Keiki Caucus Notes
August 17, 2005

The third Keiki Caucus Meeting of the year was convened by Sen. Suzanne Chun Oakland on August 17th from 11:30am to 1:30 pm in room 407 at the State Capitol. Representatives of public and private agencies and departments interested in health, education and welfare for children and youth were present. The purpose of the meeting was to review the subject of truancy of children attending public schools in Hawaii. We are to look at frequency, causes and possible solutions.

The background paper by Lucy Jokiei indicates that as many as 10,000 children are absent from school on any given day. This is out of a school age population of approximately 220,000, K through 12. Truancy has been increasing over the past several years.

Underlying causes include poor academic performance, not "connected" to school environment and involvement with alcohol and drugs. There may be social instability, lack of support for formal education and even child abuse in the home. The child may have health problems which prevent regular attendance. Truancy becomes more prevalent as family income goes down. Poverty is an associated factor.

If truancy persists, the police and family court eventually become involved since school attendance is a legal requirement in Hawaii.

Truancy may be the beginning of a downward spiral for the child. Education is limited. Relationships suffer. Crime and drugs may enter the picture. Juvenile justice system becomes involved. Ability to become a self-sustaining adult is jeopardized. No good comes of truancy for many, many children. The costs to society increase progressively.

Mary Hyslop, director of the Neighborhood Place in Puna, described her experiences in the case of Electra. Electra is a child who was absent from school for many days and when finally found showed evidence of severe physical abuse and neglect. Although there is an official DOE policy on reporting children who are truant, action depends on the interest of the local school and the resources available to the school. Ideally a social worker from the school will make a home visit and a multidisciplinary evaluation will ensue. The social worker needs to have a working relationship with community resources such as Neighborhood Place, Public Health Nursing, physicians, police, courts, mental health counselors and more. The school faculty must be responsive to the individual needs of the child.

We do not know how many schools have such a system but it is certainly not all. The DOE has a Truancy Reduction Policy and Program which is being implemented throughout the state. The program has effective components but, in itself, it can not reduce the incidence of truancy. Each school must develop its own program utilizing its faculty, community supports, the police and courts and the parents. The DOE may set policy, but individual schools use waivers to develop the policy felt to be best for them.

On the legislative side, most efforts so far have been directed at stiffening the penalties for truant children and their parents. But from what we heard, this will not be enough if there is not a full on community press. Many of the attendees at the meeting had experiences which indicated that a coordinated team approach is necessary. It might be that by addressing truancy in an effective way, other problems, both physical and social, will be ameliorated.

Pediatricians should be aware that health services in the school are provided by health aides under the supervision of public health nurses. We may be asked to verify that a student has a medical condition which prevents school attendance. We may also need to recommend that a child should not attend school for a period of time. Or we may be prescribing medicine which must be taken during school hours. To make this work, we need to establish a liaison between our office, the health aides and the public health nurses.

The Hanau Mana Project

Dr. Wright from the Department of Ob-Gyn presented the Hanau Mana Project which will provide comprehensive perinatal care for women who have a history of methamphetamine and other substance abuse on Oahu. The clinic will provide medical and social support services as well as assistance in getting off drugs and learning how to become an effective parent. The clinic is modeled after The Milagro Progam at the University of New Mexico, School of Medicine which has been successful in this area. Pediatric care will be provided by Dr. Derauf and the continuity of care clinics.

Dr. Wright needs additional funding to sustain the clinic's operations.