

Journal of Applied Research on Children: Informing Policy for Children at Risk

Volume 7

Issue 1 *50 Years After the War on Poverty: Historic Victories and New Challenges*

Article 10

SEL: Third Ward Intervention

Mike Malkemes

Generation One, malkemes@generationone.net

Joan Waters

joanlwaters@gmail.com, joanlwaters@gmail.com

Follow this and additional works at: <http://digitalcommons.library.tmc.edu/childrenatrisk>

Recommended Citation

Malkemes, Mike and Waters, Joan () "SEL: Third Ward Intervention," *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 7: Iss. 1, Article 10.

Available at: <http://digitalcommons.library.tmc.edu/childrenatrisk/vol7/iss1/10>

The Journal of Applied Research on Children is brought to you for free and open access by CHILDREN AT RISK at DigitalCommons@The Texas Medical Center. It has a "cc by-nc-nd" Creative Commons license" (Attribution Non-Commercial No Derivatives) For more information, please contact digitalcommons@exch.library.tmc.edu



Mike Malkemes provided leadership in effective restoration projects all along the Gulf Coast area after Hurricanes Katrina and Ike. He used a base camp model whereby resources were distributed from a central staging area to projects conducted in multiple locations. After settling in the Third Ward Bottoms area, Malkemes encountered surprising situations and learned lessons unlike those in his previous restoration projects. He saw much more devastation than storms and their aftermath alone would cause: the mind- and spirit-altering effects of people in generational poverty under stress. Challenged by the intensity and multiplicity of need, he created a non-profit organization named Generation One, Inc. in hopes that he could be a part of seeing the first generation of Third Ward residents become empowered and participate in the transformation of their community. As this vision grew beyond physical revitalization, Gen One staff began to develop goals and strategic plans to go beyond meeting daily needs.

A big obstacle was the lack of response and engagement of the Third Ward residents to the visible staging efforts of revitalization projects. Adult residents were not out of their damaged homes checking to see what was taking place or voicing their questions, concerns, and needs, as was expected. Teens and children, many of whom were out on the streets at all hours, were curious and came to ask questions. This community “disengagement” response was in complete contrast to the willingness and excitement of volunteers from outside the Third Ward. These volunteers were recruited from churches and businesses to serve on dozens of work teams organized and guided by Gen One to clear lots, remove trash, debris and dilapidated buildings, perform small repairs and paint houses, etc. Even during the noise and sights of the projects, there was still very little interaction with adult residents. Follow-up with neighborhood block parties involved mostly children and teens. The few conversations with adults revealed a deep-seated sadness and hopelessness that was unexpected at a time when great physical repair progress had been made. Some volunteers were even hurt by residents’ seeming lack of appreciation for their work, even though they were spiritually uplifted by the notion that they had “really made a difference.”

Hopelessness and lack of engagement, both symptoms of generational poverty, was often misinterpreted as ingratitude. A

community of generational poverty does not necessarily respond in the same way as other communities of modest means who “bounce back” after the trauma and its effects and restoration has ended. It became clear that needy people in generational poverty, even in trauma, are suspect of efforts to “fix things” in the short term. For interventionists to be effective, it must be conveyed that promises for a better future require long-term commitment. Successful community projects are those where people maintain communication and/or return to check-up, follow-up and build on previous efforts and relationships. People in generational poverty live in the here and now and must be encouraged and guided frequently to plan for the future.

The Third Ward has over fifty small churches which are fenced and locked except on Sunday mornings. Believing their work to be long-term, the Generation One staff began to sponsor recreational activities for the youth and children in this absence of church sponsorships. However, youth basketball and other team activities were often sabotaged by fights, conflict, removal from games, etc. Children attended events, activities, and even out-of-town camps without families’ requests to meet Gen One staff. Even more surprising was the number of teens who were shot, became unwed fathers, and went to jail. The adults were numb and hopeless in the face of more of the same daily tragedy. Teens and children had to fend for themselves in a community of disengaged adults with few, if any, long-term role models, mentors, or supporters. To that end, Gen One began an after-school and summer program to which many Third Ward children and outside volunteer tutors attended.

The younger residents (the children) had a positive mindset and world view, and *they* were the place to start an intervention. Older residents, such as parents, family and neighbors, began to engage when they saw the children become increasingly successful. Accepting this challenge, Gen One staff created a school, Generation One Academy (G1A). The school was for children in PreK-4 through 4th grade, and was later expanded to include fifth and sixth grade classes. The staff’s task seemed clear: keep the children engaged and off of the dangerous streets by implementing a year-round schedule for the academy and additional after-school and summer programs. These programs were to place an emphasis on academic rigor, individualized and relevant instruction, self-

concept and character development, and supplemental opportunities to explore music, dance, sports and other extra-curricular activities. Meanwhile, Gen One would continue to sponsor community revitalization projects among the Third Ward residents not involved in the academy.

In the first three years of operation, G1A staff validated that starting with the young would have impactful outcomes. The youngest (3-year-olds) made the greatest academic gains and behavioral improvement, so much so that earlier intervention was the academy's next logical step. The second- through sixth-grade students entered G1A multiple grade levels behind, and on norm- and competency-based tests they showed gains. Some students even closed several grade level gaps. Despite student academic success, their behavior continued to reflect generational poverty, skepticism, defensiveness, disengagement, lack of self-control, a sense of entitlement, or immediate self-gratification. They repeatedly disrupted their own learning and that of their peers. Even academic success and engaging extracurricular activities, like camp, music and dance sessions, etc., did not change this anger in the children and hopelessness in the adults. Something was missing in the G1A programs that was essential to overcome negativity even in the face of success.

G1A began to thoroughly research the development of the "whole child" in poverty, i.e., cognitive/brain, language/literacy, emotional, physical, and personal-social development. They also explored the role that parents and family play in their children's lives, with the school and in the community. Their extensive research findings were compiled into a resource guide for use in staff development, curriculum development and revision, extensive analysis and discussion, and strategic planning for the future. The conclusions were clear: a body of research known as social-emotional learning (SEL) was evident in each developmental area they researched. Some SEL research was longitudinal over twenty years, yet its dissemination and adoption was quite limited. Its origin was in Head Start and early childhood special education, which are limited in scope and dissemination. In Texas, Austin Independent School District seemed to be a lone leader in early SEL implementation and their initial and on-going positive results convinced stakeholders to continue. One researcher said that SEL was a program "whose time has come," while another said it

was a “missing piece.” G1A staff felt that they may have found their missing piece as well.

Generation One staff examined the T.E.K.S., the Texas state curriculum framework for Early Head Start and Head Start, Pre-Kindergarten, and Grades Kindergarten through grade 12, to determine where the SEL objectives were and to use this as the curriculum base for G1A’s early intervention programs. Their findings were as much a surprise as their other discoveries. Social-emotional development was a stand-alone strand in Early Head Start, Head Start, and Pre-kindergarten programs. However, in Kindergarten and grades beyond, not only is there no strand for social-emotional development, but also the skills are not embedded in Health or Social Studies T.E.K.S. No wonder it was not being taught as a critical skill set for present and future student success.

G1A staff also recognized that the child and adult behavior in the Third Ward correlates with research findings across the various developmental areas, such as: rapid brain growth and synapse development from birth to three years at 75% of adult size (brain research), limited vocabulary to express needs and frustration and G1A students’ “acting out” behaviors (the “30 million word gap” study), adult’s hopelessness, disengagement and lack of meaningful relationships in their child’s school or in the community (“the 20-20 research” in mental health and SFP research), etc ^{1,2}. The “game-changing” research results for G1A staff were that of the A.C.E. study. Dr. Nadine Harris spoke on TedMed 2014 and described the phenomenon reported by the collaborative study performed by Kaiser-Permanente and the Center for Disease Control : when children experience trauma (Adverse Childhood Experiences), this creates a “fight-or-flight” response that triggers the outpouring of adrenaline, cortisol and other hormones, resulting in aggression (fight) or disengagement (flight)^{3,4}. She likened it to an experience with a bear in the woods. If the encounter is rare, the body and brain recover. However, if the bear comes home and stays, the body and brain begin to experience cumulative toxic effects of the hormones. This, in turn, causes negative changes in brain structure and function especially in children under age 3 years when neural pathways are rapidly forming, the immune system, and even DNA changes and a loss of 20 years in life expectancy⁵. The toxic stress effect occurs when ACEs are repetitive and impacts both adults and

children. Living in generational poverty in the Third Ward where stress is a part of daily living is certainly an Adverse Childhood Experience (ACE).

Through this experience Gen One learned that their programs should provide Third Ward children with as many hours as possible with nurturing, trustworthy adults in supportive, structured environments that equip them with coping, self-regulation, problem-solving and personal-social skills, self-control, and positive language development. That is exactly what twenty years of SEL research demonstrated as its outcomes. The challenge for G1A is to infuse SEL into every project and program. SEL research had already proved that it can be used as content, a list of 43 skills divided into 5 competency areas which can be the curriculum base for SEL instruction. It can also be used to improve process, such as identifying needs, respecting others, problem-solving, maintaining self-control, planning for the future, and being one's own advocate.

G1A staff noted another key factor contributing to student school success and this was found to be the parent-child relationship and subsequent parent involvement in their child's education. No other single factor produced such powerful, positive outcomes. G1A realized that implementing effective early interventions that include social-emotional learning (SEL) and parent involvement and training could be essential in reducing the toxic effects of poverty. They recalled from experience that any interactions with children and their parents/families must be built on individual trust relationships with the child and their family. Interventions that produce best results occurred when the child was in a consistent, supportive environment both at home and school. If Generation One Academy was to be an effective catalyst in community transformation, it would have to provide nurturing relationships in positive learning environments in all of its programs and even help children and their parents compensate for and cope with the deficits in relationships, involvement and environment in the child's early years.

G1A soon realized that greater student gains were made in academics, behavior, and level of involvement or commitment when staff members were trained in SEL skills and methodology, and these same competencies were taught to the children and their parents. This parallel SEL skill development created a partnership between parents and school staff, (an SFP), as evidenced by use of a common vocabulary and child

management strategies, as well as their creation of school and home environments that are supportive and structured for the child in the two settings where he spends most of his time. G1A parents who attended SEL training have begun to feel empowered and better equipped to manage their household and family.

Responding to findings from practice and research, G1A staff redesigned the academy to focus on early intervention. A Mommy and Me class for children birth to age two and a new PreK-2 class were added. Partnerships were established with Young Scholars of Excellence (elementary school) and The Nehemiah Center (middle school) to educate older G1A students and older siblings of current G1A students in Grades 1-8. These research-based changes have allowed Generation One to focus on six factors correlated with reduction in the effects of generational poverty and on increased student school success:

1. Early intervention:G1A now serves children birth through six years of age
2. Social-emotional learning (SEL) which is imbedded in all aspects of G1A such as curriculum, discipline, classroom management, recreational/arts activities, etc.
3. Positive parent-school relationships, SEL-based training, and involvement in School-Family Partnerships (SFPs) are being established
4. Supportive and nurturing environments in school and guidance for parents to enhance home relationships and environment (use of evaluation instruments, surveys, etc.)
5. G1A prompts the creation and participation in comprehensive community organizations which collaborate to improve access of residents to available community resources and to enhance communication between them. One researcher referred to this as “no wrong door,” whereby organizations are so aware of each other’s services that they can guide residents to another provider in an efficient but nurturing way.
6. **Hope.** Malkemes has said from the beginning, “If there is no hope in the present, there is no power for the future.” Resident empowerment is critical.

Generation One is committed to children and families in the Third Ward to equip, empower, encourage, support, and guide them to be hopeful, believe in themselves, trust others, work together, seek community resources when needed, create positive, safe home lives and family relationships, and participate actively in their children's schools, neighborhoods, and community. Generation One is a work in progress, but Malkemes hopes that his ten years in the Third Ward will serve as an inspiration and a replication model for other poverty interventionists.

References

1. Hart B, Risley TR. *Meaningful differences in the everyday experience of young American children*. 8th ed. Baltimore: Brookes, Paul H. Publishing Company; July 1, 1995.
2. Report of Healthy Development: A Summit on Young Children's Mental Health. Partnering with Communication Scientists, Collaborating across Disciplines and Leveraging Impact to Promote Children's Mental Health. Washington, DC: Society for Research in Child Development. <http://www.apa.org/pi/families/summit-report.pdf>.
3. Burke N. How childhood trauma affects health across a lifetime. <http://www.tedmed.com/talks/show?id=293066>.
4. Anda, Robert and Felitti, Vince. *The Adverse Childhood Experiences (ACE) Study*. Centers for Disease and Control. Retrieved November 2015.
5. Aber, L., Morris, P., and Raver, C. (2012) *Social Policy Report: Children, Families, and Poverty*. Society for Research in Child Development, Vol. 26, no. 3. <http://www.clasp.org/documents/SRCD-Social-Policy-Report-2012.pdf>.