

The Center on Children & Families

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Abstract: The University of Florida Levin College of Law Center on Children and Families addresses the instability many children face due to a wide range of challenges. They include poverty, violence, and the criminalization of youth of color. They also include inadequate health care, substandard educational opportunity, and the general failure of systems designed to support, protect, and treat children who are classified as dependent, delinquent, or otherwise in need. The Center's model rests on five premises that Professor Barbara Woodhouse and colleagues identified in their scholarship as essential for addressing crises rather than mitigating symptoms: curriculum, scholarship, conferences, advocacy, and clinics. Over the years, the Center has held numerous conferences to advance groundbreaking, practical research on family law and children's rights and has held youth summits in connection with those conferences to engage with youth on relevant legal issues. These efforts remain at the conceptual heart/core of the Center's work.

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The Center on Children and Families at the University of Florida Levin College of Law, like other university-based interdisciplinary centers for children in the United States, is designed to address the instability many children face due to a variety of challenges. They include poverty,¹ violence,² and the criminalization of youth of color. They also include inadequate health care,³ lack of educational opportunity,⁴ and the general failure of systems designed to support, protect, and treat children who are classified as delinquent, dependent, or otherwise in need.⁵

Too often, children receive no help until they are in crisis, until they figuratively – and, at times, literally – have been admitted to the emergency room. Social service agencies, health care systems, the juvenile justice system, and even school districts are geared toward repairing damage rather than preventing it in the first place.⁶

Before the movement toward interdisciplinary services for children and families, law school clin-

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ics were also in the damage-repair business. They largely functioned as law offices that represented children and families in courts and other tribunals functioning in their own silos, removed from social workers, doctors, and other professionals who could help address clients' problems.

In 2001, Professor Barbara Woodhouse joined the University of Florida Levin College of Law to teach family law and address problems of children and families. She modeled what became the Center on Children and Families on a similar center that she had established two years earlier at the University of Pennsylvania, the first U.S. interdisciplinary center for children based at a university. But the Florida Center was distinguished from its predecessor by five premises on which the Center's model rests. Woodhouse and her colleagues identified them as essential for addressing family crises, rather than merely mitigating symptoms. The Center's work reflects them in each of its components: curriculum, scholarship, conferences, advocacy, and clinics. The premises are that:

- 1 *Its work is vertically integrated.* Research and policy must be tested in the provision of direct service to children and families, to ensure that solutions work in the real world as well as in theory.
- 2 *The work is interdisciplinary.* No one area of study has all the tools to address the problems that children face. Social work, medicine, law, political science, education, and sociology each have crucial insights to contribute.
- 3 *It is team oriented.* Healthy dialogue among stakeholders, including children and families, gives voice to diverse perspectives and approaches and raises the chances that a solution will meet the needs of the clients.

- 4 *It is child centered.* Children are at the core of the analysis: if a solution does not meet their needs, the Center is not fulfilling its mission.
- 5 *It is informed by research on child development.* The Center pays close attention to the latest child development research because the field is quickly evolving and solutions to problems of clients should reflect the best current thinking.

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Some of the Center's most impactful work is done through its clinics. This work, as illustrated by the case study below, embodies the Center's theoretical foundation. In particular, this case study exemplifies interdisciplinary, team-oriented representation that is informed by leading scholarship on domestic violence.

Jane Doe, a twenty-eight-year-old woman, is admitted to the hospital with stage four renal failure. She was previously on the transplant list, but removed for continuing health issues. Dialysis is prolonging her life. During this admission, a hospital social worker recently trained by the Center's Intimate Partner Violence Assistance Clinic to screen all patients for domestic violence discovers that Jane's boyfriend of the past four years has been physically, emotionally, and psychologically abusing her.⁷ It was his abuse that led to her repeated illnesses and missed appointments, which caused her to be removed from the kidney transplant list. It was his abuse that drove Jane's family away from her. She is totally dependent on him for her medical and emotional support. No health provider had ever asked Jane about intimate partner violence.

Having earned Jane's trust, the clinic social worker, together with a legal intern, visits Jane in the hospital to provide information and assistance. To Jane's surprise, the social worker follows up with her at a

dialysis appointment. Jane feels connected and supported and calls the clinic to follow through with an injunction for protection against domestic violence by her partner. She now lives safely and goes to dialysis three times a week. Her health is improving.

In addition to the clinical offerings affiliated with the Center, law students benefit from one of the first U.S. programs offering a certificate in family or children's law. In connection with this concentration, a range of unpaid family- and child-related externships in government, judicial, and public interest settings provide practical legal experience to our students.

Law students also conduct field research on state and local issues, such as the practice of shackling children in ju-

venile courts. This research on shackling contributed to a report on the practice by the Florida Senate, which was followed by a Florida Supreme Court ruling limiting the shackling of juveniles.⁸ Overall, the research has contributed to amicus briefs in numerous state and federal court cases.⁹ It has strengthened the Center's scholarly and practical expertise and informed state-level legislation on counsel for children in dependency cases.

Over the years, the Center has held numerous interdisciplinary conferences to advance groundbreaking, practical research on family law and children's rights, and has held youth summits in connection with those conferences to engage with youth on relevant legal issues. These efforts remain at the conceptual core of the Center's work.

AUTHOR'S NOTE

I would like to thank Barbara Woodhouse for her vision, mentorship, kindness, and unwavering dedication to children and families. I would also like to thank Nancy Dowd for her continued leadership, commitment to carrying on and furthering the work of the Center, and unrelenting work on behalf of children. None of this could have been accomplished without the visionary leaders of the clinical programs described herein, specifically, Teresa Drake (Domestic Violence), Meshon Rawls (Dependency/Delinquency), Jeff Grater (Family Law), Robin Davis (Mediation), and Monique Haughton (Criminal Defense). There are many faculty members who contributed to building this Center and without whom the Center would not be what it is today; they include Kenneth Nunn, Berta Hernandez-Truyol, Joe Gagnon, Stacy Steinberg, Jason Nance, Lauren Fasig, Iris Burke, and Joseph Jackson. And, finally, I would like to thank former Dean Bob Jerry and current Dean Laura Rosenbury for their generous support of the Center and their commitment to children and families.

ENDNOTES

¹ In Florida, between 2012 and 2016, 23 percent of all children under the age of eighteen were living below the poverty line. In 2016, 62.5 percent of all kindergarten students and 62.4 percent of all elementary students were eligible for free or reduced lunch. See Florida Department of Health, Division of Public Health Statistics and Performance Management, "Pregnancy and Young Child Profile—2016," <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.PregnancyandYoungChild>; and Florida Department of Health, Division of Public Health Statistics and Performance Management, "School-Aged Child and Adolescent Profile—2016," <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.School-agedChildandAdolProfile>.

² In 2016, there were twenty-two reports of children aged ten to fourteen committing suicide, and ninety-six reports of suicide among children aged fifteen to nineteen. See Centers for Disease Control and Prevention, National Center for Injury Prevention and Control,

WISQARS, “Leading Causes of Death Reports 1999–2016, for National, Regional and States, 2014,” http://webappa.cdc.gov/sasweb/ncipc/dataRestriction_lcd.html. Also during 2016, 197 children under the age of nineteen were killed by a firearm, 57,583 children were arrested (violent crimes account for 3,861 of the arrests), and 2,853 children lived in juvenile correction facilities. See Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, WISQARS, “Fatal Injury Reports 1999–2014, for National, Regional and States, 2013–2016,” https://webappa.cdc.gov/sasweb/ncipc/dataRestriction_inj.html; U.S. Department of Justice, Federal Bureau of Investigation, “Crime in the United States 2016,” Table 22, “Arrests by State, 2016,” <https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/tables/table-22>; and National Center for Juvenile Justice, “Easy Access to the Census of Juveniles in Residential Placement,” <http://www.ojjdp.gov/ojstatbb/ezacjrp/> (accessed July 23, 2018).

³ There are currently 251,598 children in Florida with no health insurance; U.S. Census Bureau, 2016 American Community Survey 1-Year Estimates, “Health Insurance Coverage Status and Type by Ratio of Income to Poverty Level in the Past 12 Months by Age,” <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkm>. In Florida in 2017, 13,515 children were born preterm with low birthweight and 1,355 infants under the age of one died. See Florida Department of Health, Division of Public Health Statistics and Performance Management, “Preterm with Low Birth Weight,” <http://www.flhealthcharts.com/Charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=9874> (accessed July 23, 2018); and Florida Department of Health, Division of Public Health Statistics and Performance Management, “Infant Deaths,” <http://www.flhealthcharts.com/Charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0053>. According to the most recent National Surveys on Drug Use and Health, an estimated 13,000 children aged twelve to seventeen were alcohol dependent and approximately 38,000 needed, but did not receive, treatment for alcohol use for the last year measured (average of 2013/2014). Similarly, 56,000 children were born needing, but did not receive, treatment for illicit drug use. See Substance Abuse and Mental Health Services Administration, 2013–2014 *National Surveys on Drug Use and Health: Model-Based Estimated Totals (in Thousands) (50 States and the District of Columbia)* (Rockville, Md.: Substance Abuse and Mental Health Services Administration, 2016), Table 20, “Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year, by Age Group and State: Estimated Numbers (in Thousands), Annual Averages Based on 2013 and 2014 NSDUHs,” <http://www.samhsa.gov/data/sites/default/files/NSDUHsaeTotals2014.pdf>.

⁴ In Florida, 20 percent of high school students do not graduate from high school. In 2016, 45,000 children aged sixteen to nineteen in Florida were not enrolled in school and were not high school graduates, and 232,000 young adults between the ages of eighteen and twenty-four were not enrolled in school, not working, and had no degree beyond high school. See Florida Department of Health, Division of Public Health Statistics and Performance Management, “School-Aged Child and Adolescent Profile–2017,” <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.School-agedChildandAdolProfile>; Kids Count Data Center, “Teens Ages 16–19 Not in School and Not High School Graduates,” <https://datacenter.kidscount.org/data/tables/73-teens-ages-16-to-19-not-in-school-and-not-high-school-graduates?loc=11&loct=2#detailed/2/11/false/870,573,869,36,868,867,133,38,35,18/any/380,381> (accessed July 23, 2018); and Kids Count Data Center, “Persons Age 18 to 24 Not Attending School, Not Working, and No Degree Beyond High School, by State, 2016,” <https://datacenter.kidscount.org/data/tables/5063-persons-age-18-to-24-not-attending-school-not-working-and-no-degree-beyond-high-school#detailed/2/11/true/870/any/11484> (accessed July 23, 2018).

⁵ In 2016, there were 225,173 total referrals in Florida for abuse and neglect; of those, 166,465 were referred for investigation. See U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, *Child Maltreatment 2016* (Washington, D.C.: U.S. Department of Health and Human Services, 2018), Table 2–1, “Screened-In and Screened-Out Referrals,” <https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf>. In June 2018, there were 24,118 children in

Florida living apart from their families in out-of-home care, 19,689 of whom were under twelve years old. See Florida Department of Children and Families, “Children-In-Out-Of-Home-Care,” <http://www.dcf.state.fl.us/programs/childwelfare/dashboard/c-in-oo.html> (accessed July 23, 2018).

- ⁶ Take zero-tolerance policies, for example: the philosophy, policy, and practice of responding to school infractions with automatic, exclusionary punishments regardless of context. These policies have been roundly criticized for the lack of evidence for improving school, community, or student-related climate, safety, and academic outcomes; for spurring schools’ reliance on the juvenile justice system; and for lack of consideration for the context of adolescent development. Innovative school leaders reject this approach and instead implement strategies that take into consideration the developmental need for autonomy, and in which children play an active role in crafting and adjudicating school rules not for the purpose of demanding obedience, but for building community norms that preserve learning time and support positive, healthy relationships among students and between students and staff.
- ⁷ Informed by important research in this area, the clinic’s practice is to ask clients about domestic violence proactively. Studies show that 92 percent of women who are physically abused by their partners do not voluntarily discuss these incidents with their physicians, and 70–81 percent of patients report that they would like their providers to ask them privately about domestic violence. Rose S. Fife and Sarina Schrage, *Family Violence: What Health Care Providers Need to Know* (Burlington, Mass.: Jones and Bartlett Learning, 2011), 210.
- ⁸ The Florida Senate, Committee on Criminal Justice, *A Policy Analysis of Shackling Youth in Florida Courts*, Interim Report 2010-110 (Tallahassee: The Florida Senate, 2009), http://archive.flsenate.gov/data/publications/2010/senate/reports/interim_reports/pdf/2010-110cj.pdf.
- ⁹ For example, we have drawn from our child development research in amicus briefs in *Adoptive Couple v. Baby Girl*, 570 U.S. ____ (2013) [Indian Child Welfare Act section barring involuntary termination of parent’s rights in absence of a heightened showing that serious harm to Indian child is likely to result from parent’s continued custody of child does not apply when Indian parent never had custody]; and in *D.M.T. v. T.M.H.*, No. SC12–261 (Fla. 2013) [ground-breaking assisted reproduction and child custody case] to help define a child’s best interests.