Remarks presented to the Emory Board of Visitors
March 20, 2002

Good afternoon. Thank you for providing me with the opportunity to speak with you. I am here to speak with you about the Barton Child Law & Policy Clinic, but first, walk with me to juvenile court.

You don't need to be an attorney—for today you are a CASA, a court appointed special advocate, specially trained to represent the best interests of an abused child.

You arrive at 9am, 30 minutes before the morning calendar, in the hopes of speaking with the caseworker assigned to your child's case. You visited the child in the hospital last week, but you haven't spoken with the caseworker. The one time you called and her voice mail was not full, you left a message, but she never called you back.

You are coming to court today to report what no one wants said. The five-year-old you represent weighs 29 pounds. His emaciated body is covered with bruises and burns. The emergency room physician said this is the worse case of injuries to a child he has ever seen. And this doctor works in the Grady trauma unit. The broken bones in various stages of healing are too numerous to count.

Today the judge will decide whether Terrell is a deprived child. There won't be much of a trial since Terrell's body clearly illustrates a life of torture.

Since Terrell is secure in a hospital and will remain there for several weeks, his immediate safety is not your primary concern. This is not the first case you've been assigned to where a child should have been protected but was not. And this time you want the judge to know that the burning, starving, and beating of this little boy could have been prevented.

In your investigation leading up to today's hearing, you have learned many things about Terrell's life.

You know that seven reports of abuse or neglect were made to DFCS, the Division of Family and Children Services, between Terrell's birth and the time he was four. After four years of complaints, involving eleven caseworkers and ten supervisors, DFCS took action. But instead of bringing the case in front of a judge, DFCS worked informally with an aunt and grandmother. Terrell's mother, addicted to crack cocaine, reluctantly signed over guardianship to the grandmother.

You know that six months later, Terrell was treated at an emergency room. The ER physician diagnosed Terrell with battered child syndrome. After Terrell told the doctor that his grandmother had beaten him, the grandmother was charged with the misdemeanor criminal offense of reckless conduct. Terrell was back with his grandmother within days.

DFCS failed to bring Terrell to the criminal court hearing or to show up without him. Instead of continuing the case, the judge dismissed the case because the victim was not in court. DFCS closed its case once the criminal charges were dropped.

You know that within a month Terrell was back in the emergency room with an infected third degree burn on the sole of his left foot. The burn required a skin graft but no report was made to DFCS.

All this information is swirling in your head as you walk into court. A year has passed since the burn and Terrell is fighting for his life. What are you going to say to the judge? How do you begin to propose solutions to ensure this never happens again?
You know that every part of the system to protect children failed in this case. The elaborate network of checks and balances with front line caseworkers, DFCS supervisors, law enforcement, doctors, lawyers, and judges missed every opportunity to intervene and protect this child.

In reality, every opportunity to save a life was missed because the real Terrell Peterson did not end up in a hospital bed—he ended up in the morgue. His grandmother pled guilty to his murder and received a sentence of life without parole. His aunt and the aunt's boyfriend are still awaiting trial.

This clear failure of a number of systems in place to protect children, helped to bring me here today.

After the highly publicized death of Terrell Peterson, a number of things happened…

- The Terrell Peterson law was passed, which allows physicians to take temporary emergency custody of children without going through the courts or DFCS.
- The Governor convened the Child Protective Services Task Force to study the system and make recommendations for improvements.
- The Office of the Child Advocate of Georgia was created (although the legislation had been introduced the previous session).
- The spotlight shined more brightly on DFCS.

And the Barton Clinic was created—there wasn't necessarily a cause and effect relationship, but the systemic failures in the Terrell Peterson case highlighted the need for systemic reform.

The mission of the Barton Clinic is to promote and protect the well-being of neglected and abused children in the state of Georgia and to inspire excellence among the adults responsible for protecting and nurturing these children.

The Clinic was created to fill gaps. The story of Terrell Peterson illustrates an area where there are not just gaps, but chasms where children get lost.

There is no other organization in Georgia that combines research, training, and advocacy efforts to improve the child welfare system.

We know that the system can work, and it does work. We deal with much tragedy, but we are also there when the tears are for joy. When a mother has been drug-free for six months, when a child has been cared for in a nurturing foster home and is excited to return to a safe, drug-free home with mom.

We know the system can work. But it works so sporadically and haphazardly that it's not fair. We can't afford to put a single child into a system that only works some of the time. And yet we do. Today in Georgia there are 14,000 children in foster care.

The solution we propose sounds basic, but research-based advocacy with a focus on assessments and outcomes is a new approach to policy making in Georgia's child welfare system.

I am going to talk to you about the core components of the Clinic:

First, the commitment to train the next generation of professionals in an interdisciplinary setting.

Second, service to the community.

And third, the use of technology in the child welfare arena.

As I talk about the Clinic's commitment to train the next generation of professionals in an interdisciplinary setting, let me brag for a moment. Three of the four Clinic students who graduated in May 2001are now working 'in the field,' and the fourth volunteers his services in addition to his day job. Some of this year's Clinic students are here today, along with one of our graduates from last year. I hope you have an opportunity to speak with them before you leave.

What is an interdisciplinary setting and why does it matter? Think back for a moment to Terrell Peterson. Who touched his life and could have helped him? Social workers, judges, doctors, lawyers. No child moves through the Georgia child welfare system without interacting with at least three different professions.

How much more effective might the system be in terms of protecting children if all the professions involved spoke the same language and understood the motivations and perspectives of the other professions?

The Barton Clinic fosters this effectiveness by training the next generation of professionals together—in one setting where all involved work toward the same outcomes. The opinion of the MSW student is given the same weight as the opinion of

the MPH student and the law student and the theology student. By working together in teams, the students learn how the different disciplines analyze problems and propose solutions. By working with professors who are elected officials, doctors, lawyers, and statisticians, the students absorb the perspectives and approaches of the different disciplines, and yes, they absorb our biases—but we are open about our biases.

The interdisciplinary aspect of our work carries into the summer child advocacy program. In this program, students work in placements all around Georgia, not just at the Barton Clinic. This summer's program will include nine Emory students (one MPH student) and 12 law and social work students from schools around the country, including one from Harvard Law. At the beginning of the summer, the students participate in a one-week training at the law school. Bringing together students from all over the country benefits the Clinic because we learn about innovations around child advocacy that are happening elsewhere.

Interdisciplinary work also involves crossing subject matter lines. The Barton Clinic is committed to breaking down barriers between systems and to fighting the provision of services to children based on the labels they are given rather than based on their needs.

Some of you might know the story of Michael Lewis—a child born to a Southwest Atlanta mother addicted to crack cocaine. DFCS and the juvenile court knew him well—at one time he was placed with an aunt, also addicted to drugs, and at another point he was placed in foster home. He ran from the foster home back to his mother—the woman who allowed him to be raised in the streets—being passed from relative or neighbor to the next neighbor from the age of one or two. Shortly after running from a foster home, Michael shot and killed Darrell Woods—at least that's the crime for which Little B, a murderer at age 13, is serving a life sentence.

The public dialogue occurring around the shooting and subsequent trial was filled with outrage at this monster who would kill a stranger over a perceived insult. The dialogue was devoid of outrage at the system and the community that had produced this child.

There is another story of a delinquent young man. Antonio was selling drugs on the streets of Atlanta at age 15. When he was picked up, DFCS was called, because Antonio had no idea where his parents might be—he hadn't known for three years where they were. DFCS wrote him off as a delinquent child and wanted him locked up. But the court appointed a CASA volunteer to the case. Antonio told his CASA that he knew that selling drugs was wrong, but he didn't have anyone to turn to. When he ended up on the streets at the age of 12, he was too young to get a regular job. Selling drugs was the only way he knew of to put food in his mouth and get an occasional roof over his head. The CASA volunteer identified a group home that would take in Antonio. He is thriving in that placement. The group home reports that he is nurturing to the younger children and his teacher reports that he is the hardest worker in the class.

These stories illustrate the close and porous relationship between child welfare and juvenile and criminal justice systems. Many children move between the child welfare

and juvenile justice systems. The risk factors associated with child abuse and delinquency are similar. The families involved with both systems are often the same.

The close connections between the deprivation and delinquency systems made it easy for the Barton Clinic to say yes when the American Bar Association asked if the Clinic would take over the operation of the Southern Juvenile Defender Center. The Southern Juvenile Defender Center is one of nine regional support centers that provides technical assistance, training, and research support to juvenile defense attorneys in seven southeastern states.

The missions of the Barton Clinic and the Southern Juvenile Defender Center are different so they have remained separate entities and I am the director of both. The programs are housed together and our students gain the benefit of working with both delinquency and deprivation systems. Their learning is not restricted by artificial boundaries.

The work that students do in the Clinic falls under the second core component of the Clinic, which is service to the community by improving the way we care for abused children and raising awareness about these issues. While we don't bill ourselves as a public service organization, the scholarship of the Clinic—our research and advocacy work, when it is successful, is a huge public service. We strive to improve the way the child welfare system works with abused children. And after all, the child welfare system is one of the community's responses to child abuse. We also work to raise awareness about child abuse, foster care, and adoption, and we try to develop the capacity of non-traditional advocates to engage in this work.

I'll talk about our research by describing what we do not want to see happen. We do not want a horrific murder of a child to result in a law that appears to addresses only one of many factors contributing to the child's death, but effectively ENDS the conversation about how the death can be prevented. We don't want policy makers to say, 'see, we fixed this problem,' by naming a law after a dead child or convening yet another committee to 'study the problem.'

The Terrell Peterson law addresses one of the factors that contributed to the death of Terrell, the situation when a doctor reports abuse and then must hope that DFCS takes action. But it does not answer so many critical other critical questions—

- Why were there eleven caseworkers in five years?
- Why wasn't legal action taken on the first seven reports of abuse?
- Why didn't DFCS show up for the criminal court hearing of the grandmother?
- Why were the burns to Terrell's foot not reported to DFCS?

We want to search for answers that address the complexity of these cases and make meaningful progress toward reforms.

What the Barton Clinic hopes to do is provide research-based solutions to problems. Eventually we might move to research-based improvements on a pretty good system, but for now, Georgia's child welfare system has a lot of problems.

In fact, it has so many problems, that it was hard to decide where to start. When deciding our priorities for our first few years, the answer became pretty clear. Most of the solutions we came up with to the many problems involved implementing some kind of change.

Who would implement the changes? Ultimately, changes in child welfare practice are carried out by front line workers investigating child abuse allegations and placing children in safe alternatives to their abusive homes. Well, at the rate that caseworkers were leaving DFCS in 1999 and 2000, (39% statewide, 71% in Fulton County), it was clear that there wouldn't be anyone left to implement any changes unless we stopped the hemorrhaging.

So our first priority item became stopping the exodus of caseworkers from the system. We completed a policy paper with recommendations about how to do this, and our recommendations became our legislative priorities for 2001 and 2002.

Our top two recommendations—raising salaries and reducing caseloads were included in a special child welfare initiative budget package that, for the first time, added $30 million new dollars to the child welfare system.

Through a network of relationships with state agencies and non-profit child advocacy organizations, the Barton Clinic works to get laws passed, and policies re-written and implemented. This results in a community that takes better care of its children.

We also try to involve individuals and groups who are not traditionally considered 'child advocates'-- the Presbyterian minister in Tucker who can explain to a Senate committee why a child endangerment statute is important to the children in his congregation and his community; the foster parent in Gainesville who starts a free store where foster children can receive six new outfits and a winter coat at no cost; the retired school board member in Savannah who is concerned about what he is reading in the papers.

We want to encourage people like this to pay attention to what is happening to abused children in our state.

Last fall we helped host an Interfaith Call to Action Prayer Breakfast where Marian Wright Edelman of the Children's Defense Fund and Andrew Young spoke to 400 faith community leaders, elected officials, and child welfare practitioners. We are still working closely with Dr. Luther Smith at Candler School of Theology on the development of the Interfaith Children's Movement of Metropolitan Atlanta.

How we accomplish the work of networking with retired school board members and preachers and foster parents as well as legislators and DFCS workers is the third core

component of the Barton Clinic—the use of technology to improve the way the child welfare system functions and to raise awareness about child abuse, foster care, and adoption.

The easiest way for me to explain to you how we are using technology to raise awareness about child abuse, foster care, and adoption is to show you. But first I should mention that all components of the child welfare system are far behind the rest of the world in the use of technology. Fulton County Juvenile Court first got personal computers for the judges and staff in 1998. DFCS workers got personal computers in 1999.

You've already heard how Andy builds software. As Andy mentioned in his remarks, the child welfare system is not set up to take advantage of skills like his. But we are pushing the system—to use technology to track the children in foster care, to analyze and evaluate what the system is doing, to train its workers to use the systems, to disseminate information.

The Barton Clinic is primarily using technology to increase the number of people who know what is happening with the child welfare system. The level of accountability on the part of those serving children, including elected officials, increases with the number of people watching what happens.

Here is the home site of the Barton Clinic. Each month, 15,000-18,000 people view pages on our web site.

> [[Describe some of links, including mention the cover Bar Journal story on why GA needs a child endangerment statute.]]

I spoke earlier about our first policy paper on reducing the exodus of caseworkers from DFCS. That paper was not published in the traditional sense. Instead, it was published to our web site, and about 100 hard copies were sent to a select group of policy makers.

I also mentioned that the recommendations from this policy paper translated into budget items. Here is a breakdown of what a coalition of child advocates and citizens requested and what was allocated.

The Clinic wants to make sure that this information is accessible to everyone who wants it, so we operate a list serv with over 600 subscribers. During the legislative session we provide weekly updates on bills and budget items we are tracking. During the rest of the year we provide announcements and information as needed.

Finally, we want to encourage people to get personally involved in changing the system. Here is a list of suggested ways that people can get involved.

In conclusion, I want to share an often-repeated tale, with a slight twist.

One day Michelle Barclay was walking by a river and she noticed a baby floating in it. She quickly swam in to save the baby from drowning. The next day when she was by the

same river, two babies floated down and she rescued them both. The next day there were many babies and she called to other people to help. As the other people swam and waded in and started passing babies from person to person to shore to get the babies out of danger from drowning, Michelle walked away.

She grabbed her husband Andy and headed upstream.

The people in the river stared incredulously at her and one asked, "Where are you going?" Michelle replied, "We're going upstream to stop the babies from coming into the water."

The Barton Center is here to help Georgia and to help everyone in this room. We're going upstream to find out why all the babies are getting into the river. We'll make your jobs easier if we can reduce the number of babies coming downstream.