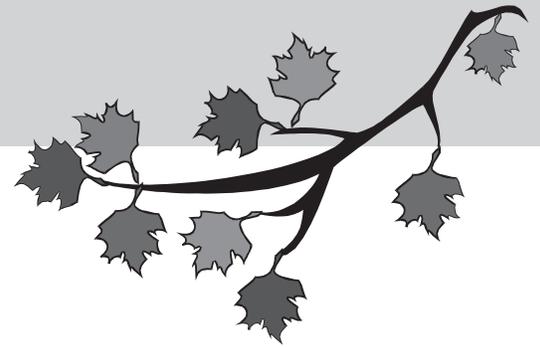




NEWS FROM THE FIELD

Fall 2005



FIELD CENTER FOR CHILDREN'S POLICY, PRACTICE & RESEARCH

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FIELD CENTER MISSION STATEMENT

Guided by the Schools of Social Policy & Practice, Law, and Medicine and the Children's Hospital of Philadelphia, the Field Center for Children's Policy, Practice and Research brings together the resources of the University of Pennsylvania to enhance and assure the well-being of abused and neglected children and those at risk of maltreatment. By moving beyond traditional approaches, the Field Center utilizes an interdisciplinary model to integrate clinical care, research and education, inform local and national policy, and prepare the nation's future leaders, for the benefit of children and their families.

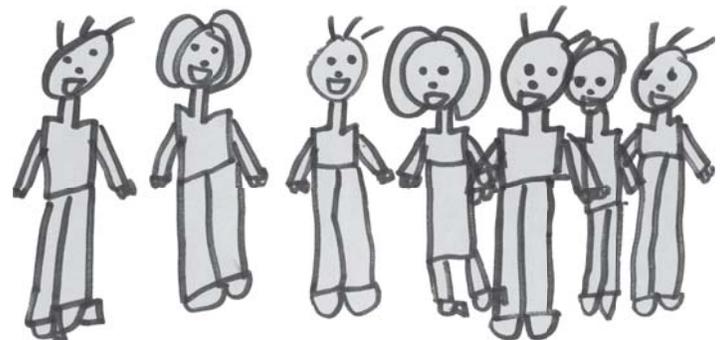


TABLE OF CONTENTS

Can Anything Be Done to Truly Fix the American Child Protective Service System?.....	2
The Field Center Kicks Off Breakfast Meeting Series.....	2
Abuse Prevention, Family Privacy, and the Fourth Amendment.....	3
The State of Child Welfare.....	4
Medical Challenges in the Field of Child Protection: Making Accurate Diagnoses.....	5
Focus on the Field Center	
Advisory Board Member Highlight:	
Sonia C. Triester, MSW.....	6
Co-Director Highlight:	
Carol Wilson Spigner, DSW.....	6
Student Highlight:	
Christy Green.....	6
Calendar of Events.....	7





Can Anything Be Done to Truly Fix the American Child Protective Service System?

by Richard J. Gelles, Ph.D.

Dean, University of Pennsylvania School of Social Policy & Practice
The Joanne and Raymond Welsh Chair of Child Welfare and Family Violence

"When you aim at nothing, you always hit it."

My college professor of speech communications made this statement as a pointed critique of a three-minute speech. I cannot recall whether she said this to me or to one of my classmates, but it is a quote I have remembered and use some 40 years later.

The quote comes to mind often when we at the Field Center stand back and take a long look at the current issues and problems facing the American Child Protective Service System. That there are many dedicated professionals in the CPS system that perform daily miracles is true and often underappreciated. That professionals in the system also end up harming far too many children and families is also true. The latter make headlines, the former do not. But the mistakes and problems make far too many headlines. The human costs are tragedies, and the sheer number of tragedies suggest a system that is inadequate often, and dysfunctional too much of the time.

When a tragedy occurs and fingers are pointed at the dysfunc-

tions and shortcomings of the child protective service system, the proffered solutions tend to fall into what I call, the "round up the usual suspects" variety. More money, more workers, fire the director, hire a new director, change the name of the agency, protect children, preserve the family, provide permanence, all of the above. Most surely any and all of these might help (except perhaps changing the name of the organization). But the solutions tend to fall into the same trap that my speech professor so accurately observed—they don't actually aim at anything. To reform the system requires understanding two important things—1). What is the main task of child protective services? and; 2). Where is the center of gravity from which change and reform can most effectively be leveraged?

While safety, permanence, and family preservation are important goals—the key function of CPS is that the workers, supervisors, and administrators are in the business of making decisions—investigate or not; substantiate or not; offer services or not; remove the child or not; return the child or not, where to place, for how long, with what goal, etc. The key task, the target, is the decisions, who makes them, and how? Federal law, state law, administrative codes, and policy manuals all provide in often excruciating detail, what decisions to make. What the laws, codes, and manuals do not provide is the "how." The toolbox that CPS employs in decision making is alarmingly devoid of reliable and substantial tools. This is the center of gravity—providing the tools and resources with which to make better decisions—this is where reform must aim.

The Field Center Kicks Off Breakfast Meeting Series

The Field Center for Children's, Policy, Practice & Research has kicked off the fourth year of its highly successful Breakfast Meeting series with a presentation by School of Social Policy & Practice Dean Richard J. Gelles on September 20, 2005 on *Risk Assessment and Stages of Change*.

Dean Gelles' seminar drew a pre-registration of 190 professionals from the tri-state area, representing multiple disciplines and work settings. Providers of direct service and administrators alike found this presentation to be both enriching and thought-provoking. Attendees described the seminar as "very informative and worthwhile." Participants found it "great for putting individual practice issues in perspective."



The next presentation scheduled for the Breakfast Meeting series will take place on November 17, 2005 at the Levy Conference Center at Penn's Law School. Law School Practice Professor and Child Advocacy Clinic Director Alan Lerner will moderate a discussion on *Kids in Care: Where We Are, Where We Need to Go*. Distinguished panelists include Anne Marie Ambrose, Director of the Bureau of Juvenile Justice Services of the Pennsylvania Department of Public Welfare, Gillian Blair, Ph.D., LL.M., Angel Flores, Esq., Chief of the Juvenile Unit of the Office of the District Attorney of Philadelphia, Marsha Levick, Esq., Legal Director of the Juvenile Law Center, and Sandra Simkins, Esq., Assistant Chief of the Juvenile Unit of the Defender Association of Philadelphia. Social Work continuing education units are offered for a nominal fee. Preregistration is available at fieldctr@sp2.upenn.edu or by calling the Field Center at 215.573.5442.

A public service for the professional community, the Field Center is pleased to offer its free Breakfast Meetings throughout the academic year to enhance knowledge and enrich communication among those varied disciplines involved in the child welfare arena.

Abuse Prevention, Family Privacy, and the Fourth Amendment

by Alan J. Lerner, J.D.

Practice Professor of Law, University of Pennsylvania Law School

On August 9, 2005 The Department of Human Services (DHS) received a General Protective Services (GPS) Report that a young child, living alone with a single parent who was alcoholic, and violent, had been heard screaming inside her home. The caller also reported that when she went and knocked at the door to ask what was going on, a male voice from inside the house cursed her and told her to go away. On August 10, 2005, a DHS worker made an unannounced visit to the home. Finding no one present, the worker left a letter requesting that parents contact her/him. On August 11, 2005, the worker made another unannounced visit. Once again, finding no one home the worker left another letter requesting contact. However this time, the letter said that if the Department had not heard from the father by the next day, a Petition to Compel Cooperation would be filed in court. Another unsuccessful visit was made on August 18.

On Monday, August 22, the worker requested that the City file a Petition to Compel Cooperation in Dependency Court. As of August 25, 2005, the date of the filing of the Petition, the Department had had no further contact with the family, and had no further information about the safety, health and welfare of the child. The hearing was scheduled for September 8.

This scenario, with minor variations, occurs frequently. Common to these cases is the parents' disinclination to cooperate with DHS, and the inability of the investigator to gain access to the child and the child's home to assess the situation. One reason for this is the right of parents under the Fourth Amendment of The US Constitution "to be secure in their persons, [and] houses...against unreasonable searches and seizures...." In the criminal law the Fourth Amendment usually requires a search warrant based upon "probable cause" to believe that the search will yield evidence of a crime, or contraband, or "exigent circumstances" that are likely to make the search unavailable in the time it takes to obtain a warrant, for a non-consensual search. However, the US Supreme Court has held that there are "special circumstances" in which searches do not require a warrant or "exigent circumstances," usually because they are unrelated to "law enforcement" purposes. (e.g., the search of high school students' lockers for drugs to prevent drug use among the students, or border searches to prevent the entry of illegal immigrants.) The remedy for searching without a warrant or "exigent circumstances" is the exclusion of any evidence obtained thereby from introduction at a trial of the person whose privacy has been invaded. In the area of child welfare investigations, however, the law concerning what evidence, and what legal procedures are necessary to permit a non-consensual entry into a home, or other "invasion" of the parent's privacy, in order to investigate a report of possible child abuse or neglect, is decidedly unclear.

In May, 2005, The Superior Court of Pennsylvania held that

the search warrant and "probable cause" requirements of the Fourth Amendment to the United States Constitution had to be satisfied before a child protective services worker could enter a home against the will of the parent in order to investigate a report of child abuse or neglect. One week later, the Supreme Court of Nebraska held that those provisions of the Fourth Amendment do not apply to a warrantless, non-consensual, search of a home for evidence of child abuse and neglect – at least insofar as the obligation to exclude from admission at a trial evidence obtained in violation of the Fourth Amendment is concerned. Neither case was appealed further.

Given the state of the law, the understandable concern on the part of DHS workers who are not legally trained, both to respect the legal rights of parents, and to avoid risking personal liability, and the fact that DHS workers have plenty of other cases demanding their attention, it is not surprising that they do not take it upon themselves to force their way into a home to complete an investigation where the parents are not cooperative. At the same time, the relative passivity of leaving a letter requesting that the caregiver contact the Department's investigator, and then waiting anywhere from a week to more than a month, or perhaps until news of a serious injury or fatality is received, is certainly not all that can, or should be done to protect vulnerable children.

What is needed are: (1) a clear set of policies, procedures and guidelines concerning (a) the evidence that is needed, (b) where and how it might legally be obtained, and (c) what resources are available to assist in its gathering; (2) clearly enunciated procedures for going from receipt of a report of possible child maltreatment to the prompt completion of an appropriately thorough investigation; and (3) training for child protective services workers, law enforcement agencies, and attorneys so that everyone is fully versed in, and comfortable implementing, lawful policies and procedures, designed to protect our children.





The State of Child Welfare

by Carol Wilson Spigner, DSW

Kenneth L. M. Pray Professor, University of Pennsylvania School of Social Policy & Practice

What does the new federal child and family service review (CFSR) system tell us about the current state of child welfare?

Between 2001 and 2004, each of the 50 states, the District of Columbia and Puerto Rico, participated in a CFSR to determine how well the states were meeting the goals of safety, permanency and well being for children in need of protection. Conducted by the federal government in partnership with the states, this three phase review included an agency self assessment based on current data, a site visit which included interview with stakeholders and a qualitative review of a small number of cases. Although the new review protocol was controversial on a number dimensions, it does constitute the first nation-wide picture of child welfare systems using common measures.

The review focused on a series of outcome measures as well as a set of systemic measures. The outcome measures were organized around safety permanency and well being:

- Children are first and foremost protected from abuse and neglect
- Children are safely maintained in their homes
- Children have stability and permanency in their living situations
- The continuity of family relationships and connections is preserved
- Families have enhanced capacity to provide for children's needs
- Children receive services to meet their educational needs
- Children receive services to meet their physical and mental health needs

The systemic factors were viewed as essential components needed by a child welfare system to achieve its intended goals. The factors upon which agencies were evaluated included:

- Statewide information systems
- Case review system
- Quality assurance system
- Training
- Service array
- Agency responsiveness to community
- Foster and adoptive parent licensing, recruitment and training.

Each state was assessed to determine whether it was in substantial compliance with both the outcomes and the systems factors. Each factor had a number of indicators which were measured to make that determination.

The states were more likely to be found in compliance with the systemic factors than with the outcome measures.

States in substantial compliance with CFRS standards N= 53	Number (%) of states in compliance
Systemic factors	
State wide info systems	45 (87)
Case review	13 (25)
Quality assurance	35 (67)
Training	34 (65)
Service array	23 (44)
Agency responsiveness	49 (94)
Licensing, recruitment and retention of foster parents & adoptive parents	43 (83)
Children are protected from abuse and neglect	6 (11.5)
Children are safely maintained in their homes	6 (11.5)
Children have permanency and stability	0 (0)
Continuity of family relationships	7 (13.5)
Families have enhanced capacity to provide for their children's needs	0 (0)
Children receive services re: education	16 (30.8)
Children receive services re: physical and mental health	1 (1.9)

The first major impression I drew from the data is that we have spent the last two decades improving the infra-structure of child welfare. Build the system has been necessary but not sufficient. We have not paid enough attention to the direct work with families and children. In fact, when you examine the systemic factors, the one most closely related to direct work with families and children did least well: case reviews systems.

In examining the indicators that are the basis for the assessment of the outcomes one finds that the number of states with a strong performance is limited. Most notably few states did well in the areas of family involvement in case planning (5 states), worker visits with the child (13 states), visits with the parents (7 states), meeting the needs of child, parent, foster parent (1 state) and meeting the child's mental health needs (4 states). In contrast, the majority of the states did well on placing children close to home (49 states) and placing siblings together (36 states). Agencies seemed to have focused more on the system and tangible tasks than on the quality of service. There is a tremendous need to focus on the treatment needs of children and their families and to create agency environments that will support this kind of work.

Among the challenges identified among the states were the needs to improve the consistency in services to parents and consistency in completion of adoption home studies. There is also a need to address the inadequacy of placement resources and the process by which placements are selected for children. In terms of permanency, limited efforts were being made to conduct concurrent planning; agencies were using long term foster care as the plan without consideration of adoption or guardianship, and agencies are not filing for termination of parental rights as required by law. As it relates

to well-being, children were not receiving mental health assessments and responding to the physical and dental health of children has been compromised by the lack of providers who will accept Medicaid. Finally and perhaps most importantly, the assessments of the needs of children, parents and/or foster parents remains a challenge.

The results of the CFRs are deeply troubling. Every child welfare agency in this county has much work to do. States are actively engaged in implementing program improvement strategies. There are some simple things that can be done to turn systems around like conducting good assessments, engaging parents actively in goal setting and service planning, assuring that the services available are responsive to the needs of children & families, and making sure that both families and workers have what they need to protect children. In all of this work, it is important to keep the results for children and their families central.

Source: General Findings From The Federal Child and Family Service Review, U. S. Department of Health and Human Services, Administration for Children and Youth, Children's Bureau.
<http://www.acf.hhs.gov/programs/cb/cwrp/results/statefindings/genfindings04/genfindings04.pdf>

Medical Challenges in the Field of Child Protection: Making Accurate Diagnoses

by Cindy W. Christian, MD

Children's Hospital of Philadelphia Chair in the Prevention of Child Abuse and Neglect
 Associate Professor of Pediatrics at the University of Pennsylvania School of Medicine

The accurate identification of child abuse is an important, but difficult, task for physicians. Doctors who care for children are mandated by law to report children who they suspect are victims of abuse or neglect to governmental child welfare agencies (and sometimes police) for further investigation. In an ideal world, physicians would have the tools needed to identify all children who are victims of maltreatment without having to report those who are not. This is hardly what happens in real practice. There is clear evidence that reporting of suspected abuse by physicians lacks accuracy. In general, medical diagnoses are made by completing a careful and thorough history and physical examination. In cases of child abuse, the history is almost always inaccurate- either because the adult providing the history is unaware of the abuse, or is in fact the perpetrator of the abuse and is purposefully misleading the physician. Without an accurate history, it is often difficult to reach the proper diagnosis. Research has shown us that abused children are often misdiagnosed by unsuspecting physicians. For example, Jenny et al, reviewed the medical records of 173 infants and young children with inflicted head trauma to determine how often the children had been seen by their physicians with symptoms of their abuse, and were misdiagnosed.¹ They found that approximately one third of children were not recognized as victims of abuse and were given incorrect diagnoses. Of those, 25% were re-abused before the correct diagnosis was made. The authors also found that Caucasian infants living in two parent households were more likely to be missed, suggesting some racial and social biases in diagnosing inflicted head trauma. In 2002, we expanded on that finding and studied racial biases in the evaluation of young children with fractures for suspected abuse.² We found that while there was no racial difference in how infants with fractures were evaluated for abuse and reported to child welfare, minority toddlers with accidental injuries were five times more likely than their Caucasian counterparts to be medically evaluated for abuse, and three times more likely to be reported to child welfare for further investigation. National data support these findings. The federally funded national incidence studies on child abuse and neglect indicate that while no significant racial differences exist in the incidence of maltreat-

ment, minority children are more likely than white children to be found in the child protective service system.³

Communities around the country turn to local physicians to assist in the recognition, medical evaluation and care of maltreated children. For many physicians, it is an emotionally difficult and unpleasant task. Most physicians have received inadequate training in the identification and care of abused children, have limited clinical experience in evaluating abused children, and do not look forward to working with social services, law enforcement and the courts. And while the laws in all states mandate physicians to report suspected abuse, recent work from Pennsylvania suggests that there is so much variability in how pediatricians interpret the phrase "reasonable suspicion" as to make the phrase uninterpretable.⁴ This leaves doctors with the duty to recognize and report suspected abuse, but with little medical training or specific legal guidance in how to accurately accomplish this. In turn, well-meaning doctors put another strain on an already strained system by asking child welfare to investigate too many cases that have nothing to do with abuse, while failing to recognize the more subtle signs of abuse that may cross their paths. While I give credit and support to my medical colleagues who provide thoughtful care to children and their families, and work diligently to uncover abuse when it exists, we too have more work to do.

¹ Jenny C, Hymel KP, Ritzen A, Reinert SE, Hay TC. Analysis of missed cases of abusive head trauma. *JAMA* 1999; 281: 621-626.

² Lane WG, Rubin DM, Monteith R, Christian CW. Racial differences in the evaluation of pediatric fractures for child abuse. *JAMA*, 2002; 288: 1603-09.

³ Sedlak AJ, Broadhurst DD. The third national incidence study of child abuse and neglect. Washington DC: U.S. Department of Health and Human Services, 1996.

⁴ Levi BH, Brown G. Reasonable suspicion: A study of Pennsylvania pediatricians regarding child abuse. *Pediatrics* 2005; 116: e5-e12.



FOCUS ON THE FIELD CENTER

ADVISORY BOARD MEMBER HIGHLIGHT

Sonia C. Triester, MSW



Ms. Sonia C. Triester has been involved with the Field Center for five years as an Advisory Board member. Ms. Triester was asked to join the Advisory Board due her to interest in child welfare. Ms. Triester is proud to be affiliated with the Field Center because she believes that the Center has a broad purpose that is specific in its intent to make a difference in the U.S. child welfare system.

Ms. Triester, who was trained as a psychiatric social worker, states that the issues of child welfare which are most important to her encompass foster care programs. She believes that the Field Center can make a difference in foster care by using research to derive answers for current dilemmas. Ms. Triester plans to continue her involvement with the Field Center by supporting and encouraging the use of local and annual conferences which reach a broad spectrum of individuals who work in the field of child welfare.

Currently, Ms. Triester is the owner of a real estate business, Triester International Investments, which invests in and manages commercial and multifamily properties. In her spare time she is involved with the Patron's Foundation which assists individuals whose basic needs have not been met. The foundation provides these individuals with additional assistance. Ms. Triester also enjoys growing cacti and orchids. She has three grandchildren whom she adores, twin five year old grandsons and an eight year old granddaughter. Ms. Triester states that she will continue to be an Advisory Board member of the Field Center due to its ability to address various important causes in the field of child welfare.

CO-DIRECTOR HIGHLIGHT

Carol Wilson Spigner, MSW, DSW



Carol Wilson Spigner joined the Field Center in 1999 as a Co-Director. As the previous head of the U.S. Children's Bureau in the Clinton Administration, Dr. Spigner's expertise was sought by the University of Pennsylvania and the Field Center. Dr. Spigner believes that the Field Center is an important organization which has the potential to facilitate the reform of child welfare by applying the perspectives of a number of disciplines to very difficult problems

Currently, Dr. Spigner is involved in various projects at the Field Center, such as aiding the Department of Human Services (DHS) in creating a procedures manual to guide the investigations of child maltreatment. She and colleagues are about to finalize a module on investigations of a child fatality. This will help DHS's investigators standardize their investigation process.

In addition to her work with the Field Center, Dr. Spigner enjoys teaching at the School of Social Policy & Practice at the University of Pennsylvania. This year, she is teaching History of Social Welfare, Contemporary Social Policy, and a Macro Practice class. Additionally, Dr. Spigner continually speaks to various groups to educate individuals on child welfare and social policy. Recently, she spoke at the Association of Chief Justices and court teams from 50 states regarding the reform of judicial practice, related to children in foster care. She also co-chairs an initiative of Casey Family Programs which address the disproportionality of children of color in the foster care system. As a member of the Pew Commission of Children in Foster Care, she assisted in the development of recommendation for the financing of child welfare services and court reform. Dr. Spigner often speaks with policy makers at the state and federal levels and believes that it is important for all social workers to understand social policy, since policy influences what can be done and the resources available. Beyond that social workers should be actively working to foster the development of policies that will serve this nation and its most vulnerable citizens well.

Dr. Spigner states that the Field Center is growing and evolving. She commented that the center's staff has an immense knowledge, dedication, and motivation to effect change for children who are maltreated.

STUDENT HIGHLIGHT

Christy Green



Christy Green joined the Field Center as a student intern in September 2005. Christy is currently in her last year of the Master's Program in Social Work at the University of Pennsylvania's School of Social Policy & Practice. As a student focused on macro issues, Christy traces her interest in social work back to her childhood. Growing up in Vermont and Connecticut, Christy says at age seven she developed an interest in child welfare because her parents created a home for numerous foster children. As a child, Ms. Green interacted with social workers and realized that she too wanted to make a difference in children's lives. When asked why she is interested in the macro issues of social work, Christy responded, "because I want to change many lives at one time. I feel like I can make a bigger impact by changing things on a macro level".

Christy is currently working on two projects at the Field Center: The DHS Front End Reform and the Belmont Charter School Project. Ms. Green feels that her work at the Field Center is not only interesting, but rewarding as well. After graduation, Christy plans to stay in Philadelphia and eventually pursue a PhD in Social Welfare from the University of Pennsylvania. Prior to enrolling in the Master's program of Social Work, Christy received her undergraduate degree from the University of Pennsylvania. As a prior member of the Penn Gymnastics team, Ms. Green knows the importance of training hard and working as a team. She believes these skills will assist her with her work at the Field Center and in her future endeavors.

Outside the Field Center, Christy currently trains for Fitness Competitions. She says that she recently competed in her first competition and won. Christy is extremely excited to be a member of the Field Center team this year and looks forward to using her passion for child welfare issues to affect change now and in the future.

CALENDAR OF EVENTS

November 17, 2005 - Philadelphia, Pennsylvania
Breakfast Meeting
Kids in Care: Where We Are, Where We Need To Go
 Field Center for Children's Policy, Practice & Research
 University of Pennsylvania
 Phone: (215) 573-5442
 Email: fieldctr@sp2.upenn.edu

January 13-14, 2006 - Chico, California
4th Annual Children in Trauma Conference
Frontiers of Trauma Treatment
 California State University
 Chico Continuing Education
 Phone: (530) 898-6105
<http://rce.csuchico.edu/in-service>

January 23-25, 2006 - Miami, Florida
9th Annual Women in Leadership Retreat
Leading Through Chaos: A Woman's Perspective
 Child Welfare League of America
 440 First Street, NW, 3rd Floor
 Washington D.C., 20001
 Phone: (202) 942-0308 or (202) 942-0305
<http://www.cwla.org>

January 23 – 27, 2006 - San Diego, California
20th Annual San Diego International Conference on Child and Family Maltreatment
 The Chadwick Center for Children and Families
 Children's Hospital San Diego
 Phone: (800) 772-8527 or (619) 291-7131 http://www.chadwickcenter.org/san_diego_conference.htm

February 22-25, 2006 - Tampa, Florida
19th Annual Research Conference
A System of Care for Children's Mental Health: Expanding the Research Base
 Research & Training Center for Children's Mental Health
 University of South Florida, Department of Child & Family Studies
 Louis de la Parte Florida Mental Health Institute
 Phone: (813) 974-4661
<http://rtckids.fmhi.usf.edu/rtconference>

February 27-March 1, 2006 - Washington, D.C.
2006 National Conference
Children 2006: Securing Brighter Futures
 Child Welfare League of America
 440 First Street, NW, 3rd Floor
 Washington, D.C. 20001
 Phone: (202) 942-0308 or (202) 942-0305
<http://www.cwla.org>

March 5-7, 2006 - Washington, D.C.
2006 BACW Annual Conference:
Building Partnerships to Serve African American Children and Families
 Child Welfare League of America
 440 First Street, NW, 3rd Floor
 Washington D.C., 20001
 Phone: (202) 942-0308 or (202) 942-0305
<http://www.cwla.org>

March 14-17, 2006 - Huntsville, Alabama
The 22nd National Symposium on Child Abuse: Honoring Everyday Heroes
 Von Braun Center
 The National Children's Advocacy Center
 210 Pratt Avenue
 Huntsville, AL 35801
 Phone: (256) 327-3863 or (256) 533-KIDS (5437)
 Contact: Marilyn Grundy
<http://www.nationalcac.org>

April 24-28, 2006 - Seattle, Washington
American Professional Society on Abuse of Children
Child Forensic Interview Clinic
 WA State Criminal Justice Training Commission
 Phone: (206) 835-7293
 Contact: Patti Toth
<http://apsac.fmhi.usf.edu>

May 15-17, 2006 - Phoenix/Mesa, Arizona
Rocky Mountain Quality Improvement Center (RMQIC)
What It Takes: Promising Practice and Collaboration for Families with Substance Abuse and Child Welfare Issues
 American Humane
 63 Inverness Drive East
 Englewood, CO 80112
 Phone: (303) 792-9900
<http://www.americanhumane.org>

June 21st - 24th, 2006 - Nashville, Tennessee
2006 APSAC 14th Annual Colloquium
American Professional Society on Abuse of Children
 Phone: (877) 402-7722
<http://apsac.fmhi.usf.edu>



The Field Center offers exciting partnering opportunities from fellowship to corporate sponsorship to endowment of space. Thanks to a generous challenge grant from the Joseph and Marie Field Foundation, every unrestricted gift, pledge, and grant providing either operating or endowment support for the Field Center may be eligible for matching funds on a one to one basis.

For more details please contact:

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