In August, 2006, Danieal Kelly, a 14-year-old girl with cerebral palsy, was found dead in her mother’s apartment. Danieal died from starvation—she weighed 42 pounds when her body was discovered. Her body lay in a bed in a dark room with no fan or air conditioning. Deep-maggot infested bed sores covered her body. The bed clothes Danieal lay in were soaked with her urine.

Danieal’s death was a tragedy to be sure. But what was astounding and truly tragic was that Danieal, her mother, and her siblings were an “open case” in the Philadelphia Department of Human Services (DHS). Multiple reports of Danieal’s suspected child neglect had been filed with Philadelphia DHS. The case had been assigned to a local agency in order for the Kelly family to receive “Services to Children in Their Own Homes” (SCOH). A caseworker from the private agency was to visit the Kelly home. The caseworker was supervised by a clinician employed by the private agency. Philadelphia DHS assigned one of its own case managers to manage the case and oversee the services provided by the private agency. The DHS case manager had her own DHS supervisor. At least three different employees of the private agency and six different employees of DHS were assigned to the case over the three years DHS was involved with the Kelly family. And yet, Danieal lost 50 pounds while “visited” and provided services by the private and public child welfare agencies. She was never enrolled in school. She never saw a physician. In fact, she rarely moved outside the dark, hot room in which she died.

A Philadelphia County grand jury issued a report in July, 2008 excoriating all those who were supposed to protect Danieal. The grand jury indicted nine individuals in Danieal’s death, including her parents, two case workers from the private agency, the director of clinical services for the private agency, and two case workers employed by Philadelphia DHS. A week later, Philadelphia Mayor Michael Nutter suspended 7 DHS workers who had direct or supervisory involvement in the Kelly case.

Seven-year old Nixzmary Brown was tortured, molested, and starved by her stepfather. Nixzmary’s stepfather beat her to death on the night of January 11, 2006. Nixzmary’s New York City Administration for Children’s Services (ACS) caseworker went weeks before seeing the child and failed to update the case files in a timely or appropriate manner. The caseworker’s supervisor failed to follow through and obtain a warrant to help find Nixzmary after the girl failed to attend school for weeks and after the school reported that Nixzmary showed up at school with a gash over her eye. Although ACS caseworkers and supervisors had multiple opportunities to protect Nixzmary, they failed.

continued on page three
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FIELD CENTER AWARDED SECOND GRANT FROM THE HITE FOUNDATION

The Field Center is pleased to announce the award of a second grant from the Hite Foundation to support the next phase of the project entitled “Filling the Cracks in the Child Welfare System: Developing a Transparent and Effective Means of Managing Information and Improving Accountability.”

This one-year grant will allow the Field Center to move forward in efforts to secure funding for a pilot interoperable management information system that will allow child welfare systems to access critical case information in real time as well as share information across family-serving systems.
THE TIPPING POINT OF CHILD WELFARE SYSTEMS:
DECISION MAKING, INFORMATION, AND RISK ASSESSMENT
(continued from page one)

In Rhode Island, 3-year-old Thomas T.J. Wright was beaten to death by his foster mother (his aunt) and her boyfriend in October, 2004. A report issued by the Rhode Island Office of the Child Advocate, stated that the state child welfare agency, The Department of Children, Youth, and Families had seven (emphasis added) opportunities to intervene and protect T.J. Unfortunately, no one in the chain of command knew enough about the case, knew about what was being done, or knew about what was not being done, to intervene at any of the seven points and act effectively to protect the child.

When a public tragedy occurs, such as the death of Daniele, Nixzmary, and T.J., the typical response of child welfare administrators is to claim "the child fell between the cracks" of the system. Having evoked the "fell through the cracks" mantra, child welfare administrators, advocates, and legislators come together and "round up the usual suspects." The requests go out for more funding, more workers, lower caseloads, and more training. Administrators resign, are fired, or are replaced. Both New York and Rhode Island actually changed the names of their child welfare agencies after high profile tragedies. But without fail, after the usual suspects are rounded up, the new employees hired, and new training programs rolled out, children keep falling between the cracks.

What Do Child Welfare Agencies Do?

Why, forty years after child abuse was identified as a significant social problem\(^1\) do crises and tragedies still plague our systems and agencies created to protect children and support families? In our opinion, one of the core problems is the failure to understand and recognize the key and core task of child welfare systems.

A review of mission statements of the more than 300 child welfare systems in the United States reveals a general consistency—child welfare agencies exist to assure the safety and wellbeing of children, to assist families in crisis, and attempt to preserve families, and/or to assure permanence of caregiving for children. Child welfare agencies also create and deliver, either directly or by contract to private agencies, a broad array of supportive, ameliorative, and/or preventive services to assist families in dealing with crises or deficits (put another way—to help families use their strengths). When all else fails, child welfare agencies can, and are obligated to, take the initiative to sever parental rights and find permanent homes for dependent children.

One might conceptualize child welfare agencies as social service agencies, but that would be incorrect. In reality, child welfare agencies are gate-keepers and the workers decision makers. Child welfare workers make the following key decisions:

- Should a report of suspected abuse and/or neglect be investigated?
- Is there sufficient information and probable cause to substantiate the allegation of child abuse and neglect?
- Should the child or children remain in the home?
- If the child or children are to be removed, where should they be placed?
- When should children who have been placed in out-of-home care be returned to their caregivers?
- Should caregiver’s parental rights be terminated?
- Where and with whom the child should be permanently placed.

Figure 1 illustrates, with national data, the pyramid of gates and decision points that occur once there is a report of suspected child maltreatment.

<table>
<thead>
<tr>
<th>Decision Points</th>
<th>Statistics</th>
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<tr>
<td>2,600,000 investigations</td>
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<tr>
<td>990,000 substantiations</td>
<td></td>
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<tr>
<td>200,000 child removals</td>
<td></td>
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<tr>
<td>517,000 children were in foster care on September 30, 2004</td>
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<tr>
<td>65,000 children had the rights of all living parents terminated</td>
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<tr>
<td>Of children reported 6% are removed</td>
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<tr>
<td>Of investigations, 7.6% removed</td>
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<tr>
<td>Of substantiations, 20% removed</td>
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<tr>
<td>Of those children in foster care 12.5 percent had the rights of all living parents terminated</td>
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</table>

While it is true that child welfare agencies have a wide range of responsibilities and tasks, an examination of the public and private files of child welfare agencies reveals clearly that the core of all the work and the ability to meet agency goals and missions, is decision making.

How Are Decisions Made?

Clinical Judgment

If decision making is the core task, and assume for the moment it is, how are decisions made? Historically the decisions regarding the risk of child maltreatment, whether or not to substantiate or "found" a case as child maltreatment, and the decisions regarding placement, have been based on clinical judgment. Juvenile, family, or dependency courts are the final arbitrators on decisions to remove a child, return a child, or terminate parental rights, but the evidence presented to the courts is typically framed by clinical judgment.

When exhibiting clinical judgment, the Child Protective Service (CPS) worker processes the information in his or her head and then makes a decision.\(^2\) Generally, decisions are influenced by personal characteristics, biases, and experiences of the worker, which would lead to a variety of problems concerning the reliability and validity of the predicted risk.\(^3\) Research comparing clinical judgment to actuarial methods (statistical) has shown actuarial methods to be superior in terms of reliability and accuracy. Clinical judgment, due to fatigue, recent experiences, or mood fluctuations, can produce random changes in judgment while actuarial methods always lead to the same conclusion for the given information.\(^4\) When compared to statistical models, clinical judgments of experts do an inferior job of predicting behavior due to low reliability.\(^5\) Rossi, Schuerman, and Budde\(^6\) asked child welfare experts and protective services from three states to make decisions and write summaries about actual child abuse and neglect cases. The authors found that decision-making in the child protection systems is inconsistent. "Although there appeared to be some general principles used in making decisions, in the sense that certain characteristics of cases (especially prior complaint record) played roles in custody decisions, workers and experts varied widely in how each weighed those characteristics in making decisions."\(^7\) The researchers concluded that decision-making by way of clinical judgment in the child protection agencies may have high amounts of false alarms and high frequency of high risk cases classified as low risk.\(^8\)
The field CenTer would like to thank the Marcus family Foundation for their support of the field center community Symposium Series, featuring Dr. David Olds on December 9, 2009.

**Consensus Risk Assessment**

A second form of decision making is “Consensus Risk Assessment.” In consensus-based risk assessments, specific client characteristics are identified by the consensus judgment of experts in the context of child maltreatment. Generally, expert judgment uses knowledge from clinical experience and research literature. Child welfare workers use the consensus from experts to guide decision-making about child maltreatment while exercising their own clinical judgment about the case. The list of predictors or characteristics of child maltreatment is based on consensus, mainly by expert judgment and accepted practice knowledge, and/or simple correlations found in research literature. These instruments help organize a social worker’s clinical assessment of child abuse risk, but are not based on research specific to the area that uses this instrument.

Some of the states using Consensus Based Risk Assessments are Washington, Illinois, and California (Family Assessment Factor Analysis, the Fresno Model).

**Actuarial Risk Assessment**

Actuarial risk assessment models are based on empirical research on actual child protective service cases. Empirical research is used to recognize a set of risk factors with a strong statistical relationship to the specified behavioral outcome. Actuarial-based instruments integrate client characteristics shown to be statistically predictive of future child maltreatment. These models are generally constructed by taking a sample of children and families in the child welfare system, examining their paths while in the system, and linking those paths to a set of characteristics or events related to each family in the sample. The analyzed characteristics and events are weighted and combined to form an assessment tool that categorizes families or individuals according to the “risk” they may exhibit. Under this approach, workers use the actuarial instruments to score whether families are low, medium, or high risk. The goal or purpose of actuarial instruments is to have the highest number of substantiations in the category of high risk families and the lowest amount for the low risk families. Michigan, California (California Risk Assessment, not the Fresno model), Alaska, and New Jersey are some of the states currently using actuarial measures in assessing the risk of child maltreatment.

One widely used actuarial risk assessment model is the Structured Decision Making System (SDM). Structured Decision Making was developed and implemented by the National Council on Crime and Delinquency’s Children Research Center (CRC). Space precludes a detailed discussion of the SDM to actuarial decision making.

Although actuarial risks assessments have been shown to be an improvement over clinical judgment and consensus-based tools, the predictive validity and reliability is still modest. Gambrill and Shlonsky, who have compared the two risk assessments, state “although actuarial models tend to be the best predictors of future maltreatment, they are far from perfect,” (pg. 826). The Michigan’s Structured Decision Making System Family Risk Assessment of Abuse and Neglect, as one of the most researched risk assessment demonstrating superiority over other tools, still has a level of reliability lower than desired.

**Data Mining: Neural Networks**

Artificial Neural Networks (ANN), a type of data mining computing methodology, has the potential to be more reliable and efficient and to improve predictive accuracy in child maltreatment risk assessment. As a computer-based learning system, ANN is able to discover patterns in a set of data, especially concerning past behavior.

Schwartz and his colleagues examined data gathered by the Third National Incidence Study of Child Abuse and Neglect. The researchers trained and tested 1767 child abuse cases using an artificial neural network. The study showed that the trained network was able to successfully categorize 89.6 percent of the cases in the sample population, which resulted in a 10.4 percent predictive error. Most of the predictive errors resulted from the neural network’s inability to classify the case. About 75 percent of all the errors were due to the inability to classify. Only 0.6 percent of the cases were false positives and 1.9 percent were false negatives. Zandi replicated this study in 2000. Zandi was successfully able to train neural networks to classify child abuse and neglect cases just like the previous study. In one of the network experiments, 90 percent of the abused cases were correctly classified. Ten percent of the cases were false negatives and 13 percent were false positives.

Research has also compared the effectiveness of artificial neural networks to a linear or logistic multiple regression. Marshall and English applied neural network analysis to child protection services data from the State of Washington’s risk assessment model. The authors concluded that the neural network demonstrated superior prediction and classification abilities over the logistic regression models. The network models classified cases equal to, but in general, more substantially superior to linear or logistic regression. This improvement can be explained by the ability of neural networks to represent non-linear relationships between highly interacting variables, which are generally characterized by risk assessment data. Marshall and English state neural networks can be a useful instrument to aid the worker seeking to model complex relationships in child maltreatment risk assessment.

Contrary to the other research studies, Flaherty and Patterson did not find artificial neural networks to be a superior predictor of child abuse when compared to a statistical model. The small number of actual case examples may have been a possible explanation for the inferior performance by the artificial neural network model in this study.


The decisions made by child welfare or child protective service workers directly safeguard the rights and wellbeing of children, and necessitate significant improvement in risk assessment tools. This need for improvement warrants the exploration of better means of making decisions. Clinical judgment and consensus risk assessment are simply not up to the task of being valid and reliable decision-making tools. Actuarial methods, such as Structured Decision Making, are empirically superior to clinical judgments and consensus-constructed forms. New technologies, such as artificial neural networks demonstrate the potential to achieve higher rates of validity and reliability in decision-making, and to increase the protection and well-being of children.

See page seven for footnotes.
FIELD CENTER MARKS FIFTH ANNIVERSARY

On November 11, 2008, the Field Center for Children’s Policy, Practice & Research celebrated the fifth anniversary of its dedication as an endowed center. Since its inception as the Center for Children’s Policy, Practice & Research in 1999, this ground-breaking interdisciplinary initiative has grown from a fledgling center to one that has significant local and national recognition, and has become the agent of systemic change envisioned by its founders. The Field Center extends its deepest appreciation to everyone who has supported its work and believed in its mission and potential.

IN OUR OPINION: CAN DANIEAL SAVE THE SYSTEM?

Debra Schilling Wolfe, MEd and Richard J. Gelles, PhD

The Grand Jury’s report on the tragic death of 14-year old Danieal Kelly could be subtitled, “how not to protect a child.” The report describes in graphic detail how the Philadelphia Department of Human Services and an agency contracted to provide in-home services failed protect Danieal, not once, but repeatedly; the systemic ball was dropped over and over again. This was not a failure of one, two, or even three caseworkers and supervisors - Danieal’s death was the result of a complete system breakdown.

A photo of a smiling child, confined to a wheelchair due to cerebral palsy, has appeared with the headlines. Inside the more than 200-page Grand Jury report is a very different photo, that of a child horrifyingly neglected, with bedsores and worse, who would have appeared to be on the verge of death had anybody bothered to notice. The horrific death of this child and the public outcry from the Grand Jury’s findings once again brings to light the critical life and death decisions made across the country, every day, by child welfare workers who are charged with protecting our most vulnerable children.

It is a sadly repeated truth that change in child welfare agencies tends to only occur after truly catastrophic events. It is also a national tragedy that cases like Danieal’s occur with frightening regularity. How many children’s lives have been lost in order to serve as a wake-up call that something is terribly wrong? With each case that makes the headlines, we naively hope that this will be the case that makes a difference. Experience tells us otherwise.

It is encouraging that Mayor Nutter and the leadership of the Philadelphia Department of Human Services did not choose to respond by simply throwing more money, more staff, and more training onto the pyre. It is also heartening to see that the Mayor and his team are looking at systemic failure, rather than merely blaming the caseworkers on the front line. The majority of caseworkers and staff at DHS are caring and competent, and do the best they can with the tools they have at hand. However, the best they can is often not enough when children’s lives are at stake.

It is absolutely necessary that Mayor Nutter, Deputy Mayor Schwarz, and Commissioner Ambrose look up from the current crisis and develop a longer view on how to reform DHS. With the benefit of recommendations from a comprehensive Child Welfare Review Panel Report issued in June of 2007, the new city administration has the roadmap to implement critical change. Initiated during the interim Commissioner’s tenure, system reform has clearly begun. Yet, with more recommendations than one can count, full implementation of the panel’s recommendations will be a daunting task.

Numerous changes are needed in order for DHS to shift from an agency fraught with dysfunction to one that can truly respond to the needs of victims of child abuse and neglect. The following recommendations are a necessary foundation of system reform.

• Remember that the client is the child. Danieal’s caseworkers, when they actually visited her home, saw Mrs. Kelly as their client and struggled to help her cope with the many stressors in her life. Danieal was virtually invisible, not because the caseworkers were callous, but because they forgot she was their client.

• Follow the recommendations of the Child Welfare Review panel report and spend individual time with the child to ascertain his or her well-being. If Danieal were truly seen, enrolled in school, or taken to a physician, she would be alive today.

• Casework supervisors are the critical vector in the system. Supervisors need training, tools, and systemic support to do their jobs. DHS supervisors need to meet as a group to provide critical input into agency policies and procedures. Training supervisors must be a priority.

• Communication is critical among those involved in child abuse and neglect cases. Case reviews and decision-making needs to include all those involved with a case, not merely the caseworker and his or her supervisor. By having everyone at the table and all case information shared, a more informed case plan can be developed and risk to the child reduced.

• Caseworkers need appropriate education and training to be prepared to do their jobs. With a minimum of a BSW or a Masters degree in Social Work, Counseling, or a related field, caseworkers will be best equipped to make the life and death decisions required. With the new benefit of a federal loan-forgiveness program for child welfare social workers, there is now financial support for professionally trained social workers to enter the workforce.

• Finally, Mayor Nutter should appoint an Ombudsman as an external monitor of DHS. We have seen only too clearly that a child welfare system cannot adequately monitor itself. The creation of an outside monitor with unfettered access to information creates a watchdog for future cases and a source of systemic feedback.

Sadly, no child welfare system, no matter how well it functions, can guarantee that no child under its watch will die. We can, however, greatly improve the safety and wellbeing of vulnerable children by employing thoughtful, consistent practice in a culture with its eyes focused on the protection of children. In his justifiable indignation, Mayor Nutter stated that he would respond with “aggression” if someone failed to protect his own child. We are encouraged that the Mayor will do whatever it takes to assure the well-being of his other 6,500 children, those in the care and custody of the City of Philadelphia.

This editorial was originally published in part in the Philadelphia Inquirer on August 8, 2008.
FOCUS ON THE FIELD CENTER

FIELD CENTER ADVISORY BOARD PROFILE:
DR. ROBERT L. SADOFF

Dr. Robert Sadoff has been involved with the Field Center since its inception. Nationally recognized for his contributions to the field of forensic psychiatry, social justice has been at the core of Dr. Sadoff’s career. Dr. Sadoff received his undergraduate and medical degrees from the University of Minnesota, after graduating as valedictorian of his high school at the age of sixteen. He then went on to the University of California at Los Angeles, where he was accepted as one of eight residents at the UCLA Neuropsychiatric Institute. He also earned a Master of Science Degree in Psychiatry while at UCLA.

Dr. Sadoff then went to Philadelphia, where he studied at Temple University School of Law and served as a Captain in the U.S. Medical Corps at New Jersey’s Walson Army Hospital. He completed a fellowship in forensic psychiatry which was sponsored by Temple University’s law and medical schools. In 1972, Dr. Sadoff accepted a position as Assistant Professor of Psychiatry at the University of Pennsylvania, and became a full Clinical Professor of Psychiatry in 1978. Sadoff developed a course in forensic psychiatry that was given at the Annual Meeting of the American Psychiatric Association for many years. He has taught in every single state in the U.S., as well as in twelve other countries. He is the recipient of numerous awards in forensic psychiatry and is respected nationally for his work.

Dr. Sadoff has been involved with numerous charitable organizations. He served as the president of the American Red Magen David for Israel, which is the American support group for the Israeli Red Cross. He serves on the Board of Directors and the Executive Committee of Gratz College. He is also active with the Philadelphia Chapter of the Anti-Defamation League and the Center for Social Responsibility of the Jewish Federation of Philadelphia. In May 2004, he donated the Robert L. Sadoff Library of Forensic Psychiatry and Legal Medicine to the College of Physicians of Philadelphia. He is currently planning to establish a symposium on interfaith dialogue at Gratz College.

Sadoff has served as a consultant in forensic psychiatry at many state hospitals and prisons, evaluating and examining thousands of individuals charged with various crimes. Noting that abuse sometime reflects itself in criminal or self-destructive behavior, Sadoff remarked, “I’ve seen a number of serial killers and murderers, and I have never seen one that wasn’t seriously abused as a child. If we can prevent or treat that effectively, we may be able to prevent violent behavior that will occur later in life.” Dr. Sadoff feels that children are one of the nation’s most vulnerable populations, and thus feels that the Field Center’s mission of advocating on behalf of abused and neglected children is extremely important.

Dr. Sadoff has made family life a priority despite the many demands of his professional life. He and his wife Joan, a social worker with two masters degrees, one in education and one in social work, will celebrate their fiftieth anniversary next year. Together they have four children and ten grandchildren.

FIELD CENTER STUDENT PROFILE:
DANFENG WANG

Danfeng Wang is an MSW candidate at the University of Pennsylvania’s School of Social Policy and Practice. Originally from southeastern China, Wang graduated from Fudan University in Shanghai in 2007, where she majored in social work. Wang’s interest in child advocacy piqued as an undergraduate, during her field placement in a juvenile delinquency center in Shanghai. While working at the juvenile delinquency center, Wang discovered that the social service system in China is relatively underdeveloped. Juvenile delinquency and child abuse are relatively high in China, and Wang hopes that once China’s social service system is more developed, it will adequately address and ameliorate these issues. After earning her MSW at Penn, Wang plans to pursue a PhD in public policy, so she can ultimately teach others who want to go into social work. She also hopes to eventually contribute to policy changes that will expand the social service system in China. In her spare time, Wang enjoys swimming, cooking, and traveling. We are extremely excited that she has decided to join the Field Center.

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| January 15–18, 2009 New Orleans, LA | The Society for Social Work and Research (SSWR) Thirteenth Annual Conference “Research that Promotes Sustainability and (re)Builds Strengths” | Phone: (703) 352-7797

Email: info@sswr.org

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| January 26–30, 2009 San Diego, CA | Chadwick Center for Children & Families, Rady Children’s Hospital 23rd Annual San Diego International Conference on Child & Family Maltreatment | Email: lkwilson@rchsd.org; jnelson@rchsd.org

Phone: (858) 966-4972

Website: www.chadwickcenter.org |
| February 23–25, 2009 Washington, DC | CWLA 2009 National Conference Children Today...America’s Future! | Phone: (703) 412-2400

Website: www.cwla.org/conferences/conferences.htm |
| March 30–April 4, 2009 Atlanta, GA | Children’s Bureau, Office on Child Abuse and Neglect 17th National Conference on Child Abuse and Neglect “Focusing on the Future: Strengthening Families and Communities” | Email: 17conf@pal-tech.com

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| April 19–22, 2009 Reno, NV | National Indian Child Welfare Association (NICWA) 27th Annual “Protecting Our Children” National American Indian Conference on Child Abuse and Neglect | Phone: (503) 222-4044

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| June 17–20, 2009 Atlanta, GA | American Professional Society on the Abuse of Children (APSAC) 17th Annual APSAC Colloquium | Phone: (630) 941-1235

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Website: www.apsac.org |
| August 2–5, 2009 Atlanta, GA | Foster Family-based Treatment Association 23rd Annual Conference on Treatment Foster Care | Phone: (800) 414-3382

Email: shorowitz@ffta.org

Website: www.ffta.org |


7. Ibid pp. 595-596.
8. Ibid
23. Ibid
27. Ibid
28. Flaherty and Patterson 2003
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