the home. Stories like Sam's are all too common.

Looking beyond the tragedies of abuse and domestic violence, we find many other factors in children's lives that become deterrents to learning. There are adults who, depressed due to external circumstances, become inert and unable to parent; families who are living in substandard environments without water or food; families who experience chronic illnesses that impact the children; families experiencing unemployment and language barriers; and families having low tolerances for stress who find themselves in highly stressful work positions that leave little time or emotional capacity to cope with problems that arise in the children's educational settings.

My point here is that we know these stressors are occurring in children's lives on a daily basis. One child in a devastating situation is one child too many, but the fact is that the United States has many Sams for whom the safest, most secure time of each day will be spent in school. Individuals not involved in education or human services work often find it easy to put an unpleasant subject of this nature out of mind. This is done far too often by far too many who could, if they so desired, make a difference. If statistics are needed, they certainly can be provided: The research has been done over and over again through the years. Even so, the number of families lacking stability and appropriate parenting skills—families who are no longer able to recognize their own amazing strengths and resources—is now rapidly rising. Without having a plan in place to address this dismal situation, the wealthiest, most productive nation in the world simply perpetuates a cycle of dysfunction and underachievement, a cycle that compromises children, the workforce, and society itself. This isn't a prediction, it's reality. And it's now time to move forward.