

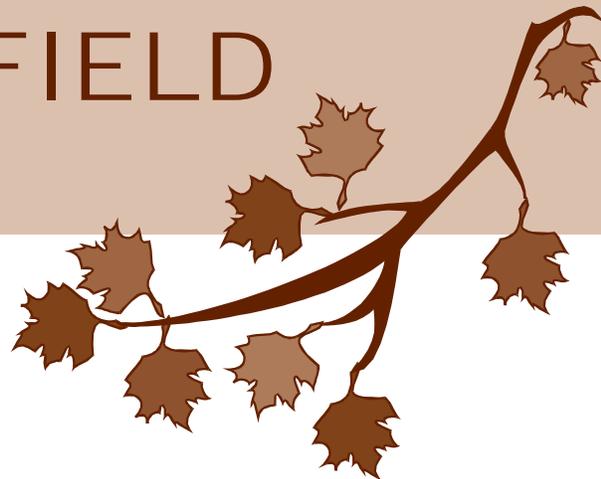
# NEWS FROM THE FIELD

## Fall 2006



## THE FIELD CENTER

for Children's Policy, Practice & Research



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

### CHILDREN'S RIGHTS

by Richard J. Gelles, Ph.D.

If I ever had any notions about writing a book on children's rights, I gave that up fairly early in my study of the American child welfare system. The United States Constitution grants parents a "liberty interest" to raise their children without unwarranted or unjustified state interference. The Supreme Court, in a number of decisions, has made it clear that the state cannot enter into family life, and that includes the right to have children and raise them as the parents see fit. The Supreme Court stated this position in 1977 in *Smith v. Organization of Foster Families for Equality & Reform*<sup>1</sup>. In this decision, the court stated that parents have a "constitutionally recognized liberty interest" in maintaining custody of their children "that derives from blood relationship, state law sanction, and basic human right."<sup>2</sup> This liberty interest is not absolute, but I will hold that discussion for later in this essay. Considering the Constitution and Supreme Court decisions, if I were to undertake a volume on children's rights, the result would be an extremely thin pamphlet, if not a page or two.

There is good reason why the United States Senate has never ratified the United Nations Convention for the Rights of the Child.<sup>3</sup> I will concede that many children's rights advocates have used the Senate's failure to ratify the Convention as a means of demonizing the conservative Congress and administration. I will also concede that many children's rights advocates see ratification as a way of getting "the camel's nose into the tent" as a hopeful first step in expanding children's rights and even achieving rights for children under the Fourteenth Amendment of the United States Constitution.

I believe that the United States Senate is not going to ratify the Convention and that there are sound reasons for failure to ratify. In general, keeping the state out of the family is one of the strengths of the Constitution of the United States. There is no end of mischief the state could engage in were it to be given access to the private domain of the family and the cherished right to have and raise children. And, as I will expand on below, the number of families and parents who abuse the rights granted to them by the Constitution is not especially large.

*continued on page four*

### TABLE OF CONTENTS

Children's Rights.....	1
The Field Center Partners with the Institute for Safe Families on Family Violence Initiative.....	2
Field Center Recipient of Hite Foundation Grant.....	2
Child Fatality Review Teams.....	3
Focus on the Field Center.....	6
In Our Opinion: Health Care Delayed is Justice Denied.....	7
Calendar of Events.....	8

### THE FIELD CENTER

#### FOR CHILDREN'S POLICY, PRACTICE & RESEARCH

*Founding Benefactors Marie and Joseph Field*

*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.*

#### Executive Director

Debra Schilling Wolfe, MEd

#### Faculty Directors

Cindy W. Christian, MD

*Children's Hospital of Philadelphia  
 Penn School of Medicine*

Richard J. Gelles, PhD

*Dean, Penn School of Social Policy & Practice*

Alan M. Lerner, Esq.

*Penn Law School*

Carol Wilson Spigner, DSW

*Penn School of Social Policy & Practice*

#### Administrative Assistant

Norma Govens

#### Webmaster & Designer

Lizza Robb

#### Students

Lisa Lee

*Penn School of Social Policy & Practice*

Emily Goldman

*Penn College of Arts & Sciences*

Steve Lin

*Penn Law School*

Jason Toff

*Penn Wharton School*

#### Advisory Board

##### Chair

Maida R. Milone

##### Members

Madeline Bell

Catherine Carr

Elizabeth C. Fiebach

Joseph Field

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

#### Community Affiliate

Christine Downs, MSW

*Children's Hospital of Philadelphia*





## THE FIELD CENTER PARTNERS WITH THE INSTITUTE FOR SAFE FAMILIES ON FAMILY VIOLENCE INITIATIVE

The Field Center for Children's Policy, Practice & Research partnered with the Institute for Safe Families on three important projects for children and families experiencing domestic violence. Doctoral candidate Rachel Fusco served as Research Liaison on these projects, and provided information about the national knowledge base on specific issues related to children's exposure to domestic violence.

The Institute for Safe Families received a two-year U.S. Department of Health and Human Services grant for its *Safe and Bright Futures for Children Initiative*. The Institute for Safe Families and Lutheran Settlement House led this effort, along with more than twenty agencies and organizations in Philadelphia, to plan and develop a coordinated community response to the needs of children exposed to family violence using pediatric health care settings as a focal point. The goal of this project was to develop a strategic plan and an examination of the city's capacity to enhance the current system. Rachel Fusco served as Research Liaison, and provided a national perspective on children's exposure to domestic violence. Ms. Fusco also co-chaired a subcommittee examining the current child welfare system to identify gaps in services, and current best practices for families experiencing both child maltreatment and domestic violence. The goal of this project is to ultimately develop a model health care system for a pediatric response to family violence that includes better screening, more interagency collaboration, and improved service delivery to children and families.

The Institute for Safe Families (ISF) has worked with the Department of Human Services (DHS) to provide both consultation and training to assure that they and their provider agencies were well-informed regarding family safety/family violence issues. The two agencies have been working collaboratively for over five years on creating a coordinated community response to family violence within child welfare settings. The Field Center was involved in this collaborative by attending monthly meetings with DHS staff to discuss the current best practices models for serving families experiencing both child maltreatment and domestic violence across the country and produced the final report for this project. There is a myriad of evidence to indicate the DHS-ISF partnership has been a successful one for the welfare of children and families in Philadelphia. Part of this project involved placing a staff adjunct who is knowledgeable about both child maltreatment and domestic violence in DHS to serve as a consultant and to provide targeted training around these co-occurring issues. The Department of Human Services is being recognized as a leader in the community for its progressiveness in addressing domestic violence as a child welfare issue. Providers are becoming more informed about the unique ISF-DHS partnership, and have been utilizing the staff adjunct to develop knowledge that will help them provide the best services to their clients.

The third project that Ms. Fusco worked on was related to the difficulty of parenting after domestic violence and explored ways both mothers and fathers can restore family safety and help their children to heal when there has been trauma, conflict, and family violence within the home. There is a growing recognition that many men who have been abusive are also fathers who will continue to be involved in the lives of their children and their children's mothers, and that many mothers who have been abused or abusive will continue to parent their children. These families need and deserve more support. The *Parenting After Violence* initiative is collaboration between the Philadelphia Department of Human Services and the Institute for Safe Families to create and implement a *Parenting After Violence*

curriculum for child welfare and other providers. Ms. Fusco developed an instrument to evaluate the *Parenting After Violence* curriculum at the People's Emergency Clinic. After collecting data from the mothers who were involved in this group, Ms. Fusco analyzed the results and wrote a report. Findings indicate that the sessions helped the mothers think about the importance of listening to their children. Almost all of the respondents reported that the groups had some impact on the way they are currently parenting their children. These women were encouraged to think about their own childhoods, and how their own parent's reluctance or inability to 'hear' them may affect the way they feel about listening to their children. Results also indicate that women developed an understanding of the importance of addressing past trauma to ensure that this stress is not passed on to their children. This curriculum will be refined and introduced into other agencies that serve parents who are likely to have a history of domestic violence.

The Field Center's partnership with the Institute for Safe Families was a critical initiative which positively impacted the welfare of children and families in Philadelphia. The Institute for Safe Families has made significant gains for the population they serve, and will continue to partner with service providers and policy makers to build service capacity for children living with violence in their homes.

## FIELD CENTER RECIPIENT OF HITE FOUNDATION GRANT

The Field Center for Children's Policy, Practice & Research is pleased to announce that it has been awarded a two-year grant from the Hite Foundation for a project entitled *Filling the Cracks in the Child Welfare System: Developing a Transparent and Effective Means of Managing Information and Improving Accountability*.

Developed in response to concerns about the availability of real-time access to case information as well as accountability of caseworkers in the field, the goal of this project is to initiate the development and implementation of state-of-the-art technology which promotes solid decision-making and reduces risk to children. In this national initiative, the Field Center is implementing a study of management information systems currently in use in child welfare systems throughout the country as well as examining software systems designed specifically for child welfare applications. Research results will be presented at a full-day Roundtable Meeting which will bring together executives, supervisors, and caseworkers representing a variety of public child welfare systems, software developers, national child welfare experts, and federal legislators to outline needs and solutions, delineate strategies, and identify potential federal legislation to address this critical issue.

Task forces will emerge from this process, with an implementation meeting scheduled for key stakeholders. The Field Center will produce a white paper during Year Two of the project.

## CHILD FATALITY REVIEW TEAMS

By Lisa Lee

The death of a child shatters not only the child's family but the community as a whole. Child maltreatment is one of the leading causes of child fatalities, especially among young children. Many of these deaths could have been prevented. It is because of such tragedies that states and counties have established a Child Death Review system in order to examine each child fatality (Injury Prevention Web, 2006).

Child fatality reviews originated in Los Angeles, California, in 1978. Michael Durfee, M.D. with the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN) formed the first child fatality review team after a number unexplained childhood deaths (National Center of Child Fatality Review, 2006). Child fatality review teams now exist in all 50 states and Washington, D.C. The purpose of child fatality review teams is to address intentional and preventable causes of deaths among children. The mission of most child death review teams is to promote interventions so as to prevent both child death and serious injury. The in-depth investigations provide knowledge that can be used to prevent of child injury. Investigations also can lead to a better understanding of child fatalities at both the state and local levels.

Many child fatality teams focus on case management and intra and inter departmental work amongst teams. Although child fatality review teams have similar missions and purposes, the requirements for each team in both counties and states vary (Durfee, Durfee, & West, 2002).

State and local statutes often mandate the formation of a child death review team in response to child fatalities; however, this is not always the case. In some states and localities, the formation of death review teams is allowed although is not necessarily a requirement. Within the state and local statutes, multidisciplinary teams review child fatalities within a geographical area and can then make recommendations for local changes. The implementation of these local changes then may become recommendations to the state.

The overall child fatality review has the capability to make major systemic changes if these recommendations are accepted and implemented at the state and local levels. For example, in Philadelphia, Pennsylvania information from child fatality reviews led to the increased enforcement of child car seat laws, safer pedestrian laws, and the increased need of smoke alarms (Onwauachi-Saunders, Forjuoh, West, & Brooks, 1999).

The intake process for child fatality review teams varies between counties and states. Some review teams only review the deaths of children who are residents of that geographical area, while others span throughout the state. Some review teams examine cases from birth to seventeen years of age, other teams' age parameters stretch to age twenty-three. Criteria also include children who are in the child protection system versus all child deaths, no matter what the cause. Review teams may begin examining cases within days of a child's death, however in some cases, review teams examine files years after the occurrence of a child fatality.

Child fatality review teams have faced some challenges as well. Due to inadequate resources, oftentimes recommended programs are not implemented. Most state and local review teams have very narrow funding or none at all. Funding and other resources often come from federal grants and/or legislative appropriations. Furthermore, most of the review team members, who are professionals from multiple disciplines, are not paid (Durfee, Durfee, & West, 2002).

Understanding the circumstances of child deaths enables child death

review teams to properly guide effective prevention initiatives. These investigations are vital in examining the causes of every child's death. Child fatality review teams have been in existence for less than thirty years and continue to grow. Needs identified by the multidisciplinary professionals who review the deaths of children cannot be ignored. Collaboration between state and local agencies and communities about children's deaths will lead to effective strategies that will save a life of another child.

### References

- Durfee, M., Durfee, D., & West, M. (2002). Child fatality review: An international movement. *Child Abuse and Neglect*, 26(6-7), 619-636.
- Injury Prevention Web. (2006). Injury prevention policy. Retrieved on November 6, 2006 from <http://www.safetypolicy.org/>
- National Center of Child Fatality Review. (2006). Mission statement. Retrieved on October 30, 2006 from <http://www.ican-ncfr.org/>
- Onwauachi-Saunders, C., Forjuoh, S., West, P., & Brooks, C. (1999). Child death reviews: a gold mine for injury prevention and control. *Injury Prevention*, 5(4), 276-279.

## CALL FOR PRESENTATIONS

The Field Center for Children's Policy, Practice & Research is pleased to announce its second biennial conference, *One Child, Many Hands: A Multidisciplinary Conference on Child Welfare*. The Children's Hospital of Philadelphia is serving as Lead Sponsor of the conference.

Scheduled for May 30 through June 1, 2007, the conference will again be held at the Wharton School on the University of Pennsylvania's campus in Philadelphia.

*One Child, Many Hands: A Multidisciplinary Conference on Child Welfare* is issuing a Call for Presentations. Proposed presentations are solicited which advance the field of child welfare from the perspective of a variety of disciplines. Proposals need to include a cover sheet, maximum 25 word abstract, and maximum 500 word overview. Cover sheets and criteria for submission and review can be found on the conference website, [www.sp2.upenn.edu/onechild](http://www.sp2.upenn.edu/onechild). The deadline for submissions is December 15, 2006.

Email: [onechild@sp2.upenn.edu](mailto:onechild@sp2.upenn.edu)  
 Website: [www.sp2.upenn.edu/onechild](http://www.sp2.upenn.edu/onechild)

## CHILDREN'S RIGHTS

*(continued from page one)*

Parental rights are actually expanding in the United States. An unanticipated facet of the technological advances in modern society is that such advances have unintentionally expanded parental rights. An example is the well known case (at least to those invested in the discourse regarding parental and children's rights) of Jessica DeBoer. "Baby Jessica" was placed for adoption by her mother and adopted by Jan and Roberta DeBoer. The nation saw the endgame of this case in 1993 when Jessica was removed from the DeBoer home and delivered to the care of her biological father Dan Schmidt. I will not repeat all the detail, but the short version is that Dan Schmidt was not informed he was Jessica's father, and when told, immediately sought the custody of his daughter. Based on irrefutable blood matching, it was proven that Dan was Jessica's father. The Surrender of Parental Rights signed by Jessica's biological mother and purported biological father, was not lawful. The best argument that could be mustered on behalf of the DeBoers was that they had been Jessica's only true parents since she was born. Of course, they achieved the length of their parenting by pursuing legal means to keep Jessica from being given to her biological father.

The outcome was predictable. Biology trumps caregiving. If biology did not trump caregiving, those who kidnap children would be able to make the perverse claim that they have the right to retain their "children." There never would have been a tearful endgame had the DeBoers accepted that Dan was the biological father and returned Jessica to Dan a month after they took Jessica home.

At the time, I thought it cruel and developmentally inappropriate for the state to remove Jessica from the DeBoers. But in the end, Dan Schmidt's rights were paramount, and should have been. But the aspect of the case that fascinated me was that 50 years ago it would have been difficult for Dan to establish that he was, in fact, Jessica's biological father. The more advanced our technology for determining parenthood (or creating parenthood), the greater rights parents gain.

When it comes to parental rights and children's rights, the statue of the scales of justice that can be found over courthouses should be modified for family courts, with the parental side of the scale weighted down, and the child's scale way up at the top, without any apparent weight.

### Dependency

The most significant point of conflict with regards to parental and children's rights are dependency and child welfare issues. I am perfectly happy to concede all the rights and privileges to parents that the Constitution allows. However, there is a Supreme Court decision that articulates that parent's liberty interests to raise their children without government interference is not unlimited. It is my understanding, as a social scientist and not a legal scholar, that the Supreme Court held in *Santosky v. Kramer*<sup>4</sup> that the state may attempt to limit or end parent-child contact and make children eligible for temporary or permanent placement or adoption when the parents: (1) abuse, neglect, or abandon their children; (2) become incapacitated in their ability to be a parent; (3) refuse or are unable to remedy serious identified problems in caring for their children; or, (4) experience an extraordinary breakdown in their relationship with their children (such as a long prison sentence).<sup>5</sup> The court held that states may terminate parental rights if the state can demonstrate by clear and convincing evidence that a parent has failed in one of these ways.

Although the *Santosky v. Kramer* ruling appears to affirm parental rights, the language in the ruling perhaps tilts the balance a bit more toward children. I do not believe the court, or any other courts, have

ever actually specified a bright-line standard of what constitutes abuse, neglect, incapacitation, refusal to remedy problems, or an extraordinary breakdown in parent-child relations. The lack of a bright line standard does leave the door ajar for aggressive state intervention.

Child welfare data seem to indicate that even in the absence of bright-line standards, state child welfare agencies are extraordinarily cautious in their intervention into the domain of parent-child relations. The following data come from the latest child welfare data compiled by the U.S. Department of Health and Human Services (U.S. Department of Health and Human Services, 2006).

There are approximately 73.2 million children living in households in the United States. In 2004, child protective service agencies in the United States received 3 million referrals of suspected child maltreatment, representing 5.5 million children. About 1/3 of the reports are screened out, for various reasons, resulting in about 2.6 million investigations. Table 1 continues the analysis of the results of the investigations:

Table 1 <sup>6</sup>
2,600,000 investigations
990,000 substantiations
200,000 child removals
517,000 children were in foster care on September 30, 2004
65,000 children had the rights of all living parents terminated
Of children reported 6% are removed
Of investigations, 7.6% removed
Of substantiations, 20% removed
Of those children in foster care 12.5% had the rights of all living parents terminated

While Table 1 seems clear to me, it may well be a projective test for others. What I see is a child welfare system that is annually involved with 3.5 % of American children. Of those children who become involved with the system, their parents will retain custody of their children 92.4% of the time. Of those children in foster care, the vast majority will be reunited with their parents, albeit, after median stays of some 30 months.

Granted, an investigation for suspected child abuse is not a benign event. Investigations are intrusive, stressful, and more often than not, result in a finding that does not substantiate maltreatment. But the reality is that child welfare agencies almost always err on the side of not intruding onto parental rights. This is a system that in the language of social scientists, is false positive averse—in other words, the system leans towards supporting parental rights.

### What Should be Done

At this point, I could leave the examination of the child welfare system and basically conclude that the data indicate that, individual anecdotes notwithstanding, the system supports parental rights. However, the system can be too intrusive. Even though the likelihood of a child being removed is relatively low, more could be done to reduce the necessity of removing children from their parents.

With regards to investigations, year in and year out, fewer than half of reports of suspected child maltreatment is substantiated. Six out of ten investigations end with a finding of "unsubstantiated." The investigations are costly, time consuming, intrusive and stigma producing, and, in large part, unnecessary. The child welfare system has enough

*continued on page five*

## CHILDREN'S RIGHTS

(continued from page four)

experience and more than enough data to use actuarial models to screen reports and decide which ones merit an investigation. Civil rights activists might choose another term for what I just described—profiling. But the reality is that there is a pattern to which reports end up substantiated and which do not, and it is entirely possible to triage reports and decide which ones merit investigations.

I have read hundreds of child protective service case files and it is clear that the impetus for removing a child from his or her parents is often the existence of a crisis. Child neglect, which makes up the majority of child maltreatment reports and substantiations, is a chronic condition. So what are the circumstances that lead to a removal? The answer is, some new acute crisis event has occurred that raises a red flag for the child protective service investigator. The investigator, supervisor, and ultimately the court, respond to the crisis and not the underlying problem. No one stops to consider whether the crisis may resolve itself without removing the child.

At the risk of going over too far in the direction of parental rights, I would propose that child protective service workers always have a permanence plan for a child prior to recommending a removal.

### What about Parent Responsibility?

At what point in the continuum of corporal punishment do parents harm children and abdicate their responsibilities? What about a mother who abandon's her baby, or a father who denies paternity and refuses to provide financial support or even see his child? Although poverty in and of itself should not be considered child neglect, at what point are poor parents derelict in their responsibilities to their children—using scarce money for drugs instead of food, leaving infants and toddlers at home while the parents go to a movie or a bar?

Those of us on the side of children's rights took on trying to define responsibility when we drafted the Adoption and Safe Families Act of 1997 and specified conditions under which states do not have to make attempts to keep maltreated children with their parents or return maltreated children home. Parental rights advocates often refuse to step up and discuss what responsibilities parents assume when they are granted broad rights by the state.

While parental rights advocates avoid joining the discourse on parental responsibility, they have a well-articulated argument as to why some parents abdicate their responsibilities and their children require state intervention. Ironically, parental rights advocates will usually alter the discourse and shift the blame for parental inadequacy to the state.

It is a generally accepted and undisputed fact that with the exception of child sexual abuse, the rate of occurrence of child maltreatment is higher among the poor than the well-to-do. Part of the over-representation of maltreatment among the poor is that the poor are more likely to have their behavior labeled inappropriate or deviant by agents and agencies of social control—including child welfare agencies. It is also the case that poverty is a real risk factor and does, in fact, increase the likelihood that poor children will be abused or neglected.

Parental rights advocates often condemn the United States for having the highest child poverty rate of all western industrialized nations. Advocates go on to critique the United States for having minimal universalistic policies designed to protect children. Poor children suffer from health and housing problems. The lack of adequate universalistic social policies such as universal health care, state supported child care, and state supported housing, as a more appropriate means of providing a safety net for children than the "residual" policy of the American child welfare system.

I would go so far as to propose that one of the reasons the United States has such a large child welfare system and spends nearly \$20 billion annually on out-of-home care is that there are so few universalistic social support programs for children.<sup>7</sup> But, I would also add that the reason the United States has so few universalistic social welfare policies for children (at least compared to other western industrialized nations) is that we grant parents more rights and a greater liberty interest to raise their children without government interference. The cost of keeping government out of child rearing is that government stays out of child rearing. With rights, come responsibilities.

see page seven for footnotes and references

The Field Center for Children's Policy, Practice & Research is pleased to announce its

### Winter 2007 Breakfast Symposium

### *Parents' Rights vs. Children's Rights*

A debate of the issues between

#### **Martin Guggenheim, Esq.**

Author of *What's Wrong With Children's Rights*  
Fiorello LaGuardia Professor of Clinical Law at  
NYU School of Law

and

#### **Richard Gelles, PhD**

Noted author and child abuse expert  
Dean, Penn School of Social Policy & Practice  
Joanne and Raymond Welsh Chair of Child Welfare and Family Violence

*Moderated by Professor Alan Lerner*

Practice Professor of Law  
University of Pennsylvania

January 31, 2007

8:30 – 10:30 AM

University of Pennsylvania Law School  
Levy Conference Center  
3400 Chestnut Street  
Philadelphia

*Registration opens January 2, 2007*

Preregister by email to [fieldctr@sp2.upenn.edu](mailto:fieldctr@sp2.upenn.edu)  
or phone 215.573.5442

*The Field Center is offering this program at no charge.*  
Two Social Work CEUs available for \$20 payable by  
check at the door.



# FOCUS ON THE FIELD CENTER

## FIELD CENTER ADVISORY BOARD PROFILE: MADELINE BELL

Madeline Bell has been involved with the Field Center since its inception. As a Senior Vice President at The Children’s Hospital of Philadelphia (CHOP), Ms. Bell supports the Field Center because it augments areas in which the hospital does not have expertise, making both organizations stronger. Says Ms. Bell: “We take care of one child at a time. They take care of policy that impacts populations of children.” CHOP has influenced the local scene, but Ms. Bell hopes to influence the national scene through continued cooperation with the Field Center. She says that both she and CHOP are “really committed” to the Center’s mission.



At the outset of her career, Ms. Bell was a pediatric nurse. Later, she became interested in the administrative side of health care. She now oversees a number of operational areas of the CHOP Network. Ms. Bell is a co-founder of CHOP’s Safe Place, their Center for Child Protection and Health, where there are a number of patients and challenges shared between CHOP and the Field Center. CHOP also has a team of health services researchers whose work is directly relevant to the Field Center’s policy proposals.

Ms. Bell feels that the Field Center’s upcoming conference is an important step onto the national scene. She has enjoyed watching the Field Center expand from a small organization into one which has a tremendous impact, and she hopes that impact will only broaden in the future.

Aside from her official duties at CHOP and her work with the Field Center, Ms. Bell is the President of David Akers’ Kicks for Kids, a charity focused on supporting disenfranchised children. Ms. Bell is also involved with the Little Rock Foundation, an organization that gives support to families of visually impaired children. In her spare time, Ms. Bell travels with her husband, and enjoys time with her seven children.

## FIELD CENTER STUDENT INTERN PROFILE: LISA LEE

Lisa Lee is an M.S.W. candidate, in the midst of her field placement with the Field Center for Children’s Policy, Practice & Research. A resident of Virginia, Lisa earned her B.S.W. degree from James Madison University. Lisa began working on children’s welfare while an undergraduate student and was excited by her placement at the Office on Children’s Youth. She described being inspired by the Office’s head, who was well-received by the community and passionate about children’s welfare. Through that office, Lisa planned a three-day health fair for two local high schools and found that she liked the creative aspect of her work.



After earning her B.S.W. in 2003, Lisa traveled to London and spent six months working in their child protection system. Her experiences there resulted in Lisa deciding against pursuing clinical work and caused her to look at alternative career options. Upon returning to the United States, Lisa took a break from child welfare to work in the corporate world. However, she returned after three years because she wanted to do something that was contributing to society.

Lisa is currently a student again, as an Advanced Standing student in the University of Pennsylvania’s School of Social Policy & Practice pursuing a Master’s Degree in Social Work. She is interested in “behind-the-scenes, big picture” issues. At the Field Center, one of her projects is working on a foundation grant, designing and implementing a research study to examine child welfare information management systems throughout the country. She is excited about this initiative, particularly enjoying the opportunity to work on a project from its beginning that will ultimately have far-reaching implications for child welfare workers.



**ONE CHILD, MANY HANDS**  
**A Multidisciplinary Conference on Child Welfare**  
**May 30 - June 1, 2007**  
**Philadelphia, PA**

*Sponsored by the Children’s Hospital of Philadelphia*

**SAVE  
THE DATE!**

**The Field Center for Children’s Policy, Practice  
& Research is pleased to announce its second  
biennial conference**

***One Child, Many Hands:  
A Multidisciplinary Conference  
on Child Welfare***

**May 30 – June 1, 2007  
at the Wharton School on Penn’s campus**

For more information, visit the conference website at  
[www.sp2.upenn.edu/onechild](http://www.sp2.upenn.edu/onechild) or call 215.573.5442

*sponsored by The Children’s Hospital of Philadelphia*

## IN OUR OPINION

### HEALTH CARE DELAYED is JUSTICE DENIED

Though we hear and read in the media of the tragic cases of sexual and physical abuse, approximately 60% of all child maltreatment cases are cases of child neglect. Many of these involve the inability or failure of parents to provide adequate or prompt health care.

Although the failure to assure adequate health care for all Americans is a politically charged issue, and thus persists as a national embarrassment, we have managed to develop and fund a system which substantially provides basic medical care for senior citizens through Medicare. Thus, it should be possible to provide prompt and adequate medical care for all children – no one can credibly argue that children don't need and deserve it.

Of all sites where we should have no problem in assuring appropriate health care for children, children in the child welfare system should be the easiest to reach. The children are, by definition, without adequate parental care and supervision, and in need of supervision by the state, and each of them is specifically identified to the local child protective services agency, and in most cases to the courts. Yet, time and again, we find that even after children are committed to the care of the state, and their medical and mental health needs identified, they must wait weeks, and even months to get the care they need. Let me share with you a few, among many, examples of children that The Law School's Interdisciplinary Child Advocacy Clinic has represented in the Philadelphia Dependency Court System who were identified as needing specific health care, but for whom that health care was long delayed to the detriment of the children.

In September, DHS received a report that "R" was having trouble in school because he could not see adequately, he had lost his glasses, and despite notices from the school his parents had not obtained new glasses for him. In January, after learning of the child's history of cataracts, and after the parents still had not provided new glasses, DHS filed a dependency petition, and "R" was placed with a relative who promptly sought, with our help, to get him new glasses. The optometrist could not see him at first because we couldn't get the right insurance card from DHS. When, with his caretaker's persistence, he finally was seen by the optometrist, we learned that he needed to see an ophthalmologist because his cataracts had worsened. Unfortunately, the ophthalmologist couldn't see him until he got a referral from "R"'s primary care physician (PCP). But now that "R" was committed to DHS, his old PCP couldn't make the referral.

Our students called, wrote letters and even tried to make the appointments. When "R" finally saw the ophthalmologist, the decision to operate was relatively easy. Unfortunately, the hospital in which the ophthalmologist worked did not have the particular piece of equipment needed and had to arrange to borrow it from another hospital. We urged that "R" simply go to that other facility; but, no, that ophthalmologist was not in the same provider network as "R"'s primary care physician and couldn't perform the surgery. That hurdle, too, was eventually surmounted, and "R" finally had his surgery - ten months after the school reported his condition. While the "system" made sure that things were done its way, "R" had, effectively, missed a whole year of school.

Our client "T," an artistically and musically gifted thirteen-year-old boy, was having problems at home and at school, fighting with family members and arguing with teachers. Things got so bad that DHS was called, and a dependency petition was filed.

In January, the court ordered that "T" begin individual and family therapy as quickly as possible. Despite the best efforts of his aunt, with whom he was placed, and our clinic, we could not move the

"system" to get "T" into therapy until a return trip to court, and another court order. In the meantime, his behavior deteriorated, causing him to have to leave the school he had been attending and transfer to a new school.

Even hospitalization doesn't seem to speed up the process or intensify the effort to provide the necessary medical care. "P," is a thirteen-year-old girl who suffers from serious mental illness. After an attempted suicide, she was hospitalized and prescribed lithium. When her violent mood swings abated, she was transferred to a residential treatment facility (RTF). Her doctor there, seeing certain physical symptoms, thought that her dosage might be too high and ordered a blood test to check. Unfortunately, "P"'s primary care physician was still the doctor at the hospital from which she had been discharged, so the doctor at the RTF could not get approval to get her blood drawn.

After three weeks of constant effort, during which time the young girl suffered from twitching and other symptoms of excess medication, we helped to get her PCP changed to the doctor at the RTF, and he had her blood drawn and her dosage reduced. The doctor at the RTF also wanted a physical examination performed; however, the insurance company refused to approve it because she had been given a physical when she was first hospitalized five months earlier, before she was medicated, and their guidelines provided for no more than one physical every six months. Who knows what she has suffered as a result of the system's rigidity?

And there are many, many such cases, locally and nationally.

So while I am pleased that our senior citizens have access to Medicare, and other sources of health care, and all of us who can afford it have access to private medical insurance, I weep for the millions of poor children throughout our country who are consigned to a life of grossly inadequate health care, chronic illness, and, perhaps, premature death, because we, the people of the country who have the power and the resources to change their lives for the better, refuse to do so.

Alan M. Lerner, Esq.  
*Practice Professor of Law*  
*University of Pennsylvania*

### Footnotes and References from *Children's Rights*

#### Footnotes

<sup>1</sup> 431 U.S. 816 (1977).

<sup>2</sup> 431 U.S. 846 (1977).

<sup>3</sup> Somalia, because it has no recognizable government, has also not ratified the Convention.

<sup>4</sup> 455 U.S. 745, 766 (1982)

<sup>5</sup> Id at 766.

<sup>6</sup> Source: U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2006). *Child maltreatment 2004: Reports from the states to the National Child Abuse and Neglect Data System*. Washington, DC: U.S. Government Printing Office.; [http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/tar/report11.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report11.htm).

<sup>7</sup> By universalistic, I mean programs that are not "means tested." Social Security, Medicare, and the GI Bill are examples of universalistic social policies.

#### References

Straus, M.A. (1994). *Beating the devil out of them: Corporal punishment in American families*. New York: Lexington Books.

United States Department of Health and Human Services, Administration on Children, Youth and Families. (2006). *Child maltreatment: 2004*. Washington, DC: U.S. Government Printing Office.

# CALENDAR OF EVENTS

DATE & LOCATION	EVENT & SPONSOR	CONTACT INFORMATION
Jan 30 – Feb 1, 2007 Washington, DC	<b>Zero to Three's Center for Training Services 3-Day Training for Trainers</b> <i>Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care</i>	Phone: (202) 638-1144 ext. 657 Email: Lgillespie@zerotothree.org www.zerotothree.org/ztt_professionals.html
January 31, 2007 Philadelphia, PA	<b>The Field Center for Children's Policy, Practice &amp; Research Breakfast Symposium</b> <i>Parents' Rights vs. Children's Rights</i>	Phone: (215) 573-5442 Email: fieldctr@sp2.upenn.edu www.fieldcenteratpenn.org
Jan 31 – Feb 2, 2007 Anaheim, CA	<b>Children and Family Futures</b> <i>Putting the Pieces Together for Children and Families: The National Conference on Substance Abuse, Child Welfare and the Courts</i>	Phone: (714) 505-3525 Email: contact_us@cffutures.org www.cffutures.org/conference_information
February 19 – 21, 2007 Cambridge, MA	<b>3rd International Conference on Post Adoption Policy and Practice</b> <i>Adoption Connections Training Institute: OneWorld Network</i>	Phone: (617) 547-0909 Email: caitlinf@kinnect.org www.kinnect.org
February 26 – 28, 2007 Washington, DC	<b>CWLA National Conference</b> <i>Children 2007: Raising Our Voices for Children</i>	Phone: (202) 639-4923 www.cwla.org/conferences2007nationalrfp.htm
March 20 – 23, 2007 Huntsville, AL	<b>The National Children's Advocacy Center</b> <i>23rd National Symposium on Child Abuse</i>	Phone: (256) 327-3863 Email: mgrundy@nationalcac.org www.nationalcac.org
April 15 – 18, 2007 Oklahoma City, OK	<b>National Indian Child Welfare Association</b> <i>Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth and Families</i>	Phone: (503) 222-4044 www.nicwa.org
April 16 – 24, 2007 Portland, OR	<b>The Children's Bureau, Office on Child Abuse and Neglect</b> <i>16th National Conference on Child Abuse and Neglect</i>	Phone: (703) 528-0435 https://www.pal-tech.com/cbconference
May 7 – 11, 2007 Seattle, WA	<b>APSAC Child Forensic Interview Clinic</b>	Phone: (425) 483-8250 Email: apsacclinic@verizon.net www.apsac.org
May 30 – June 1, 2007 Philadelphia, PA	<b>The Field Center for Children's Policy, Practice &amp; Research 2<sup>nd</sup> Biennial Conference</b> <i>One Child, Many Hands: A Multidisciplinary Conference on Child Welfare</i>	Phone: (215) 573-9779 Email: onechild@sp2.upenn.edu www.sp2.upenn.edu/onechild
June 6 – 9, 2007 Washington, DC	<b>American Humane</b> <i>2007 Conference on Family Group Decision Making</i>	Email: candyl@americanhumane.org Phone: (303) 925-9440 www.americanhumane.org/fdgm



## THE FIELD CENTER for Children's Policy, Practice & Research

University of Pennsylvania  
3815 Walnut Street  
Philadelphia, PA 19104

