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Good afternoon

I am Shelly Yanoff, Chair of the Governor's Commission on Children and Families and Executive Director of PCCY, the region's major child advocacy organization. For 25 years PCCY has spoken out in support of policies and practices to improve the lives of children. For about four years, the Governor's Commission on Children and Families has been working toward the same end in the Commonwealth. Thank you for the opportunity to be here today to discuss this most important subject. – how can we as a society best protect our children from abuse, neglect, violence? And critically, what can the State Legislature do to help improve the child welfare system and help families and communities protect their children?

### **Reassessing the line between CPS and GPS**

As you are aware, Philadelphia has just received a report on its child welfare system: I commend the Review Panel's recommendations to you. I want to emphasize several of these: the first is breaking down the line between neglect and abuse in terms of care and policies. Over the years, children who were at great risk were not seen as rapidly as possible because the report was classified

as gps rather than cps- roughly as a child being possibly neglected rather than as abused. Yet we know that many children who have been so classified have indeed been the most injured. The highest risk is to infants and young children regardless of the classification of maltreatment . We join the Review Panel in urging a reevaluation of this artificial line and in having the child welfare system respond immediately to allegations concerning young children. We also agree with the Panel and with steps the Department has taken in requiring that all young children particularly be seen as rapidly as possible. We urge that this practice be continued and monitored to assure effectiveness.

### **Confidentiality**

Confidentiality has too often been used to shield facts rather than protect children. We want to urge that the Legislature in collaboration with DPW and local jurisdictions modify the State's very restrictive confidentiality provisions. Although we are aware of the sensitivity of this issue, we believe that the state should change its policies to align better with those of the federal government, so that information could be shared when a child was seriously injured or died as a result of maltreatment. We further urge that the results of child death reviews be made public so that all agencies and the community can learn and improve practice and policies as necessary.

Again, we know that the issue is sensitive, but we go back to the mission and

believe we are protecting children more by being more transparent, by showing the public that the agency charged with protecting children is trustworthy and that it and we are learning from experience. Somehow the confidentiality provisions create a climate that seems to discourage the kind of collaboration that is so often needed in solving the problems of the children in the system's care.

### **Monitoring**

Several years ago, I served on the Advisory Committee on Services to Children and Youth of the Joint State Government Commission; we issued a report on Children and Youth Services in which among other recommendations, we urged the creation of an office of ombudsperson at the state level. That recommendation recently has been introduced as legislation. We thank Rep Petri and we urge its support. We also urge full funding of the state monitoring function, and a requirement of a common safety assessment tool.

I want to turn now to some specific recommendations of the Governor's Commission for Children and Families, a group of 45 people from around the State, representing parents, providers, academics, physicians, foundation leadership and child and family advocates who have identified priority issues relevant to this discussion. I will emphasize several issues – the first is dealing with maternal depression and its impact on infants and young children; the

second is making sure that all children who become part of the child welfare system are assessed and treated for emotional and developmental problems as necessary, the third is to support parents in their most important job and the fourth is to support permanent funding of prevention programs that have been shown to work. .

### **Maternal Depression and Behavioral Health**

I begin by noting that children learn what they live. If they live with trust- they are more likely to become caring human beings – because they have been able to trust that they will be cared for and protected. The challenge that the system faces is how and when to step in to build the trust that every child needs.

Sometimes the trust that is needed is directly to protect the child; sometimes it is to help the parent in order to protect the child. As we have noted in the case of investigation timing, babies and young children are the most vulnerable – and the most dependent They need to be able to trust that their parents can and will care for them. And the overwhelming majority of our babies can trust that their parents want to and most can. But for some who do want to, there is a problem that must be addressed. . Most of the primary caregivers who interact with the child welfare system are single mothers, many of them are low income. There are some mothers who are afflicted by maternal depression, and illness that can have major impact on the well being of the family,

particularly on infants who are most dependent for care. Both the Governor's Commission and PCCY have recommended that new mothers be screened for depression. We further urge that treatment be supported if necessary through the babies' medical assistance eligibility, because strengthening the mother's ability to parent is indeed supporting and treating the child. Screening without treatment is no solution.

### **Screening and Treating the Child**

The Commission also urges that the behavioral health system make available uniform or standardized screening or assessment of children of parents who are in treatment for depression and link these children to appropriate interventions and finally, regarding behavioral health, the Commission urges that children who have been in out-of-home placement have social/emotional and developmental assessments upon entering placement and at developmentally appropriate intervals.

### **Parenting Programs**

From its first meeting, the Commission discussed the need to support parents in their critical role. There are many programs in Pennsylvania that are dedicated to improving the supports and assistance that parents need. Many of these programs have been researched and positively evaluated- but they are not brought to scale. We need to be serious about universal implementation

of programs that are evidence based and have been shown to work. Programs like the Nurse -Family Partnership whose record of decreasing abuse and neglect is remarkable is an example of a program that is evidence based and working. This year's state budget increased funding for the Partnership but not near enough to make the kind of impact necessary. There are also a variety of parenting support programs, which have been shown to work, some of which work in some settings and not in others; the evaluation of the parenting network and collaborative in Philadelphia , the system of care in Allegheny County, and family centers in mid-state particularly have demonstrated results. We urge that programs that show results be supported and expanded and we learn from them as we improve the well being of our children.

### **Funding prevention programs**

Finally, the Governor's Commission on Children and Families recommends that the state budget include a line item for prevention programs separate from the needs based budget. The programs should be chosen by counties among evidence-based, research proved programs that strengthen families and support and assist parents in their critical role. Too often, these programs are short-lived, grant funded and disappear . We can do better

### **Assessing the implications of Act 179 of SB1054**

Finally, I do want to comment on various interpretations of Act 179 of 2006.

The Act is an important step forward in assuring that our children are protected but we have heard concerns that an unintended consequence might be that physicians who treat adolescents will be hindered because they may feel they must report sexual activity of a minor. I am sure that such was not the intention of the Legislature and hope you will pay attention and track this issue and correct it if it appears to be negatively impacting health care of adolescents. Again, we thank you for coming to the city which struggles with 37% of its children living in poverty and the continuing loss of jobs and population. The child welfare agency investigated 31,352 child/cases last year, and placed about 10,000 children. While we applaud innovations and the research supported programs, we know that we all must do better to earn the trust of all our children.

Thank you