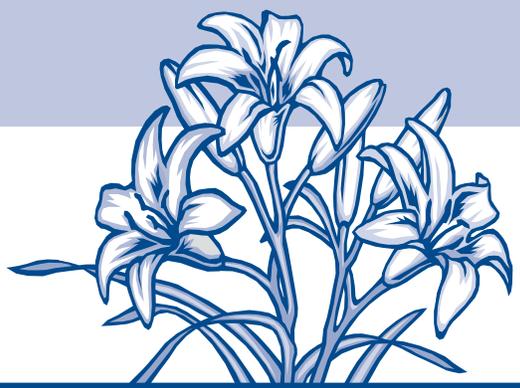




NEWS FROM THE FIELD

Spring 2006

University of Pennsylvania
 3815 Walnut Street
 Philadelphia, PA 19104
 Phone: (215) 573-5442
 Email: fieldctr@sp2.upenn.edu
 www.fieldcenteratpenn.org



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 & 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.

THE CHILD ADVOCACY CLINIC: THE PERSPECTIVE OF STUDENTS IN INTERDISCIPLINARY LEARNING

The Child Advocacy Clinic teams law students, medical students, and social work students to study the legal system's response to the problem of children not adequately cared for by their families in an interdisciplinary context, and to represent children in the role of Child Advocate in Dependency Court proceedings. Students represent their clients in court hearings (under "student practice" rules of the Pennsylvania Supreme Court), participate in developing a plan to serve the child's best interest, and in assuring that the plan is carried out through a variety of interactions with parents, the Department of Human Services (DHS), and various service providers. The twice-weekly seminars are co-taught by Practice Professor Alan M. Lerner of the University of Pennsylvania Law School, Dr. Cindy Christian, who holds the Children's Hospital of Philadelphia Chair in the Prevention of Child Abuse and Neglect, serves as Co-Director of Safe Place: The Center for Child Protection and Health at the Children's Hospital of Philadelphia and is Associate Professor of Pediatrics at the University of Pennsylvania School of Medicine, and Diane Smith-Hoban, MSW, a social worker with extensive background in child welfare.

The educational mission of the Child Advocacy Clinic focuses on the role and skills of an advocate, including the importance of collaboration with committed professionals in other disciplines. Students face the need to solve clients' problems. They must identify relevant law, evaluate the myriad personal and interpersonal perspectives and relationships that affect their clients' best interests, find resources to support the needs of the clients and their families, develop strategies and tactics, draft legal documents, obtain and evaluate medical, mental health, and educational records, communicate with clients, other counsel, and third parties, including child welfare caseworkers, other governmental agencies, and various service providers and meet critical deadlines. Some of the most challenging professional responsibility issues where "advocates" from three different disciplines seek to zealously pursue their clients' articulated goals, and best interests, while acting consistently with the ethical precepts of their respective professions, their own values, and the law.

continued on page four

THE FIELD CENTER FOR CHILDREN'S POLICY, PRACTICE & RESEARCH

Founding Benefactors Marie and Joseph Field

- Advisory Board**
- Chair**
Maida R. Milone
- Executive Committee**
Joseph Field
Craig A. Snider
- Members**
Madeline Bell
Catherine Carr
Elizabeth C. Fiebach
Marie Field
Dean Michael Fitts
Rep. Michael Gerber
Nancy Glickenhau
Lynn Hubschman
Renee Johnson
Rep. Dennis O'Brien
Richard Rosin
Dean Arthur Rubenstein
Dr. Robert Sadoff
Sonia C. Triester
Anne Marcus Weiss
- Executive Director**
Debra Schilling Wolfe, MEd
- Co-Directors**
Cindy W. Christian, MD
Children's Hospital of Philadelphia Penn School of Medicine
Richard J. Gelles, Ph.D.
Dean, Penn School of Social Policy & Practice
Alan M. Lerner, Esq.
Penn School of Law
Carol Wilson Spigner, DSW
Penn School of Social Policy & Practice
- Project Manager**
Caroline Wong, MSW
- Administrative Assistant**
Norma Govens
- Webmaster & Designer**
Lizza Robb
- Students**
Andrew Bonnes
Penn Law School JD Candidate
Morgan Fine
Penn Social Policy & Practice MSW Candidate
Rachel Fusco, MSW
Penn Social Policy & Practice Ph.D. Candidate
Christy Green
Penn Social Policy & Practice MSW Candidate
- Community Affiliates**
Christine Downs, MSW
Children's Hospital of Philadelphia
Lisa Santos Kresnicka, MD
Children's Hospital of Philadelphia

TABLE OF CONTENTS

The Child Advocacy Clinic: The Perspective of Students in Interdisciplinary Learning	1
Responding to the Needs of the Lost and Forgotten: Foster Children and Battered Women Before and After Hurricane Katrina	2
The Field Center Evaluates School-Based Program	5
Community Symposium Breaks Attendance Records	5
Focus on the Field Center	6
In Our Opinion	7
Calendar of Events	8





RESPONDING TO THE NEEDS OF THE LOST AND FORGOTTEN: FOSTER CHILDREN AND BATTERED WOMEN BEFORE AND AFTER HURRICANE KATRINA

Richard J. Gelles, Ph.D.

The aftermath of Hurricane Katrina revealed an inadequate local and national response system to major disasters. More importantly, the inadequate preparation and response to the hurricane disproportionately impacted on the poor and disadvantaged who, having no means to flee, were left behind in a flooding city to fend for themselves. The plight of two groups remains largely unknown, unnoticed, and still uncovered by the media. Children in foster care and battered women who had fled their abusers and were in shelters, were already dispossessed when Katrina hit. That they remain dispossessed and largely unaccounted for is an even deeper tragic consequence of the storm.

On August 29, 2005, when Hurricane Katrina struck the U.S. Gulf Coast, there were nearly 13,000 children placed in foster care in Louisiana, Alabama, and Mississippi (U.S. Department of Health and Human Services 2005).¹ More than 50% of these children were from minority populations. In addition, an estimated 179 women resided in shelters for victims of domestic violence in the greater New Orleans area.² By September 1, 2005, it was estimated that hundreds, perhaps thousands, of foster children, and all 129 women in shelters joined the approximately 350,000 to 600,000 individuals displaced by Hurricane Katrina (Katz, Fellowes, and Mabanta 2006; Tierney 2005).

The situations and plights of foster children and women in domestic violence shelters in the hurricane-affected areas share a number of unique characteristics. First, and most obvious, the two populations were already displaced by the time the hurricane struck. Second, and this is especially true for the children in foster care, the two populations were primarily comprised of minorities who were largely economically disadvantaged and who already had suffered dislocations and disruptions of their normal family support systems. Thus, any safety net that might have protected these two populations was already fragile. Moreover, the information systems in place that kept track of foster children and victims of domestic violence in shelter care were (and continue to be) inefficient and inadequate. Six months after Katrina, an intensive search for the whereabouts and well being of foster children and abused women displaced by the storm yielded negligible reliable and factual information. Finally, from August 30, 2005 until March 31, 2006, the situation of these foster children and victims of domestic violence remains completely off the media and public policy "radar screens." While there have been numerous newspaper and television accounts regarding pets and other animals abandoned and displaced by Katrina, there is but one media article on either foster children or battered women affected by the storm, and that was a CNN report from September 16, 2005 that stated:

BATON ROUGE, Louisiana (CNN) -- Louisiana officials working to rebuild families torn apart by Hurricane Katrina are being especially challenged in trying to locate some 500 foster children still unaccounted for by guardians.

It is unknown and uncertain whether the children, foster caregivers, and parents are receiving financial support, medical services, and social services.

The Data on Children in Foster Care in Affected States

State and Federal government reports on child maltreatment reporting and the status of children in foster care are lagged by two years.

Thus, the most recent reports from the U.S. Department of Health and Human Services on children in foster care pertain to 2003. Therefore, estimates of how many children were in foster care on the day of the Hurricane Katrina can only be developed from data as of September 30, 2003. This is a severe limitation. As noted at the beginning of this chapter, those data yield the following estimates of children in foster care in August 2005:

Louisiana	4,353 (56.4% African American)
Alabama	5,200 (55% African American)
Mississippi	3,196 (59% African American)

Neither Alabama nor Mississippi has county level data on children in foster care so it is not possible to estimate how many children in foster care were in the path of Katrina. Louisiana data are available from the state's "Kids Count" project (<http://www.agendaforchildren.org/kidscountdata.htm>). Figure 1 presents county-level data for the children in foster care in the direct path of the hurricane. Orleans County, where New Orleans is located, had an estimated 477 children in foster care. The CNN report cited above seems to confirm that number, in that the state was trying to locate nearly 500 foster children two weeks after the hurricane hit.

How difficult a task it would be to locate foster children after the hurricane is, in part, dependent on how closely the children were being monitored prior to the hurricane. According to the U.S. Inspector General (United States Department of Health and Human Services 2005b), both Louisiana and Alabama had standards for monitoring children. Thus, at least in principle, the parish or county child welfare agencies were seeing foster children at least once per month. Mississippi has no standard for face-to-face contacts, and thus it is impossible to know, without data from the state, how often caseworkers had face-to-face contact with children in foster care.

Unfortunately, it is impossible to know whether children in foster care were being seen by their caseworkers, as neither Louisiana nor Alabama had management information systems that could actually track whether children were being seen.³

The Impact of Katrina

My research assistant, Christina Arena, and I attempted to piece together the impact of Hurricane Katrina on children in foster care and female victims in shelters for domestic violence. Since New Orleans was near "ground zero" for the hurricane's impact and flooding, and since the state had the best county (parish) level data available, we focused on the impact of Katrina on that city and Orleans Parish.

We searched for data in all types of directions. We made calls to John McInturf, Acting Director of the Louisiana Department of Social Services; Walter Fahr, Division of Child Welfare Program Development, Office of Community Services, Louisiana Department of Social Services; Joe Bruno, Section Administrator, Foster Care, Office of Community Services⁴; faculty and administrators at the Tulane University School of Social Work; officials at the Child Welfare League of America; the American Bar Association Center for Children and the Law; and, the American Public Human Service Association. The result of these extensive contacts, six months after Katrina struck, yielded an incomplete and hazy picture of the current structure and function of child welfare services in New Orleans. *continued on page three*

RESPONDING TO THE NEEDS OF THE LOST AND FORGOTTEN

(continued from page two)

The Impact of the Storm

The Louisiana Office of Community Services (OCS) estimates that 1,800 to 2,000 foster children resided in Katrina-affected areas. This number seems to be consistent with the data obtained from Louisiana "Kids Count" (<http://www.agendaforchildren.org/kidscountdata.htm>). Louisiana OCS estimated that 1,601 providers, and therefore the foster children under their supervision, were also affected by Katrina. Lastly, caseworkers also felt the blow, and the affected parishes had an estimated 738 caseworkers and staff.

As Louisiana had no comprehensive management information system (per the U.S. Inspector General report), follow-up after the hurricane was arduous and labor intensive. The state "cut checks" for foster care providers and contractors, but had no means of actually finding the providers. Thus, OCS and staff from the National Center for Missing and Exploited Children (a private, non-profit that receives substantial federal government funding), visited shelters and asked foster care providers to identify themselves. OCS set up an 800 number so that parents and foster care providers could call to receive their monthly Title IVE "board rate" payments. The National Foster Care Association attempted to link foster care providers in other states with displaced foster parents from the impacted areas.

Children in foster care are eligible for Medicaid health care coverage, and the coverage continued after the children and their providers were displaced. However, anecdotal information provided by officials from Louisiana seems to indicate that some states would not accept the Louisiana Medicaid care.

Not only are the children and their foster care providers lives disrupted, but also the 1,408 parents and relatives of the children in foster care. Many, if not most, of these relatives were receiving services designed to lead to a return of their children.

Since Louisiana has a county- (parish-) based system for receiving reports of suspected child abuse and neglect, the hurricane shut down, for all intents and purposes, Orleans Parish's system for receiving and investigating suspected reports of child maltreatment. Orleans Parish received no reports of suspected child abuse and neglect for the first several months after Katrina. On the one hand, officials said there were no children in New Orleans anyway. If there were children remaining in the city and if they were maltreated, there was no one to whom to report any harm and nothing that could be done about it.

At the time of the hurricane, an unknown number of reports of suspected child maltreatment were open and under investigation. OCS printed out a list of open cases, triaged the cases as best they could, and then classified the cases according to risk. This was only possible for the cases that were in the system (that is, the caseworkers had actually entered their notes into the management information system) and for which safety assessments had been completed. Given that there is often a delay in caseworkers actually entering their notes and completing safety assessments, it is likely that on August 29, 2005 the information on open cases was not current.

Cases where the families could not be located (and this may well have been the majority) were closed. Cases classified as "low risk" were also closed. Cases that were open for services, but the families could not be located were also closed. This later group would be families in which the agency had "substantiated" or found sufficient evidence that a child was maltreated, but whose children were allowed to stay in the home. In all likelihood, these families were not highly motivated

to keep in touch with Orleans Parish child welfare services, since being released from child welfare scrutiny outweighed the benefit of the services. Finally, cases that were deemed "moderate" or "high" risk received a "protective services" alert that was distributed to other states. Under normal circumstances, states are often reluctant to investigate abuse cases that cross state boundaries. Thus, "protective service alerts" would be useful only if the open case from Orleans Parish were reported for suspected maltreatment in their new location.

Subsequent to the hurricane and the scattering of child protective service cases, foster families, families from whom children had been removed, and many of the child welfare system workforce, additional problems affected child welfare services. The Louisiana child welfare system saw its funding cut by \$6,000,000. Since Louisiana continues to face economic problems, additional funding cuts are likely. Foster care contractors and service contractors were dislocated; thus, the agency lost existing contracts for case management and services. As mentioned, state and contract agency workers were displaced. Many agency workers are still without homes, some continue to live in other states, and many of those who returned to work were relocated to other offices.

The Office of Community Services was unable to move back into its offices until February 2, 2006. The office staff face the same challenges as all other returnees to the city—disruption of basic communication systems. The St. Bernard Parish child welfare office was completely destroyed, and all their records were ruined.

Thus despite the apparent best efforts of the remaining administrators and staff, the child protective service system in Orleans Parish and the surrounding parishes was essentially destroyed by Hurricane Katrina. There is no evidence that the child protective service system is yet able to respond to reports of suspected child maltreatment, protect children who are risk of maltreatment, and meet the needs of children in foster care. For the children in foster care the immediate prognosis is frightening, given that rates of maltreatment of children in foster care in Louisiana, without the stressors of the hurricane and subsequent dislocation, are already nearly one in a hundred (U.S. Department of Health and Human Services, Administration on Children and Youth, 2005c).

¹ This number and the other statistics on the number of children in foster care are, at best, estimates. As will be discussed throughout this essay, the management information systems that keep track of children in foster care have many limitations so that any discussion of numbers of children in foster care should be taken with the traditional "grain of salt."

² Information was provided by Julie Fitch, Community Outreach Coordinator, Louisiana Coalition Against Domestic Violence, February 3, 2006.

³ Mississippi reports having a management information system that could track children, but the state had no actual standards that require such tracking.

⁴ Mr. Bruno was on medical leave and had not yet returned to work (as of March 13, 2006).



THE FIELD CENTER'S CHILD ADVOCACY CLINIC

(continued from page one)

Students collaborate with each other and their faculty supervisors to help them identify, understand, and work through the problems in individual one-on-one supervision sessions, in informal small groups, or in the regular seminar classes. Science tells us that the lessons thus learned are the lessons best learned, and the students will have these experiences to assist them as they go forward in their careers, facing new, and unsuspected, challenges every day.

The impact of this unique and important educational experience is documented in journals maintained by the students. The following excerpts convey the potency of this interdisciplinary experience from the perspective of law, medical, and social work students.

Thoughts of a Law Student:

It is safe to say that this semester in the Clinic I have learned more substantive and practical information than I have in any other class that I have taken at the Law School. The experience has taught me an unquantifiable number of discrete legal lessons—how to prepare a line of direct questioning, how to file a motion, how the Rules of Professional Conduct apply in real life, how to plan a case, etc. The list goes on and on. The experience has also taught me life lessons and has provided me with skills that apply both in the legal world and the “outside” world—the importance of knowing your audience as part of being an effective communicator, the value of persistence, and that (pardon the cliché) you can always catch more bees with honey.

The most valuable lesson I learned in the Clinic this semester, however, is that I am hooked on this work. Prior to working in the Clinic, when I was exposed to individuals who worked in or around the child welfare system (as lawyers, social workers, or in a policy role), I was always left with the feeling that it was just “too hard” for me to make any sort of real commitment to working with children in the system—too hard emotionally, too hard mentally, just too hard. I first came to this conclusion while working at CASA.

This semester was my first experience providing services to children in the system where I was given a large amount of responsibility and where my activities were mostly self-directed. And, as expected, the work was difficult. It was intellectually challenging and emotionally taxing at the same time. Yet I discovered that despite all of the negatives—the self-doubt, the high stakes, and the disappointments, I loved it. So I guess my feeling now is that while working with (or in) the child welfare system is hard, it's not “too hard”—at least not for me.

I have worked on pro bono projects in several areas since being a law student and nothing has (and I expect nothing will) inspired me like the work I have done for the Clinic. Next year, when I enter the private sector, I can't imagine devoting my time to any other kind of pro bono work. The Clinic is one of the reasons I chose to come to Penn over other law schools. Now that I have participated in it, it has fulfilled (and in some cases surpassed) all of my expectations.

Thoughts of a Medical Student:

One of the main reasons I was attracted to the medical profession was the team-centered approach to patient care. I was able to experience just that on many of my rotations in the hospital, solidifying my desire to pursue medicine. Now as I near the end of my medical school education, I have had a very truly rewarding experience working in team with law and social work students in this course – further bolstering my resolve to act in the capacity of a child advocate.

The most rewarding aspect of the course from my perspective was being able to use the medical knowledge I had gained to aid children outside of a clinic setting. In theory, I had always known I could eventually apply my knowledge to other fields. Now that I have had the chance to do so, I feel I am better prepared for my future profession as a pediatrician.

In addition to this intellectual wisdom, I have also gained a sense of pride in my contemporaries, knowing that my great passion for working with children is shared by those in other professions. Their work in this course has been a result of true dedication to their clients, and I am inspired by their efforts.

Thoughts of a Law Student:

The clinic was undoubtedly my most difficult and most rewarding experience in law school. It was completely different than any other class. The clinic was collaborative where other classes promote individual competition. The child advocacy work also placed a premium on emotional intelligence that would be inappropriate in other coursework. These differences with the rest of my law school experience made the clinic an invaluable experience for me as a person and as an attorney.

In most classes, working together is either forbidden or it is just not done because students are competing with one another for a top spot in the curve. In the clinic, however, I learned how important it really is to rely on and work with other people. All of our clients had problems that one lawyer, no matter how gifted, could never solve alone. It took working with professionals in other fields and with each other in order to become helpful. I don't think I could have handled either of my cases in any sort of successful way without the case rounds classes. Not only did they often provide practical advice (i.e. who to call at DHS about insurance) but it also created a network of support that I really relied on. I often saw members of the clinic in the halls at school or on the street and they would stop and say “how is the interstate compact going? Did you reach the woman in Harrisburg?” or ask about some other detail of my cases. I think we all felt really emotionally involved with each other and with each other's cases. I was always amazed about the little details I remembered about other people's cases and the details they remembered about mine. I think we were all able to have such good memories for each other because we cared so much.

The clinic was also really emotional for me because I think it exposed me to a side of life I just had not experienced first hand before and that was hard to see. I think dealing with other people's pain and suffering can also really evoke emotions you have about your own life—that certainly did happen to me. But I also think that having emotional reactions to the events in my cases made me better able to be an advocate. While it is certainly important to be professional, I think that having the emotions was a real catalyst for working hard on my cases. If I was not feeling so sad or so angry or so distraught, I am not sure I could have churned out four-page emails three times a week. I think a lot of the work I did as made better by the emotions I was having and that it is when you are unable to have emotional responses that you feel burnt out.

I know that I will think about [one case] for the rest of my life and wonder about how they are doing. Being in the clinic was the first time I really felt like a lawyer in any real sense. I don't think that it had to do with the legal work that I was doing as much as the sense that I was helping someone who had placed a great deal of trust in me. I hope that I always strive to feel like this about my work. If I can do that, I know that I will feel both exhausted and excited at the same time—exactly like a lawyer should feel.

Thoughts of a Social Work Student:

Reflecting on this semester's experience as a part of the Child Advocacy Clinic, there is one lesson I have learned that stands out in importance and meaningfulness. The role of the child advocacy team and each of its disciplines is to ensure that children in the child welfare system are not forgotten by society and the system itself. Advocating for their best interests in safety, academics, physical and mental health, and overall well-being is our mission, and as I have learned over and over, it is a critical one.

Thinking of all the differences our clinic teams have been able to make this semester in our clients' lives is extraordinary. Through working on child advocacy teams with the law and medical students, I have learned how personal and unique this work can be. It is truly heart-warming and hope-bringing to see the amount of time, energy, and emotion that each person put into each case. I have really enjoyed the interdisciplinary collaboration on our cases as well as just hanging around my team members, including my supervisors. I am very excited to have met many new people outside the social work world, who are so passionate and committed to working for children.

THE FIELD CENTER EVALUATES SCHOOL-BASED PROGRAM

The Field Center is in the final stages of completing an evaluation of the family support services provided at the Belmont Charter School in West Philadelphia. The evaluation focuses on the impact of the family support services provided by The Community Education Alliance of West Philadelphia for the period from September 2005 through May 2006.

The primary goal of the evaluation is to understand the impact of program services on the Belmont students. Secondly, we are examining the impact of the program on the families and communities involved. It is intended that dissemination of the findings from the evaluation will have both practice and policy implications.

The Community Education Alliance of West Philadelphia is a non-profit organization created to work in conjunction with the Belmont Charter School, a part of the Philadelphia school system, located at 4030 Brown Street.

The Belmont community is home to about 4000 residents, with a median family income of \$14,566. Belmont Charter School serves pre-kindergarten through 8th grade for a total student population of 660, 3-14 year olds. The Community Education Alliance of West Philadelphia, in conjunction with Belmont Charter School seeks to improve the quality of life and outcomes for the children and

families of the Belmont community via a revamped approach to social and community based services. Using the school as a base, Belmont Charter School delivers services through several program components:

- Social Services Project
- Belmont Cares Program
- Parenting Programs (parenting education, adult education, resources)
- Belmont Community After School Program
- Non-violence Program
- Belmont College Prep Program

The program is based on the theory that achieving real change requires a long term sustained commitment, an intensive, localized team approach that combines school, community, family and social service resources, an emphasis on front-loading services and supports to proactively avert the need for high-end crisis intervention services, and the use of research based strategies to assure the most effective use of resources and increase the likelihood of improved outcomes.

COMMUNITY SYMPOSIUM BREAKS ATTENDANCE RECORDS

The Field Center for Children's Policy, Practice & Research hosted our largest audience to date at our Breakfast Meeting on February 21, 2006 entitled *Playing With Anger: Making Meaning of Aggression and Bonding With African American Boys*. Presented by Dr. Howard Stephenson, Director of the School, Community, and Clinical Child Psychology Program, Psychology in Education Division, from the University of Pennsylvania Graduate School of Education, over 200 registered to attend this dynamic presentation. The diverse audience ranged from therapists and caseworkers to school department officials and prison staff.

Dr. Stevenson's research and consultation work identifies cultural strengths that exist within families and mobilizes those strengths to improve the psychological adjustment of children and adolescents using communities and neighborhoods as the major vehicles of support and social change. Dr. Stephenson presented the results of his research which addresses the dichotomy that African American adolescent males are considered men by the community but need to be viewed as boys. More on Dr. Stephenson's presentation can be found on the Field Center's website, www.fieldcenter-atpenn.org, under "Conferences and Trainings."

Evaluations submitted by attendees offered rousing support. Dr. Stephenson was described as an extremely knowledgeable and engaging dynamic speaker with a "fun style." Respondents cited the presentation as highly relevant to their work. Dr. Stephenson was interviewed on his presentation on Philadelphia's 100.3 *The Beat* by E. Stephen Collins who found Dr. Stephenson's work to be of great import to the community.

**The Field Center for Children's Policy,
Practice & Research would like to thank
the following recent donors for their
generosity and support.**

**Dr. Erwin Carner
Harold and Carole Schotz Elkin
Joseph and Marie Field
Nancy Glickenhau
Mark Ostroff
Anne Marcus Weiss**

The Field Center relies on its donors to sustain its critical work. Thanks to a generous grant from the Joseph and Marie Field Foundation, every unrestricted gift, pledge, or grant providing either operating or endowment support for the Field Center may be eligible for matching funds on a one-to-one basis. For further information, please contact Nadina Deigh, Director of Development, at (215) 898-5518 or deighn@sp2.upenn.edu. For online giving, please visit our website at www.fieldcenteratpenn.org.

FOCUS ON THE FIELD CENTER

FIELD CENTER ADVISORY BOARD PROFILE: NANCY GLICKENHAUS

As a relatively new member of the Advisory Board of the Field Center, Ms. Nancy Glickenhaus states that she became interested in the Field Center years ago when she read an article in the Pennsylvania Gazette which discussed "the inception of an interdisciplinary center which would address child abuse and neglect issues in Philadelphia". Ms. Glickenhaus, an alumnus of University of Pennsylvania Class of 1975, volunteered in the Philadelphia Family Court system when she was an undergraduate senior intern. Her interest in social issues was also influenced by a social work class in which she enrolled prior to graduating from Penn. Upon graduation, Ms. Glickenhaus realized that child abuse and child neglect were issues she wanted to champion.

Following her four years at Penn, Ms. Glickenhaus enrolled in Columbia's School of Social Work, where she received her MSW. As a native New Yorker, she has spent her career working in Manhattan. However, fond memories of her student days at Penn have fueled Ms. Glickenhaus' connection and desire to implement change in the Philadelphia community. Ms. Glickenhaus practiced social work with children in New York prior to enrolling in Fordham Law School. After receiving a law degree, she worked for the District Attorney's Office and the Society for the Prevention of Cruelty to Children in New York. As an attorney and social worker, Ms. Glickenhaus positively impacted Family Court through her consistent work against child abuse and neglect. Additionally, she served as a guardian ad litem during child custody proceedings. Ms. Glickenhaus remarked, "These experiences, coupled with my undergraduate experiences, have made me passionate about children's rights." Ms. Glickenhaus discussed how she became interested in working with the Field Center. "I became frustrated and tired of individual court cases. I began to feel as though I was not making a significant impact in the areas of prevention and treatment of child abuse and neglect. I wanted to address these issues on a larger scale." Her continued desire to affect social policy led to her current involvement with the Field Center.

When asked what features Ms. Glickenhaus believes make the Field Center an important and successful center, she explained, "The Field Center is a remarkable project because numerous disciplines are working together to address child abuse and neglect issues." Ms. Glickenhaus believes that the Field Center appears to have a true interest in creating programs which benefit the Philadelphia community. She stated that the Center successfully "bridges academia with real social problems." Ms. Glickenhaus attributes some of the Field Center's success to the University of Pennsylvania addressing important social issues using interdisciplinary resources.



Currently, Ms. Glickenhaus hopes to improve the Family Courts of Philadelphia by creating new programs through her involvement with the Field Center. She hopes that her work with the Field Center to impact change, by establishing social service programs with broad outreach into the community through University resources, is an excellent way to impact the court system and its constituents. Ms. Glickenhaus believes that interdisciplinary involvement from the various graduate schools and their graduate students, such as social work, law, medicine, architecture and education, can positively impact the lives of many families who currently need assistance through the Family Courts of Philadelphia. She believes that engaging students with the Field Center will re-awaken many students' passion for social change.

When Ms. Glickenhaus is not working on projects for the Field Center, she enjoys spending time with her family. She is the mother of two daughters, one a junior and the other a recent graduate from the University of Pennsylvania. Nancy Glickenhaus will continue to improve the rights and services to children who are affected by child abuse and neglect. Her passion for interdisciplinary social change is a clear match with the goals and mission of the Field Center.

FIELD CENTER COMMUNITY AFFILIATE PROFILE: DR. LISA SANTOS KRESNICKA

Dr. Lisa Santos Kresnicka is a Child Abuse and Neglect Fellow at the Children's Hospital of Philadelphia under the mentorship of Field Center Co-Director Dr. Cindy Christian. Early in her medical school training, Dr. Kresnicka realized her desire to provide health care to children. She recognized that pediatricians not only provide day-to-day medical care for children, but they also function as a resource for parents as they struggle through the challenge of parenthood. During Dr. Kresnicka's pediatric residency training she became acutely aware of the need for more medical professionals in the field of child maltreatment, and felt her compassionate, gentle nature would be an asset to her in this field.

Dr. Kresnicka has found her work in the field of child maltreatment to be challenging, yet extremely rewarding. She mentioned it can be very difficult to see children who have been victims of abuse or neglect and the effect the abuse/neglect has on them medically, socially, and mentally. Alternatively, it can be very rewarding to see a child who suffered from physical abuse or neglect months later, in an improved environment, thriving and progressing appropriately through childhood. In the case of child sexual assault, she stressed the importance of performing a genital examination in such a manner that it does not

re-traumatize the child. Dr. Kresnicka noted that in a lot of cases a child might benefit from a physician reassuring him/her that his/her genital exam is normal, which is frequently the case. A physician, with the help of social workers and psychologists, may also aid non-offending caregivers in coping with the allegations of sexual abuse and help them provide appropriate support to the child. Dr. Kresnicka stated, "In the end it is the help that we are able to provide to the children and their families in terms of medical treatment and psychosocial support that is the most fulfilling."

Dr. Kresnicka continues to be very impressed by all of the endeavors of the Field Center. She believes it is a unique collaboration between the University of Pennsylvania's School of Social Policy and Practice, Law, and Medicine, and the Children's Hospital of Philadelphia. It is constantly contributing to the field of child maltreatment by providing education to various community agencies, influencing policies at the state and national level, and developing innovative and much needed research projects. She feels honored to have been part of such an amazing group of individuals striving to improve the quality of care for maltreated children and their families during her time at The Children's Hospital of Philadelphia.

FIELD CENTER STAFF PROFILE: CAROLINE WONG, MSW

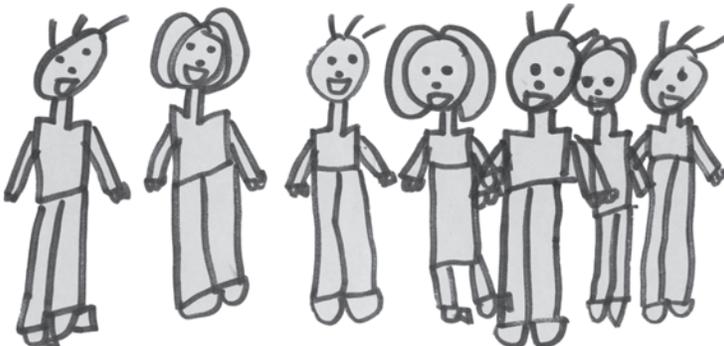
Caroline Wong's involvement with the Field Center began while she was working as a researcher at The Center for Research on Youth and Social Policy (CRYSP), also a School of Social Policy and Practice research center. Ms. Wong currently serves as a Research Project Manager for the Field Center and in collaboration with CRYSP, directing various research projects.



Prior to participating in social work and social policy related research, Caroline Wong served as the Vice President and Director of Counseling Services for the Nationalities Service Center (NSC). NSC is a community based member of the Immigrant and Refugee Services of America (IRSA), an international non-profit which focuses on the unmet needs of immigrants, refugees, and limited/non-English speaking communities. In addition to working with immigrants and refugees in Southeastern Pennsylvania, Ms. Wong worked in refugee camps in Hong Kong and the Philippines. While there, she developed programs for unaccompanied minors and provided counseling for camp residents. Ms. Wong's experience includes work with victims of domestic violence and torture, and a wide range of work with children and youth. Her work at the Field Center draws upon her broad range of experiences to inform her current work, particularly focusing on facilitating change within the child welfare system.

As an integral member of the Field Center, Caroline Wong believes that the Center is in a state of continual metamorphosis. Ms. Wong hopes that the Field Center can make a greater impact on the community by utilizing the Center's resources to assist community organizations. She believes this can be accomplished by providing more specific clinical assessments of difficult cases to inform best practice. Caroline Wong would like to work with local organizations to better inform the community of the Field Center's services, thus making a greater impact on the lives of children.

When Ms. Wong is not working for the Field Center or CRYSP, she enjoys playing tennis and cooking, often sharing her cooking creations with her co-workers. Ms. Wong additionally spends much of her free time doing volunteer work. She stated that although she thoroughly enjoys her predominantly research based career, she misses the more clinical and human contact aspects of social work. As an LSW certified social worker, Ms. Wong has found a balance in her career by combining effective change through research and volunteering her time within the community.



SAVE THE DATE!

**THE FIELD CENTER
IS PLEASED TO ANNOUNCE
ITS SECOND BIENNIAL CONFERENCE:**

***ONE CHILD, MANY HANDS:
A MULTIDISCIPLINARY CONFERENCE
ON CHILD WELFARE***

**MAY 30 – JUNE 1, 2007
UNIVERSITY OF PENNSYLVANIA
PHILADELPHIA, PA**

IN OUR OPINION

The current space and condition of the dual-sited Philadelphia Family Court is grossly inadequate. It can no longer be pushed on the back burner and ignored. Those in the position to take action need to view Family Court as a priority and provide it with adequate and consolidated space. As a city with the potential to be progressive, we lag far behind in meeting the needs of those whose voices often go unheard. A significant number of cases heard in Family Court involve abused and neglected children. It is a sad commentary that we cannot provide children and families a physically and emotionally safe environment at such a critical and stressful juncture in their lives.

Children and families frequently wait for hours on end for their cases to be heard in a deplorable facility. They can not leave the waiting area because there is no system in place to notify families when their case will be heard. Attorneys must discuss these most intimate cases in public areas because the court lacks the capacity for privacy. There is no waiting area conducive to children or families – no toys or other distractions, no access to food, little availability of clean bathroom facilities. What message does this send to families that are involved in the child welfare system? What message does it send to the children? It is disheartening to sit endlessly in the chaotic din of the seriously overcrowded waiting rooms at family court. There has to be a better way.

We encourage a timely resolution to this issue so that the true business of the court, making decisions about the health and welfare of children, youth and families, can be at the forefront of the court's agenda.

Debra Schilling Wolfe, MEd
Executive Director

CALENDAR OF EVENTS

DATE & LOCATION	EVENT & SPONSOR	CONTACT INFORMATION
June 21 – 24, 2006 Nashville, Tennessee	2006 APSAC 14th Annual Colloquium American Professional Society on Abuse of Children	Phone: (877) 402-7722 Email: apsac.fmhi.usf.edu
July 9 – July 11, 2006 Portsmouth, New Hampshire	International Family Violence and Child Victimization Research Conference Family Research Laboratory and Crimes Against Children Research Center at the University of New Hampshire	www.unh.edu/fri/conferences/2006 Email: fri.conference@unh.edu
July 17 – 19, 2006 Pittsburgh, Pennsylvania	FFTA's 20th Annual Conference on Treatment Foster Care Foster Family-based Treatment Association	Phone: (800) 414-3382 ext. 121/113/118 Email: shorowitz@ffta.org
July 19 – 21, 2006 Washington, DC	9th National Child Welfare Data and Technology Making IT Work: Improving Data and Practice in a Time of Change National Resource Center for Child Welfare Data and Technology	www.nrccwdt.org/nrc_conf/pres_2006_outline.html
August 6 – 8, 2006 New York, New York	Council on Accreditation's 2006 National Conference Achieving Excellence Through Accreditation	Phone: (212) 797-3000 www.coanet.org/2006Conference
August 9 – 11, 2006 Florence, Alabama	7th National Conference on Child Sexual Abuse Prevention National Children's Advocacy Center	www.nationalcac.org
October 25 – 27, 2006 Omaha, Nebraska	2006 Annual National Respite and Caregiver Conference Blazing Trails for Caregiving Respite Resource Center	Phone: (402) 996-8444 Email: respitcenter@yahoo.com
November 13 – 15, 2006 Nashville, Tennessee	2006 Finding Better Ways Conference Addressing the Needs of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Children, Youth and Families Involved in the Child Welfare System Child Welfare League of America	www.cwla.org/conferences/2006fbwrfp.htm
February 19 – 21, 2007 Cambridge, Massachusetts	3rd International Conference on Post Adoption Policy & Practice Adoption Connections Training Institute: OneWorld Network	Phone: (617) 547-0909 Email: caitlinf@kinnect.org www.kinnect.org



The Field Center
for Children's Policy, Practice & Research
University of Pennsylvania
3815 Walnut Street
Philadelphia, PA 19104

