



THE STATUS OF CHILDREN AND YOUTH

PHILADELPHIA

VOLUME II

PHILADELPHIA CITIZENS FOR CHILDREN AND YOUTH

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## PREFACE

Philadelphia Citizens for Children and Youth undertakes its research and study work with a goal of improving citizen education, particularly as it may result in increased citizen understanding of public social service needs of children and youth in Philadelphia, and in more outspoken citizen support for programs which effectively and efficiently meet the needs of children, youth, and their families. In December 1982, PCCY published its first book in The Status of Children and Youth series, and envisioned succeeding volumes in which analyses of the provision of services to children and youth would be presented. With the publication of Volume II, PCCY embarks on an examination of service problems that affect the lives of children and youth in Philadelphia. We hope this report will provoke broad public discussion that will result in heightened commitments to address the needs of children and their families in Philadelphia.

The Samuel S. Fels Fund has once again provided generous support to PCCY for the work on this publication. We thank the Board of Directors and Executive Director of The Fels Fund for their interest in our work, and for the financial assistance with which the project was carried out. The findings and conclusions of this report are those of PCCY.

## ACKNOWLEDGEMENTS

All of the service data which are displayed and analyzed in this report were provided to PCCY by other agencies and organizations. As always, PCCY received excellent cooperation from public and voluntary agency officials who found and shared information that PCCY requested. Richard Greene, of the Community Services Planning Council, deserves special thanks for his willingness to help locate information, and for his thoughtful response to numerous statistical and data questions.

A list of the people interviewed about each specialized topic is found at the end of each Chapter. Our thanks go to these people, all of whom added to our knowledge of the issues analyzed in this report.

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## INTRODUCTION

This is the second report issued by Philadelphia Citizens for Children and Youth on the status of children in Philadelphia. In Volume I, 1980 U.S. Census data for children, youth, and their families was presented, along with other descriptive data, to establish the data base for subsequent analyses of issues and problems affecting these population groups. In this second report, the U.S. Census data are used to describe the population of Philadelphia, and to compare Philadelphia's childhood population with state and national populations. Additional data were collected for this report in order to provide in-depth analyses of several major issues affecting children and youth. As with the work on Volume I, the study of each issue raised significant questions that will need to be researched and discussed in subsequent publications.

It is only through the continual questioning and tracking of childhood social indicators that we can determine whether current programs and policies are adequate to meet the current and future needs of Philadelphia's children. In this report, the first two Chapters provide a look at Philadelphia's population characteristics as they apply to children, youth, and families. The remaining Chapters are organized around several major indicators of the quality of life for the City's children. Whenever possible, reports and findings of our sister advocacy agencies have been integrated into our work, particularly in the area of education. Sources for all data are given within the text, and qualifications or limitations on the data are discussed. Although government agencies have made some strides in the past decade in producing useful and comprehensive statistical information, the reader of this report will note that there is still great variation in the quantity and quality of data that is collected, and that comparisons between various reports are very difficult. In spite of these qualifications, it was felt that the issues chosen for analysis were so compelling that it was PCCY's responsibility to address them forcefully with the best data that were available.

The issues highlighted in this report demonstrate obvious problems, needs, and solutions for children and youth. Certainly these are not the only ones which require exploration and resolution. Our work raises serious questions about the quality of life for many children and youth, and hopefully will provide the framework for consideration of future policy and service directions in children and youth programs throughout the City.

## CHAPTER I

### CHILDREN AND OTHER PEOPLE IN PHILADELPHIA

Philadelphia's population is changing. Over the past 40 years, dramatic shifts have occurred in the size and composition of the City's population. This Chapter will introduce the children and youth of Philadelphia by describing the population within which they live and by discussing the demographic factors which affect the composition of the entire City.

#### HIGHLIGHTS

PHILADELPHIA'S POPULATION IN 1980 WAS THE SMALLEST IT HAS BEEN IN OVER 40 YEARS.

THE NON-WHITE POPULATION INCREASED FROM 26.7% OF THE POPULATION IN 1960 TO 42% OF ALL PEOPLE IN 1980.

THE WHITE POPULATION DECREASED FROM 73.3% OF THE POPULATION IN 1960 TO 58% OF THE TOTAL IN 1980.

IN 1980, 19,050 FEWER CHILDREN WERE BORN TO PHILADELPHIANS THAN IN 1960.

PHILADELPHIA EXPERIENCED NET OUTMIGRATION OF 111,221 PEOPLE DURING THE FIVE YEAR PERIOD FROM 1975 TO 1980.

OVER 80% OF THE PEOPLE WHO MOVED OUT OF THE CITY WERE IN THE AGE GROUP ENCOMPASSING CHILDHOOD, ADOLESCENCE AND PARENTHOOD.

## THE POPULATION OF PHILADELPHIA

Philadelphia reached its official population peak in 1950 with a U.S. Census count of 2,071,605 people. Since the 1950s, the City's population has steadily decreased. From 1960 to 1980, Philadelphia experienced a net population loss of 314,302 people. Table I gives the total City population at the beginning of each of the last six decades and states the change in number of people as well as the percentage of change over the preceding decade.

TABLE 1: TOTAL POPULATION BY CENSUS COUNT  
PHILADELPHIA, 1930 - 1980

<u>Census</u>	<u>Population</u>	<u>Number Change</u>	<u>Percent Change</u>
1930	1,950,961		
1940	1,931,334	-19,627	-1.0%
1950	2,071,605	+140,271	+7.3%
1960	2,002,512	-69,093	-3.3%
1970	1,948,609	-53,903	-2.7%
1980	1,688,210	-260,399	-13.4%

Source: Philadelphia Citizens for Children and Youth  
1982

In the past two decades, the racial mix of the population has also changed. In 1960, White people were 73.3% of the population; in 1980, Whites were 58.2% of the total. The proportion of Blacks in the City's population increased to 37.9% in 1980, although the actual number of Blacks declined by 14,913 people over the last decade. All other races made up 3.9% of the population counted in the 1980 U.S. Census, but this figure was inflated by persons of Spanish origin who specified "other", rather than "White" or "Black" when completing the Census questionnaire (Philadelphia City Planning Commission 1980, p. 79). Table 2 illustrates the racial make-up of the City at the time of the last three U.S. Census surveys.

TABLE 2: TOTAL POPULATION BY RACE  
PHILADELPHIA, 1960, 1970, 1980

<u>Year</u>	<u>Total Population</u>	<u>White</u>	<u>%</u>	<u>Non-white</u>	<u>%</u>
1960	2,002,512	1,467,479	73.3	535,033	26.7
1970	1,948,609	1,278,717	65.6	669,892	34.4
1980	1,688,210	983,084	58.2	705,126	41.8

Source: Philadelphia Citizens for Children and Youth 1982

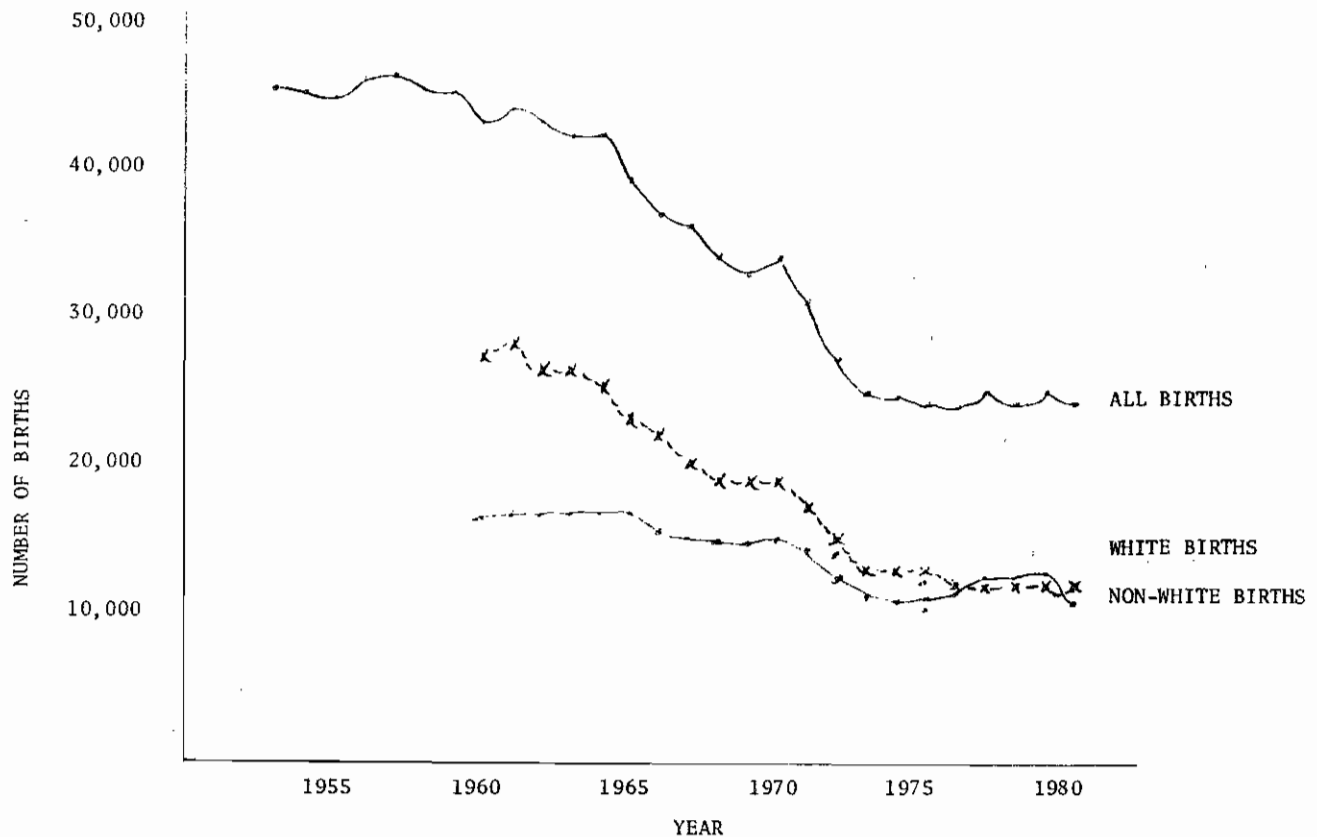
To understand the nature of Philadelphia's population decrease in the past two decades, it is helpful to look at birth rates, death rates and migration patterns. The difference between numbers of births and deaths demonstrates natural change in the population. Net migration defines the difference between people moving into the City and people moving out of the City. The combination of natural change and net migration explains the net population decrease in Philadelphia in the past 20 years.



## BIRTHS

As shown in Figure 1, the number of births to Philadelphians has steadily decreased between 1960 and 1980.

FIGURE 1: TRENDS IN NUMBERS OF LIVE BIRTHS  
PHILADELPHIA, 1954 - 1980



SOURCE: Derived from Annual Statistical Report, 1980, Philadelphia Department of Public Health, Tables 3 and 4.

In only three different years since 1960 have the number of births increased slightly over the previous year. As shown in Table 3, 19,050 fewer children were born to Philadelphia residents in 1980 than were born in 1960.

TABLE 3: RESIDENT LIVE BIRTHS, TOTAL AND BY RACE  
PHILADELPHIA, 1960, 1970, 1980

Year	Number of Live Births		
	Total	White	Non-White
1960	43,953	27,613	16,340
1970	34,564	19,008	15,556
1980	24,903	12,492	12,411

Source: Philadelphia Department of Public Health  
1980, p. 6

## DEATHS

The number of residents who died each year also decreased between 1960 and 1980, although the decrease was not as dramatic as the decrease in births. The decrease in infant deaths is significant; the number of infant deaths was 66.6% lower in 1980 than in 1960. Table 4 illustrates that the proportion of infant deaths to all deaths in Philadelphia also decreased markedly in the most recent ten year interval.

TABLE 4: NUMBER OF DEATHS, INCLUDING INFANT DEATHS  
PHILADELPHIA, 1960, 1970, 1980

<u>Year</u>	<u>Total Number of Deaths</u>	<u>Infant Deaths*</u>
1960	24,858	1,422
1970	24,173	934
1980	21,062	450

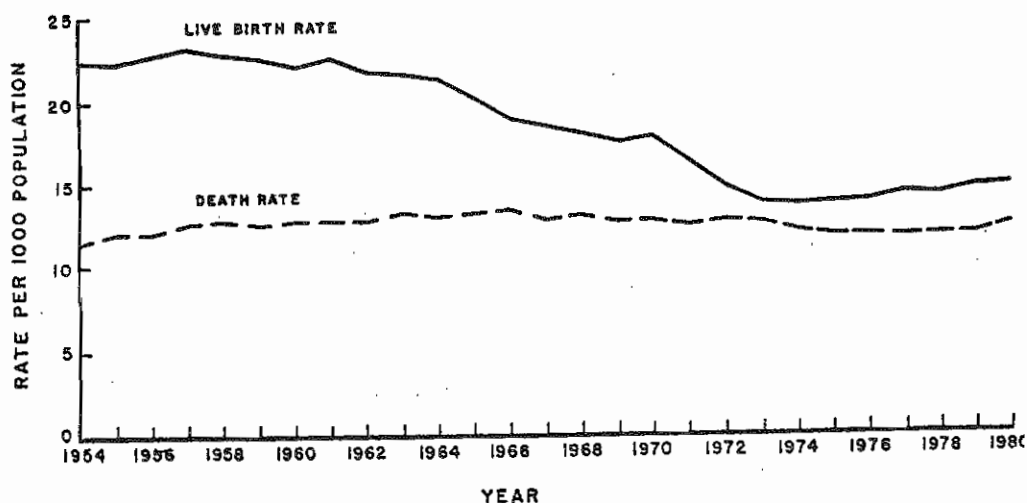
\* Deaths to children under one year of age.

Source: Philadelphia Department of Public Health 1980,  
p. 4

## TRENDS IN BIRTH AND DEATH RATES

The natural increase (number of deaths subtracted from the number of births) in Philadelphia's population has slowed dramatically over the past 20 years. As noted above, both births and deaths have decreased in actual numbers during the past 20 years. The rates (number of occurrences per 1,000 people) of births and deaths have also decreased, as shown in Figure 2, to the point of being almost equal.

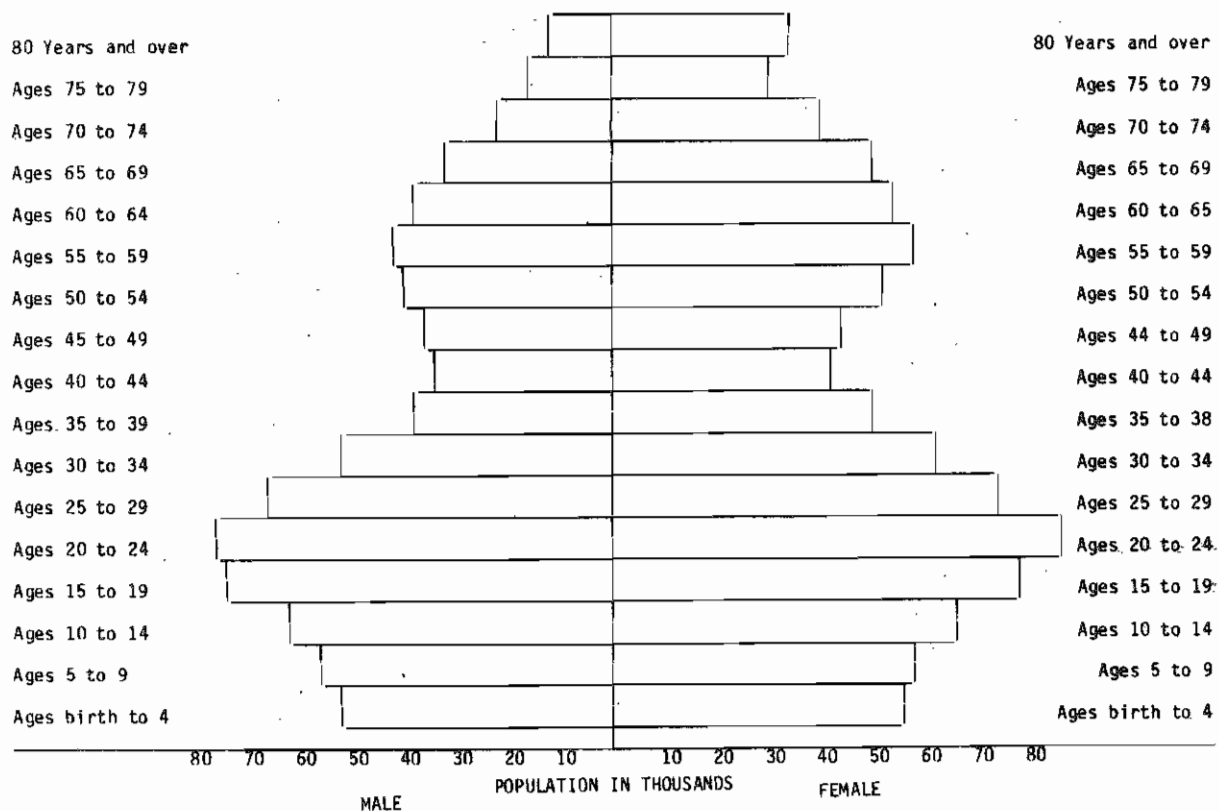
FIGURE 2: RESIDENT LIVE BIRTH AND DEATH RATES  
PHILADELPHIA, 1954 - 1980



Source: Philadelphia Department of Public Health 1980,  
p. 5

Estimates through the year 2000 indicate a general continuation of these trends in the U.S. (U.S. Department of Health, Education and Welfare 1979, p. 8). If the natural increase in Philadelphia's population changes to a natural decrease (more deaths than births) Philadelphia's population will continue to become more elderly than at present. Figure 3 shows the age-sex composition, in five year age intervals, for the population living in Philadelphia in 1980. Those people, both male and female, who were born in the "baby-boom" of the 1950's and who have moved to or stayed in Philadelphia as young adults, are represented by the bulge in the middle of the Figure.

FIGURE 3: AGE-SEX COMPOSITION OF PHILADELPHIA  
1980



Source: Derived from U.S. Census Bureau 1980

As indicated above, estimates for the year 2000 suggest a diamond figure for Philadelphia, with few very young and very old people and the majority of residents occupying the middle-aged central position. The key to the specific shape which the population pyramid will take in the next several years is migration of people in and out of the City.

#### MIGRATION

In the 1970's, in all four major regions of the United States, more people moved in greater numbers from metropolitan

areas to nonmetropolitan areas (outmigration), than moved to metropolitan areas from nonmetropolitan areas (immigration). In the Northeast Region, almost all metropolitan areas had significant outmigration (U.S. Department of Health Education and Welfare 1979, p. 15); Philadelphia contributed to this pattern.

Between 1975 and 1980, Philadelphia had a net outmigration of 111,221 people, as can be seen in Table 5.

TABLE 5: INMIGRANTS, OUTMIGRANTS AND NET MIGRATION  
BY RACE OR ORIGIN  
PHILADELPHIA, BETWEEN 1975 AND 1980

	All Races	White	Black	Spanish Origin
Inmigrants	133,725	93,577	24,155	10,864
Outmigrants	244,946	183,556	53,063	7,072
Net Migration	-111,221	-89,979	-28,908	+3,792

Source: U.S. Census Bureau 1980

Of the three largest racial or ethnic groups in the City, only people of Spanish origin experienced a net immigration, although it was much too small to counter the net exodus of both White and Black families.

Over this period of time, outmigration of Philadelphians was greatest in the adult age group encompassing parenthood. As can be seen in Table 6, over 80% of the outmigrants were in the age groups which included children, adolescents and adults of childbearing age.

TABLE 6: INMIGRANTS, OUTMIGRANTS AND NET MIGRATION  
BY AGE  
PHILADELPHIA, BETWEEN 1975 and 1980

	Age in 1980			
	0-19 yrs	19-44 yrs	45-65 yrs	over 65 yrs
Inmigrants	27,471	87,774	11,852	6,628
Outmigrants	55,265	139,687	28,471	21,523
Net Migration	-27,794	-51,913	-16,619	-14,895

Source: U.S. Census Bureau 1980

## CONCLUSION

Philadelphia, once a regional center of manufacturing wealth and population growth, has experienced a sharp decline in population over the past 20 years. Major factors contributing to this decline are lowered birth rates and a net outmigration of people, in contrast to the higher birth rates and substantial immigration of other U.S. citizens and foreigners in the earlier decades of this century. Current predictions suggest that

Philadelphia will continue to experience net population losses over the next 20 years, and as a result, the number of children and youth in the City will be substantially smaller than in 1980 by the year 2000.

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## CHAPTER II

### CHILDREN IN FAMILIES IN PHILADELPHIA

In recent years, major changes have occurred in the characteristics of the American family. The form of the family is changing. Fewer children live with both parents. Increasing numbers of children live in step-parent families. Marked changes in the composition of the family correspond with altered family income, employment and housing patterns. Female-headed families including children comprise an increasingly large percentage of those families below the poverty level. In many families, there is increasing need to have two or more earners to maintain family income (U.S. Department of Health, Education and Welfare 1979, pp. 53, 55. 121, 127).

Families living in Philadelphia mirror national patterns. This Chapter will describe the children in 1980 and discuss the facts of family life for Philadelphians.

#### HIGHLIGHTS

THE TOTAL PHILADELPHIA POPULATION OF CHILDREN AND YOUTH UNDER AGE 18 WAS 437,158 IN 1980, A DECREASE OF 170,108 YOUNGSTERS SINCE 1970.

THE NUMBER OF PHILADELPHIA FAMILIES RAISING CHILDREN DECREASED FROM 234,774 FAMILIES IN 1970 TO 197,467 FAMILIES IN 1980.

THERE WERE 25,000 MORE FAMILIES WITHOUT CHILDREN IN PHILADELPHIA IN 1980 THAN FAMILIES WITH CHILDREN.

ONLY 55.4% OF THE CITY'S CHILDREN AND YOUTH LIVED WITH BOTH PARENTS IN 1980, COMPARED TO 80% OF THE POPULATION IN 1960.

IN 1980, 57,422 CHILDREN AND YOUTH (13% OF THE TOTAL) LIVED APART FROM ANY PARENT.

THE PROPORTION OF FAMILIES LIVING BELOW THE POVERTY LEVEL INCREASED FROM 11.2% IN 1970 TO 16.6% IN 1980, WHILE IN THE NATION AS A WHOLE, POVERTY DECREASED TO 9.6% OF THE POPULATION IN 1980.

APPROXIMATELY 30% OF THE CITY'S CHILDREN AND YOUTH LIVED IN HOUSEHOLDS WITH INCOMES BELOW THE POVERTY LEVEL IN 1980, AS CONTRASTED TO 19.6% OF THE POPULATION IN 1970.

IN 1980, 42% OF THE CITY'S CHILDREN AND YOUTH WERE INCLUDED IN PUBLIC ASSISTANCE GRANTS.

# THE CHILDREN OF PHILADELPHIA

There were 437,158 children and youth under age 18 in Philadelphia in 1980, compared to 607,266 children in 1970, a decrease of 170,108 over the ten year period. Table 1 shows the City population of children and youth by sex and race for each year of age, in 1980.

TABLE 1: CHILDREN AND YOUTH, BY AGE, RACE, SEX  
PHILADELPHIA, 1980

	TOTAL		WHITE		BLACK		OTHER	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
under 1 year-	11,725	11,644	5,593	5,543	5,304	5,216	828	885
1 year-----	10,865	10,720	5,234	4,975	4,851	4,987	780	758
2 years-----	10,807	10,600	5,264	4,955	4,807	4,883	736	762
3 years-----	10,756	10,302	5,028	4,671	4,979	4,891	749	740
4 years-----	10,465	10,318	4,977	4,759	4,713	4,843	775	716
5 years-----	10,617	10,200	5,018	4,899	4,832	4,633	767	668
6 years-----	10,417	10,033	4,978	4,731	4,717	4,621	722	681
7 years-----	11,124	10,704	5,198	4,992	5,190	5,025	736	687
8 years-----	11,582	11,028	5,468	5,103	5,383	5,230	731	695
9 years-----	12,858	12,533	5,927	5,756	6,162	5,990	769	787
10 years-----	12,767	12,601	5,998	5,916	6,035	5,969	734	716
11 years-----	12,465	12,380	5,894	5,876	5,842	5,855	729	658
12 years-----	12,870	12,580	6,071	5,772	6,078	6,120	721	688
13 years-----	12,995	13,118	6,038	5,984	6,243	6,435	723	699
14 years-----	13,988	13,649	6,710	6,400	6,600	6,521	678	728
15 years-----	14,599	14,317	6,987	6,683	6,936	6,917	676	717
16 years-----	15,101	14,634	7,335	6,909	7,082	7,042	684	683
17 years-----	14,907	14,889	7,349	7,086	6,822	7,160	736	648
Total	220,908	216,250	105,067	101,010	102,576	102,338	13,274	12,916

TOTAL CHILDREN AND YOUTH UNDER AGE 18 = 437,158

Source: U.S. Census Bureau 1980

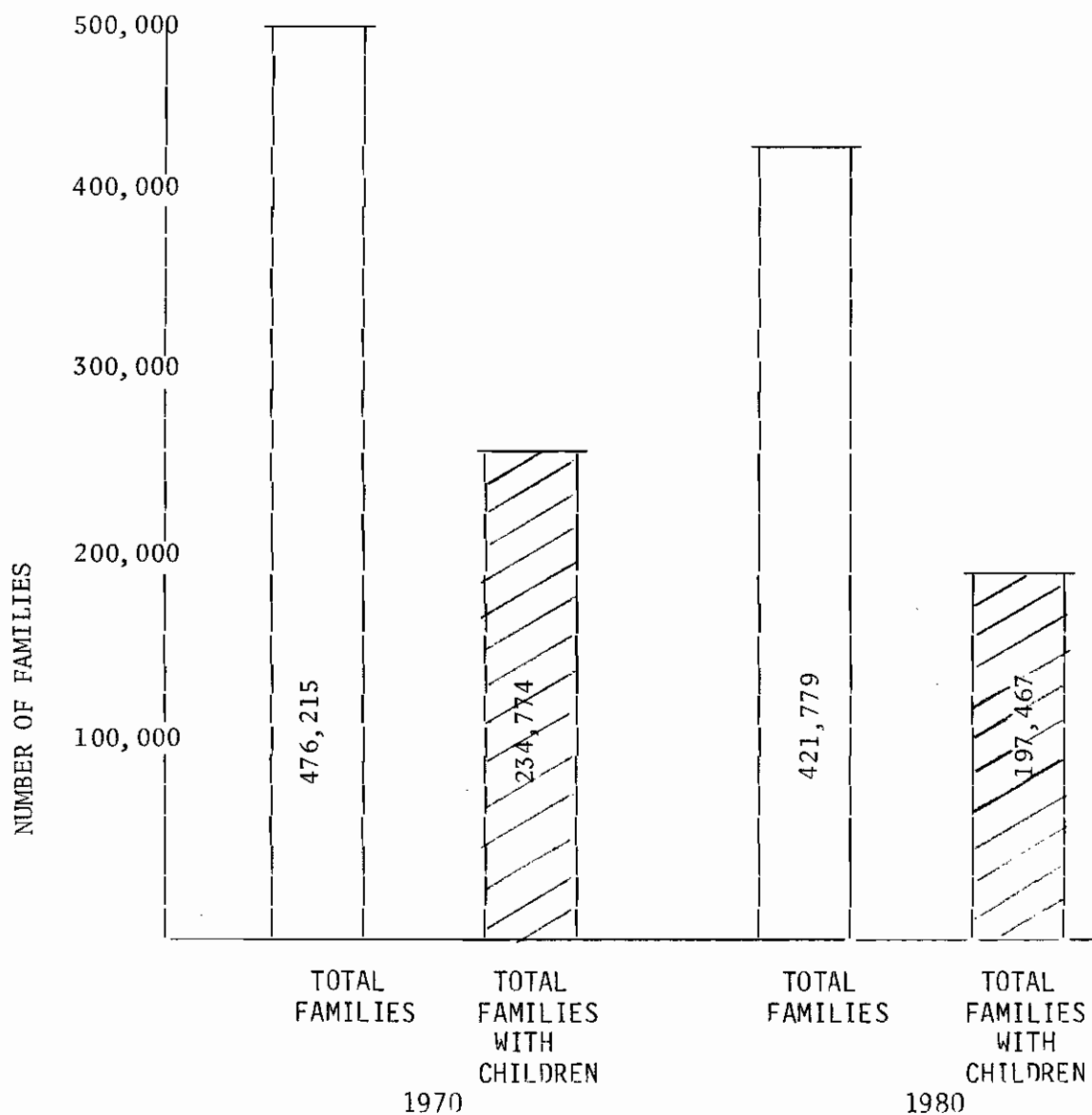
Of all children, 49% were female and 51% were male. By age groupings, 38% were ages 12 through 17, 32% were between the ages of 6 years and 12 years and 29% were ages birth through 5 years. The proportion of White children in the total population under age 18 years was 47%, while Whites of all ages were 58% of the City's population. Non-Whites of all ages were 42% of all Philadelphians in 1980; non-White children made up 53% of the age group under 18 years of age.



## FAMILIES\* WITH CHILDREN

In recent years, fewer families have been raising children in Philadelphia. In 1970, 234,774 families (one or two parents present) had children under age 18 living at home. In 1980, 197,467 families had children at home, a decrease of 16% during the ten year period. Over the same 10 years, the total number of families in the city decreased by 12%, but the decrease in families with children was more significant.

FIGURE 1: TOTAL FAMILIES AND FAMILIES WITH CHILDREN  
PHILADELPHIA: 1970 AND 1980



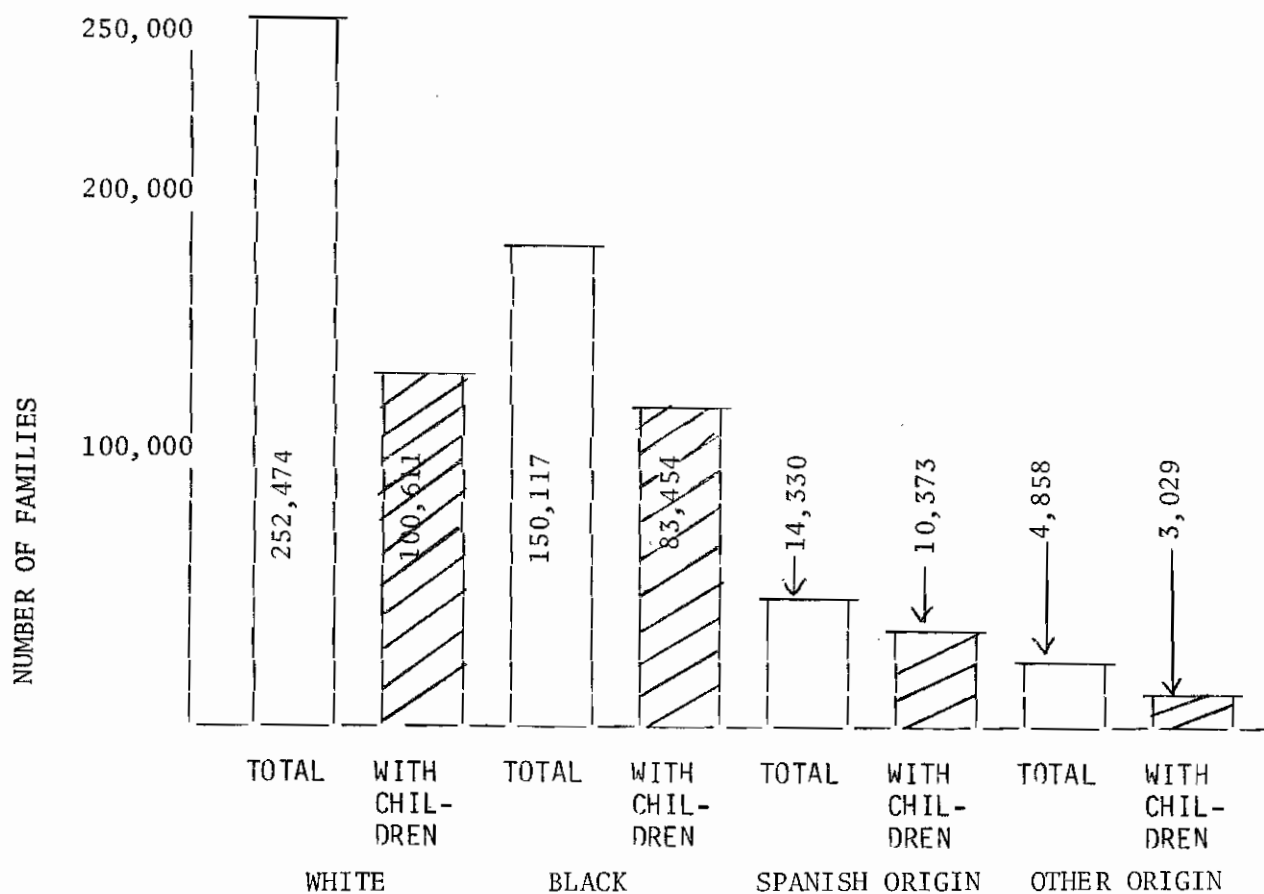
Source: Derived from U.S. Census Bureau Reports 1970 and 1980

\*The Census Bureau defines a family as "a group of two or more persons related by blood, marriage, or adoption, and residing together". A family may or may not contain children.

The decline in the numbers of families with children was primarily among White families who, in 1980, represented 52% of all families with children compared to 62% of the total in 1970. Black families with children represented 43% of the total in 1980. Families with children headed by parents of Spanish origin composed 5.3% of total families with children in the City in 1980.

Perhaps the most significant change highlighted by the 1980 Census data was that families without children outnumbered families with children. About 25,000 more families did not have children compared to those that did.

FIGURE 2: FAMILIES BY PRESENCE OF CHILDREN  
BY RACE OR ETHNIC ORIGIN  
PHILADELPHIA, 1980



Source: Derived from U.S. Census Bureau Reports

### CHILDREN PER FAMILY

Not only were fewer families raising children in Philadelphia in 1980, but the number of children in those families also decreased. In families which had children, the average number of children per family was 1.93. White families had the lowest average number of children, 1.9, followed by Black families which averaged 1.96 children per family and Spanish origin families which averaged 2.3 children.

TABLE 2: NUMBER OF CHILDREN PER FAMILY  
BY RACE OR ETHNIC ORIGIN  
PHILADELPHIA, 1980

<u>WHITE</u>			
Families with Children	100,611		
Children in Families	191,328		
Average Number of Children per Family			1.9
<u>BLACK</u>			
Families with Children	83,454		
Children in Families	164,336		
Average Number of Children per Family			1.96
<u>SPANISH ORIGIN</u>			
Families with Children	10,373		
Children in Families	23,871		
Average Number of Children per Family			2.3

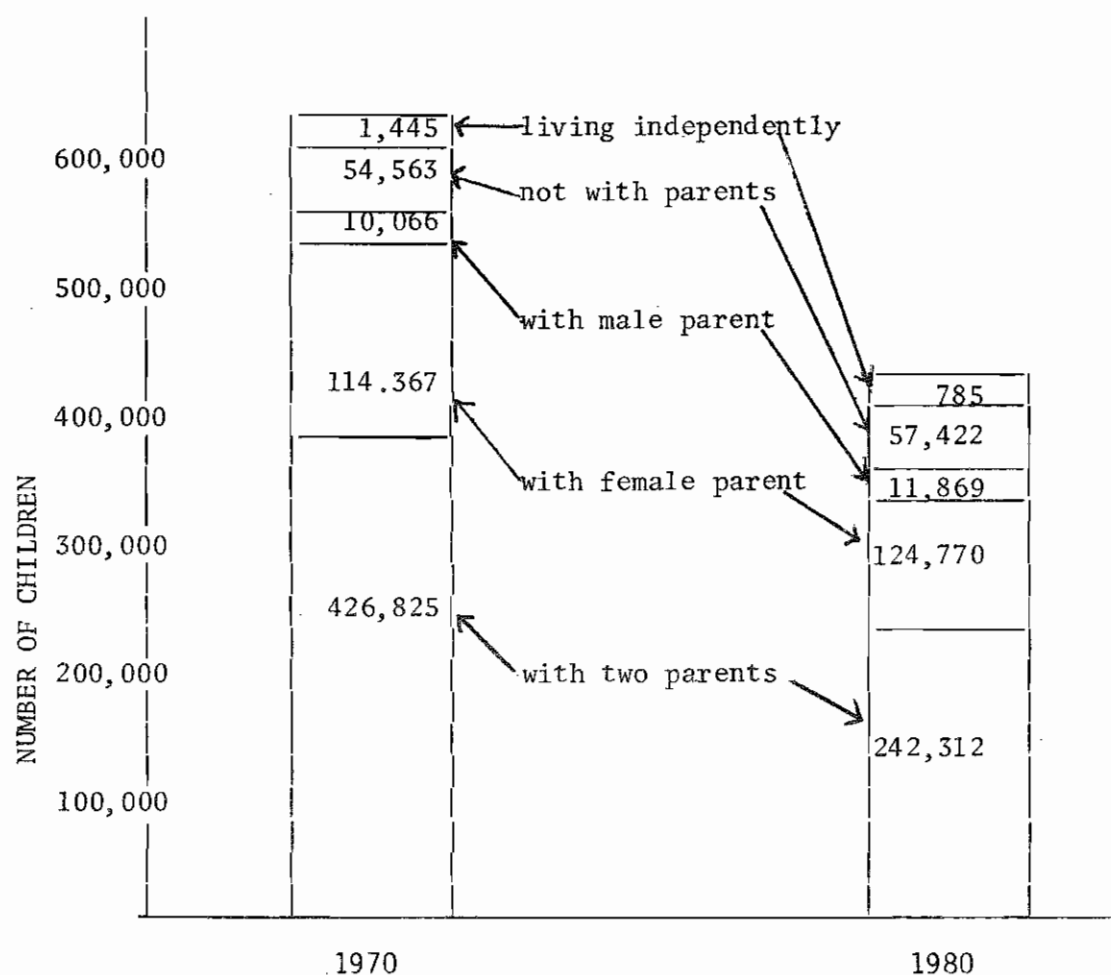
Source: Derived from U.S. Census Bureau Reports

### SINGLE-PARENT FAMILIES

The percentage of families in which two parents are present has been declining in recent years. In 1960, 80% of the City's children lived with two parents while in 1970, 70% lived with two parents. By 1980, only 55.4% of the children in the City lived in a two-parent family.

A corresponding growth in the number and percentage of single parent families points to significant changes in the living arrangements of children in Philadelphia. In 1970, 18.8% of children lived with mother only and 1.6% lived with father only. Both arrangements increased substantially by 1980, with 28.5% living with mother only and 2.7% living with father only.

FIGURE 3: CHILDREN BY PRESENCE OF PARENTS  
PHILADELPHIA: 1970 AND 1980



Source: Derived from Philadelphia City Planning Commission 1971 and 1981

Some Philadelphia children are more likely to be living in a female-headed family than others. In 1980, 42.5% of Black children, 37% of Spanish origin children and 14.2% of White children were living with mother only.

TABLE 3: CHILDREN BY PRESENCE OF MOTHER ONLY  
BY ETHNICITY  
PHILADELPHIA, 1980

RACE-ETHNICITY	NUMBER OF CHILDREN	NUMBER LIVING WITH MOTHER ONLY
Black	204,914 (100%)	87,169 (42.4%)
Spanish Origin	26,984 (100%)	10,008 (37%)
White	206,068 (100%)	29,289 (14.2%)

Source: U.S. Census Bureau 1980

A surprisingly large number of children, 57,422, lived in households not including any parent. These children and youth represented 13.1% of the City's population under age 18. Most of them (85%) were living with relatives; the remainder were living primarily in institutions or other group quarters, such as college dormitories.

TABLE 4: CHILDREN LIVING WITH NON-PARENTAL RELATIVES,  
IN GROUP OR INSTITUTIONAL QUARTERS, BY RACE  
PHILADELPHIA, 1980

<u>WHITE CHILDREN</u>		<u>NUMBER AND % OF TOTAL NUMBER</u>	
Total number in City		206,068	
Living with relatives		11,788	5.7%
Living with non-relatives		1,802	<1%
Living in institution or group quarters		823	<1%
<u>BLACK CHILDREN</u>			
Total number in City		204,914	
Living with relatives		34,724	16.9%
Living with non-relatives		4,628	2.2%
Living in institution or group quarters		918	<1%
<u>SPANISH ORIGIN CHILDREN</u>			
Total number in City		26,984	
Living with relatives		2,442	9%
Living with non-relatives		394	1.4%
Living in institution or group quarters		93	<1%

Source: U.S. Census Bureau 1980

A very small number of children and youth, 785 in total, were living independently or with a spouse in 1980. This was a substantial decrease from 1970 when 1,445 youngsters were on their own. This change may reflect an increasing need to live with others as a result of the increasing poverty in the City.

#### POVERTY LEVEL FAMILIES WITH CHILDREN

The social and economic environment in which a child is reared is one of the most important predictors of the child's overall well-being. Almost all data support the fact that a child's health, education, later employment, and earnings depend heavily on the economic status of his/her family (U.S. Department of Health Education and Welfare 1979, p. 56).

The federal government classifies a family as "poor" if its total income in a given year is below the threshold specified for the size of the family, number of children and age of the head of the household. For example, in 1979 (the year for which income was reported in the 1980 Census), the average threshold for a family of four persons was \$7,412 (or \$1,870 per year per person) and for a family of two persons it was \$4,723 per year.

In Philadelphia, the proportion of families below the poverty level increased from 11.2% in 1970 to 16.6% in 1980. In contrast, in the nation as a whole, poverty decreased from 10.7% of the population to 9.6% in 1980 (Philadelphia City Planning Commission 1981, p. 10). Female-headed families with children were at a particular disadvantage with regard to poverty status. Of all families with children in Philadelphia in 1980, 54,847 families, or 25.6%, fell below the poverty level; 38,504 of these families were headed by females. Stated in other terms, of all families with children that had incomes under the poverty level, 70% were headed by females.

The percentage of Philadelphia children living in poverty increased substantially between 1970 (118,742 children, 19.6% of population) and 1980 (128,500 children, 30% of population). This rate is now higher in Philadelphia than the national poverty level for children of the 1950's (27%) which gave impetus to the War on Poverty.

Another indicator of poverty status of children is eligibility for Public Assistance payments. In 1980, 42% of the City's children received Public Assistance (Pennsylvania Interdepartmental Human Services Planning Committee 1982, p. 55). Although actual numbers of children and families receiving Public Assistance payments dropped slightly between 1975 and 1980, the proportion of children receiving these payments increased significantly, measured against the City's decreasing population.

## CONCLUSION

The demographic factors analyzed in this Chapter are descriptive of the economic well-being of families and children and are also illustrative of the status of the entire City. The number of families who are choosing to have children and raise children in Philadelphia is decreasing. Those families that do raise their children in the City are increasingly headed by single parents. The proportion of families whose income falls below the poverty level is increasing and the number of children whose financial support comes from Public Assistance is also increasing. These indicators all point to a future City in which many children are raised in poverty and without the benefits of a two-parent family.

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## CHAPTER III

### CHILDREN IN SCHOOL IN PHILADELPHIA

In response to the growing national concern regarding public education, a National Commission on Excellence in Education was established in 1981 and charged with the responsibility of analyzing the practices and standards and strengths and weaknesses of the education system in the United States. In its report A Nation At Risk: The Imperative for Educational Reform, the Commission commented that "our society and its educational institutions seem to have lost sight of the basic purposes of schooling and of the high expectations and disciplined efforts needed to attain them. The schools...are routinely called upon to provide solutions to personal, social and political problems that the home and other institutions either will not or cannot resolve. More and more young people emerge from high school ready neither for college nor for work. This predicament becomes more acute as the knowledge base continues its rapid expansion, the number of traditional jobs shrinks and new jobs demand greater sophistication and preparation." (The National Commission on Excellence in Education 1983, pp. 5-6, 12).

In strengths and weaknesses, current problems and future remedies, the public school system of the City of Philadelphia exemplifies the patterns of urban public education throughout the nation. This Chapter will discuss some of the key indicators of educational quality and preparation for adult work, as they affect the children in Philadelphia's public schools.

#### HIGHLIGHTS

SIXTY-SEVEN PERCENT OF SCHOOL AGE CHILDREN IN PHILADELPHIA IN 1983-84 ATTENDED PUBLIC SCHOOLS.

THE NUMBER OF STUDENTS ATTENDING DESEGREGATED PUBLIC SCHOOLS INCREASED BY 35% BETWEEN THE 1982-83 AND 1984-85 SCHOOL YEARS.

PUBLIC SCHOOL ENROLLMENT IN PHILADELPHIA DECREASED BY 24% IN THE TEN YEAR PERIOD, 1974-75 TO 1983-84.

EIGHTEEN PERCENT OF THE YOUNGSTERS RECEIVING PUBLIC SCHOOL SPECIAL EDUCATION SERVICES IN DECEMBER, 1983 WERE MENTALLY GIFTED STUDENTS WHO WERE RECEIVING ADVANCED EDUCATION.



APPROXIMATELY SIXTY PERCENT OF THIRD, FIFTH AND EIGHTH GRADERS IN THE PHILADELPHIA PUBLIC SCHOOLS FAILED TO PASS MINIMUM STANDARDS ON 1984 STATEWIDE ACADEMIC PERFORMANCE TESTS.

IN THE 1983-84 SCHOOL YEAR, 16% OF THE STUDENT BODY IN THE PHILADELPHIA PUBLIC SCHOOLS WAS SUSPENDED AT LEAST ONCE.

THE NUMBER OF STUDENTS RETAINED IN GRADE IN PUBLIC SCHOOL INCREASED BY 36% FROM JUNE, 1976 to JUNE, 1982.

IN 1981, 40% OF THE SCHOOL DISTRICT OF PHILADELPHIA'S GRADUATES WERE ACCEPTED INTO SCHOOLS OF HIGHER LEARNING.

AT LEAST 37,500 PHILADELPHIA YOUTH WILL FACE A LIFETIME OF DIFFICULTY GETTING AND HOLDING JOBS.

## SCHOOL ENROLLMENT

The School District of Philadelphia (1983d) reported that, in the 1983-84 school year, a total of 298,450 Philadelphia youngsters were assigned to school. Sixty-seven percent of these youngsters were assigned to public school. The rest of the children attended parochial or private schools. The majority of youngsters who attended non-public schools were enrolled in Catholic parochial or private schools (Office of Catholic Education 1983).

Table 1 presents enrollment figures for public and Catholic schools in Philadelphia in October of 1983. The figures are broken down into racial and ethnic groups. Differences in enrollment between the public and Catholic school systems are evident. Blacks outnumbered Whites by more than two to one in the public schools; in contrast, Whites outnumbered Blacks by more than four to one in the Catholic schools.

TABLE 1: ENROLLMENT IN PUBLIC AND CATHOLIC SCHOOLS  
BY RACE AND ETHNIC GROUP  
PHILADELPHIA, OCTOBER, 1983

	<u>Public Schools</u>	<u>Catholic Schools*</u>
Total	202,469 (100%)	80,293 (100%)
Black	128,289 ( 63%)	13,352 ( 17%)
White	52,148 ( 26%)	62,123 ( 77%)
Hispanic	17,043 ( 8%)	3,209 ( 4%)
Asian	4,741 ( 2%)	1,083 ( 1%)
American Indian	248 (<1%)	285 (<1%)
Other	NA	241 (<1%)

\*Includes 80 youngsters in institutional placements.

Sources: School District of Philadelphia 1983c, p. 4 and Office of Catholic Education 1983

In Table 2, public school enrollment data for the years 1974-75 to 1983-84 are presented. Total enrollment fell 24% over the ten-year period. A steady decrease in the number and proportion of White youngsters in the student body is apparent. Although the number of Black students also declined, the proportion of Blacks increased as total enrollment figures for the public schools decreased. Changes in the numbers of Hispanic and Asian students are striking: the number of Hispanic youngsters increased by 36%, and the number of Asian students increased six-fold.

TABLE 2: ENROLLMENT IN PUBLIC SCHOOLS  
BY RACIAL AND ETHNIC GROUP  
PHILADELPHIA, SELECTED YEARS

	<u>1974-75</u>	<u>1977-78</u>	<u>1980-81</u>	<u>1983-84</u>
Total	266,500 (100%)	250,932 (100%)	224,339 (100%)	202,469 (100%)
Black	164,558 (62%)	155,706 (62%)	140,432 (63%)	128,289 (63%)
White	88,480 (33%)	79,101 (32%)	64,500 (29%)	52,148 (26%)
Hispanic	12,557 (5%)	14,771 (6%)	15,971 (7%)	17,043 (8%)
Asian	750 ( < 1%)	1,282 (1%)	3,319 (2%)	4,741 (2%)
American Indian	155 ( < 1%)	72 ( < 1%)	117 ( < 1%)	248 ( < 1%)

Failure to add up to 100% reflects rounding errors.

Source: School District of Philadelphia 1983c, p.4

In the fall of 1984, 26% of students in the Philadelphia public schools were attending desegregated schools (Clayton 1984, Appendix A). The District's definition of a desegregated school is one in which White youngsters make up between 25% to 60% of the student body, and non-White youngsters make up 40% to 75% of enrollment. Recent initiatives by the School District have resulted in progress towards desegregation in many schools. The number of youngsters attending desegregated schools increased by 35% between April of 1983 and the fall of 1984.

Although only 67% of Philadelphia's students were assigned to public schools in the 1983-84 school year, 89% of the City's Exceptional students were public school students (School District of Philadelphia 1983d). Over 33,000 public school pupils received Special Education services, which ranged from part time help to full time placement in a Special Education class (Council for Educational Priorities 1984, p. 5). Special Education students include youngsters with intellectual, academic, physical and emotional handicaps. Thirty-six percent of Special Education students in the 1983-84 school year were classified as Learning Disabled. Mentally Gifted students made up the next largest share of the total Special Education enrollment; 18% of youngsters receiving Special Education services were Mentally Gifted students who were offered advanced training. Other large Special Education populations included: Speech and Language Impaired (17% of Special Education students); Educable Mentally Retarded (12%); and Socially or Emotionally Disturbed (8%).

The School District of Philadelphia also provides services to two other groups of students with special needs. Students who have limited proficiency in English are offered a choice of two different language training programs. In the English for Speakers of Other Languages programs, students are taught in English. In the Bilingual Program, pupils are taught in both English and their native languages, in order both to improve their English fluency and to encourage retention of their first languages.

The School District also offers special classes for teenaged mothers in the School Age Parents Program at Temple University. Approximately 350 adolescent girls attend school there each year. The program has recently received a grant from the National Institute for Adolescent Pregnancy to expand its services and provide a national model for the education of pregnant teenagers.

#### PHILADELPHIA PUBLIC SCHOOL EDUCATION

Concern about the quality of public school education has been voiced in Philadelphia for the past decade. The opening days of the 1981-82 school year were described in The Philadelphia Inquirer (1981, p. 58) as "the most troubled times the Philadelphia schools had ever seen". Problems with school facilities included vandalized buildings, inadequate heating, and a lack of textbooks for students and teaching resources for teachers. In response to a projected budget deficit of \$223 million, the School Board cancelled a scheduled pay raise for teachers and laid off 3,500 employees. The Teachers' Union struck in opposition to the plan. Both the School Board and the Superintendent of Schools, Michael Marcase, lost the support of Mayor William Green. Serious differences arose between the Mayor and the City Council on the appropriate solution to the school system's crisis. The strike was settled by court order, after 50 days; however, daily attendance rates for the remainder of the school year for students in Philadelphia averaged only 82.2%, the lowest rate ever recorded in the City.

In June of 1982, Superintendent Marcase resigned his position. Three members of the School Board also resigned during the 1981-82 school year. Superintendent Constance L. Clayton was designated in October of 1982, and Wilson Goode succeeded Green as mayor in January of 1984. These changes helped ease tensions between the government, the school system administration, and the Teachers' Union, and focused new efforts on improving the quality of education.

The Philadelphia public school system is presently in a state of transition - from the controversies and problems of the first years of this decade to the implementation of new educational initiatives proposed by the State Department of Education, the Superintendent, and the City administration. The initiatives are designed to improve the quality of education that Philadelphia school children receive.

The quality of public school education is a difficult concept to define; the factors that contribute to or interfere with a youngster's experience in school are many, and differ for each child. What follows is a discussion of some gross indicators of educational quality, including test performance, rates of absenteeism and suspensions, and rates of graduation. The aim is to give some sense of the direction in which Philadelphia's public schools seem to be moving, and to describe how well they presently meet the goal of educating the City's youngsters.

### Test Performance

One indicator of the quality of a youngster's educational experience is his or her performance on standardized tests. From the early 1970's through the 1983-84 school year, Philadelphia public schools administered the California Achievement Test (CAT) annually. The tests were normed nationally; a youngster who scored at the fiftieth percentile thus ranked above 49% of American students. Table 3 compares the performances of Philadelphia public school students in 1974 and 1983. Over the period, scores on the three subtests increased. Elementary students scored at national norms on the total battery in 1983.

TABLE 3: PERCENTAGES OF PUBLIC SCHOOL STUDENTS  
SCORING AT OR ABOVE THE NATIONAL 50TH PERCENTILE  
ON CALIFORNIA ACHIEVEMENT TESTS,  
PHILADELPHIA, 1974 AND 1983

<u>Test Area</u>	<u>Grades Tested</u>	<u>1974</u>	<u>1983</u>
Reading	1-12	33%	41%
Mathematics	1-8	34%	48%
Language	1-8	37%	57%
Total Battery	1-8	36%	50%

Source: School District of Philadelphia 1983b, p. 5

Critics of the school system objected to the use of the California Achievement Test as a measure of academic performance. They charged that youngsters were routinely drilled to increase their scores; test results were thus seen as a measure of teacher efforts at preparation rather than as an indicator of whether students were learning the curriculum.

In the fall of 1984, a standardized curriculum was introduced in the Philadelphia public schools and in December, curriculum referenced tests were administered, designed to replace the CAT. By changing the testing instrument, administrators hope to change the way that students in the City are taught; the emphasis in both classroom and test reports will be on the acquisition of specific skills and information, rather than on test performance.

In October of 1984, a new test was administered to students across Pennsylvania. The Testing for Essential Learning and

Literacy Skills (TELLS) program was developed by the Commonwealth to assess academic performance in school districts throughout the state. Public school students in the third, fifth and eighth grades took the test.

In Philadelphia, the test was administered to 38,156 students. The results of the testing are displayed in Table 4. The majority of the youngsters who were tested did not meet minimal state competency requirements in reading and math. When Special Education students and youngsters whose native language is not English are excluded from the group, the proportion of youngsters who passed the test increases.

TABLE 4: PERCENTAGES OF PUBLIC SCHOOL STUDENTS  
IN THE THIRD, FIFTH AND EIGHTH GRADES  
SCORING ABOVE MINIMUM STANDARDS ON TELLs,  
PHILADELPHIA, 1984

<u>Testing Area</u>	<u>Group Tested</u>	<u>% above minimum standards</u>
Reading	All students*	36.2
Reading	Regular education students only	49.4
Math	All students*	42.75
Math	Regular education students only	55.35

\*Includes Special Education students and pupils whose native languages are not English

Source: Pothier 1985, p. 6-A

Across Pennsylvania, 68% of students passed the TELLs (Woodall 1985). Philadelphia registered the second lowest scores in the state. Administrators for the Philadelphia School District noted that the fact that the test was administered in October may have affected performance. Third grade students were tested on third grade curriculum one month into the school year; had they been tested in the spring, their performances might have been stronger.

#### Absenteeism

The quality of a student's academic experience is influenced by, and sometimes reflected in, his or her rate of attendance. In the 1983-84 school year, each student was absent from school for an average of 24 school days (School District of Philadelphia 1984b).

Table 5 presents data on attendance in Philadelphia public schools in November of 1980. Elementary schools had the highest rate of attendance, with 90% of the students present each day. High schools had the lowest rate, with only 75% of students in attendance each day.

TABLE 5: AVERAGE DAILY ATTENDANCE BY LEVEL OF SCHOOL,  
PHILADELPHIA PUBLIC SCHOOLS, NOVEMBER 1980

<u>Level of School</u>	<u>% of Students in Attendance</u>	<u>Number</u>
Elementary	90%	104,981
Middle	89%	13,947
Junior High	81%	21,615
Senior High	75%	46,065
Voc/Tec High	84%	5,231

Source: Philadelphia Citizens for Children and Youth 1982

### Suspensions

A youngster who is suspended from school misses classes for one to five days. Suspension thus interferes with the student's opportunity for learning and is commonly considered to be an extreme form of discipline. However, a study published by the Parents' Union (1982) found that suspension was frequently employed in the Philadelphia public schools. In the 1980-81 school year, more than one out of every six students was suspended at least once. Non-White students were suspended at almost twice the rate of White students. The Parents' Union reported that rates of suspension varied among schools, and causes for suspension ranged from serious offenses to small acts of disobedience. "There are schools in Philadelphia where two thirds of the student population was suspended at least once during the school year" (p. 42). The Parents' Union called for a clearer suspension policy, and more restricted use of suspensions.

Table 6 presents data on the number of public school students suspended in Philadelphia in the 1983-84 school year. A total of 32,561 youngsters, or 16% of the student body, was suspended at least once during the year. Rates of suspensions among racial and ethnic groups varied. Few Asian students, and no American Indian Students, were suspended. Black students were suspended more often than were other students.

TABLE 6: NUMBER AND PERCENTAGE OF STUDENTS WHO WERE SUSPENDED,  
BY RACIAL AND ETHNIC GROUP, PHILADELPHIA, 1983-84

	<u>Number</u>	<u>Percentage of All Students in this group</u>
Total	32,561	16%
Black	24,584	19%
White	5,715	11%
Hispanic	2,046	12%
Asian	216	5%
American Indian	-	-

Source: Edward Penry, Director of Administrative and  
Survey Research Services, School District of Philadelphia

## Retentions

Students are retained in grade when they fail to demonstrate the acquisition of appropriate academic skills. In June, 1982, approximately one out of every eight youngsters in the Philadelphia public school system was told that he or she would repeat his or her grade in the following year. Table 7 presents retention figures for the school years 1975-76 through 1981-82. The number of students retained each year increased by 36% over the six-year period.

TABLE 7: NUMBER AND PERCENTAGE OF STUDENTS RETAINED IN GRADE, PHILADELPHIA PUBLIC SCHOOLS, JUNE, 1976 THROUGH JUNE, 1982

<u>Date</u>	<u>Number of Students</u> <u>Not Promoted to Next</u> <u>Grade</u>	<u>% of All Students</u>
June, 1976	17,884	7.0%
June, 1977	22,228	8.9%
June, 1978	24,225	9.9%
June, 1979	23,971	10.3%
June, 1980	23,026	10.2%
June, 1981	24,739	11.4%
June, 1982	24,327	11.7%

Sources: School District of Philadelphia 1980, 1981c and 1982

## Leaving School

One indication of the quality of a school system is the proportion of youngsters who complete their high school educations. In the fall of 1980, 21,036 youngsters were enrolled in the ninth grade in the public schools of Philadelphia (School District of Philadelphia 1981b, p. 3). In June of 1984, 10,251 students (Edward Penry, Director of Administrative and Survey Research Services, School District of Philadelphia), or approximately 49% of the ninth grade cohort, graduated. Membership in the cohort had changed substantially over the four years, due to retentions, additions, and dropouts.

The Philadelphia School District has not prepared a comprehensive dropout report since the 1979-80 school year. In that year, the dropout rate for sixth through twelfth graders was 105 students per thousand. The rate for the Commonwealth in the same year was 32.2 students per thousand (Philadelphia Citizens for Children and Youth 1982).

What happens to those students who do graduate from Philadelphia public high schools? In 1981, 4,643 students, or 40% of the graduating class, were accepted into colleges or three-year nursing programs (School District of Philadelphia 1981a).



## READINESS FOR EMPLOYMENT

Most young adults, upon leaving high school in Philadelphia, move on to jobs and/or future employment with little difficulty. Of the approximately 150,000 Philadelphia youth between the ages of 16 and 21, about 80,000 will eventually find the right job and work productively in their adult years. However, a recent Philadelphia study has found that approximately 37,500 of them will face a lifetime of difficulty getting and holding jobs. This at risk population is identified in Table 8.

TABLE 8: YOUTH AT RISK OF CHRONIC UNEMPLOYMENT  
BY RISK FACTOR  
PHILADELPHIA, 1982

<u>Risk factor by age groupings</u>	<u>Number at risk</u>
In-school, achieving poorly	15,000
16-18 years old, dropouts	10,000
19-21 years old, with prolonged periods of unemployment	9,000
19-21 years old, not in school or labor force	2,500
Other barriers	<u>1,000</u>
	37,500

Source: Public/Private Ventures 1983, p. 8

Typically, these youth at risk have been identified as having the following difficulties: limited basic academic skills; a lack of know-how or contacts to gain access to the workplace; poor work habits and/or interpersonal skills and attitudes, which often reflect a lack of prior work experience or apparent lack of initiative (Public/Private Ventures 1983, p. 7). Many programs have been developed in Philadelphia, for youth in school and those out of school, which are intended to provide better preparation for adult work.

### In-School Programs

The School District of Philadelphia offers full-time and part-time vocational education, career education, and job preparation programs to Philadelphia youth.

In 1982-83, 6,307 students were enrolled in the District's six vocational-technical high schools. There were at least 25

federally-funded career education projects, ranging from staff development to student work study, offered by the School District in school year 1982-83 (School District of Philadelphia 1983a). These projects were supplemental to regular school programs. Many students may have been enrolled in more than one project, and some projects served adults in addition to youth in school. Table 9 lists each of the federally-funded career education projects that were offered in 1982-83 and the total enrollment reported for each.

TABLE 9: ENROLLMENT IN CAREER EDUCATION PROJECTS  
SCHOOL DISTRICT OF PHILADELPHIA, 1982-83

<u>Name of Project</u>	<u>Number of Students Served</u>
Adult Vocational Education	5,782
Awareness of Career Training	1,720
Balancing Vocational Options Through Equity	N/A
Comprehensive Communication, Computation & Job Preparation	108
Cooperative Education Capstone in Business Education	147
Cooperative Education--Trade & Industry	56
Cooperative Home Economics	26
Displaced Homemakers	205
Guidance Seminar, The World of Work	N/A
Health Careers--Medical Careers	22
Job Placement & Related Services	961
JFK Long Range Adult Vocational Education	451
Numerical Control	10
Five Year Plan for Competency-Based Vocational Education	N/A
Pre-Employment Counseling Service	130
Resource Aides for Special Needs Students	100
School Employment Cooperative Health Occupations	89
Solar Energy--Randolph-Swenson	95
Supplementary Vocational Service for the Disadvantaged	3,821
Support Services for Vocational Education Bilingual Students	203
Vocational Assessment Center	2,250
Vocational Guidance for the Handicapped	403
Vocation Information & Pre-Employment Programs	3,016
Vocational Programs for the Handicapped	1,174
Vocational Summer Project	780
Vocational Support Services for Southeastern Asian Students	150
Vocational Training for Teen-age Parents	267
Vocational Training Through Rehabilitation of Abandoned Housing	117
Work Study	72
TOTAL ENROLLED	22,252

Source: School District of Philadelphia 1984a

The School District of Philadelphia also participates in offering job preparation programs for City youth. Funded primarily by the Philadelphia Office of Employment and Training, the School District of Philadelphia concentrated in 1982-83 on career exploration and career education through traditional classroom instruction, one-to-one counseling, and hands-on experiences at employer sites. Approximately 1,800 in-school youth were to be served in these programs in 1983-84 (Office of Employment and Training 1984).

The Philadelphia Office of Employment and Training contracts directly with other providers for employment and training-related service for in-school youth. In 1983-84, OET contracted with 5 agencies for approximately 1,100 in-school youth to receive career awareness, life skills, worksite experience, and counseling services (Office of Employment and Training 1984).

#### Out-of-School Programs

The Philadelphia Office of Employment and Training has the primary public responsibility for providing career exploration, job preparation, and skill training to out-of-school youth between the ages of 16 and 22 years. In 1983-84, about 900 out-of-school youth were served in 7 programs which were under contract to the Office of Employment and Training. The Summer Youth Employment Program provided jobs for 817 out-of-school youth during the summer of 1983. (Office of Employment and Training 1984, p. 3)

#### IMPACT OF JOB PREPARATION PROGRAMS

The programs described above served approximately 26,000 young people, ages 12 to 22 years, during 1983. Many children and youth were enrolled in more than one program; the tabulation is clearly duplicative and it includes many youngsters who receive a normal academic introduction to jobs and work as well as those who are at risk of chronic unemployment.

At best, it is suggested that 32,000 of Philadelphia's at risk youth population receive some kind of extra intervention that makes work more of a real possibility. The remainder of the at risk youth group also needs extra assistance to turn public school experience into productive adult work.

#### CONCLUSION

A major study of Philadelphia schools was conducted in 1975 by the Federal Reserve Bank of Philadelphia. Although the findings are almost 10 years old, they can be used today to chart the course of actions needed to improve learning conditions for Philadelphia's public school children. The study reported that certain school inputs make a difference in achievement growth of students. Classes over certain sizes reduce learning. Smaller elementary and senior high schools increase it. Net output may be increased by targeting teacher experience and higher-rated college background to the

appropriate students. Low achieving students are particularly responsive to small classes, newer teachers, and placement in classes with high achievers. High achievers do best with experienced teachers, more library books, and teachers with more demanding college background (Federal Reserve Bank of Philadelphia 1975, p. 18).

As Philadelphia's public school population continues to decrease, its at risk student population will increase proportionately. Individual identification of student needs and targeting of effective learning situations will be necessary to assure successful learning and adequate preparation for adult work for Philadelphia's children and youth.

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## CHAPTER IV

### CHILDHOOD MORTALITY

One of the most widely accepted goals of a community is to raise healthy children. Robust, active, alert children are an object of pride for parents, a community and a nation. Most people agree that the health of its children is a good indicator of how well a community is meeting the basic survival needs of all citizens. One responsibility of a community is to periodically assess the status of its children to determine whether basic health needs are being met.

Mortality (death rates and causes) and morbidity (disease rates and illnesses) are the two major categories by which the health of a population can be examined. This Chapter will discuss infant and childhood mortality in Philadelphia as a way of assessing the health status of its children, the adequacy of its health services, and the major issues requiring community attention and intervention.

When one compares mortality data of today with those of twenty years ago, the improvements are dramatic. Today's children have a far better chance of surviving and enjoying a healthy childhood than most of their parents. They are far more likely to survive the complications of birth and delivery; they are far less likely to die of infectious disease; they will live about ten years longer than children born twenty years ago. Improvements in medical technology, immunization, access to service, and insurance coverage of the poor have dramatically improved the overall survival chances of Philadelphia's children.

Nevertheless, when one looks closely at certain indicators, disturbing patterns emerge. Differences in mortality rates among racial groups and a retreat in funding of health services and programs to ameliorate some of those differences pose alarming questions for Philadelphians.

#### HIGHLIGHTS

IN 1982, 450 INFANTS DIED IN PHILADELPHIA, RESULTING IN THE SECOND LOWEST RATE OF INFANT MORTALITY IN THE CITY'S HISTORY.

PHILADELPHIA'S INFANT MORTALITY RATE (17.2 DEATHS PER 1,000 LIVE BIRTHS IN 1982) REMAINS SUBSTANTIALLY HIGHER THAN THE RATES OF THE COMMONWEALTH AND THE NATION.

NON-WHITE INFANTS IN PHILADELPHIA ARE TWICE AS LIKELY TO DIE BEFORE THEIR FIRST BIRTHDAY AS ARE WHITE INFANTS.



IN 1982, 69 INFANT DEATHS WERE DIAGNOSED AS SUDDEN INFANT DEATH SYNDROME (SIDS), 51 OF WHICH WERE OF NON-WHITE INFANTS.

IN 1982, 113 OF THE 450 INFANT DEATHS RESULTED FROM DISORDERS RELATED TO LOW BIRTH WEIGHT (UNDER 5.5 LBS. AT BIRTH).

IN THE SAME YEAR, 1,074 WHITE NEWBORNS AND 1,921 NON-WHITE NEWBORNS WEIGHED LESS THAN 5.5 LBS.

THE PERCENTAGE OF INFANTS BORN TO PHILADELPHIA WOMEN UNDER 19 YEARS OLD HAS INCREASED FROM 10.6% IN 1972 TO 26.8% IN 1982.

MORE THAN ONE-THIRD OF THE CITY'S PREGNANT WOMEN UNDER AGE 17 FAIL TO RECEIVE ADEQUATE PRENATAL CARE.

HOMICIDE WAS THE LEADING CAUSE OF DEATH TO PHILADELPHIA CHILDREN BETWEEN THE AGES OF 1 YEAR AND 19 YEARS IN 1982; 43 CHILDREN WERE MURDERED, 41 OF WHOM WERE NON-WHITE.

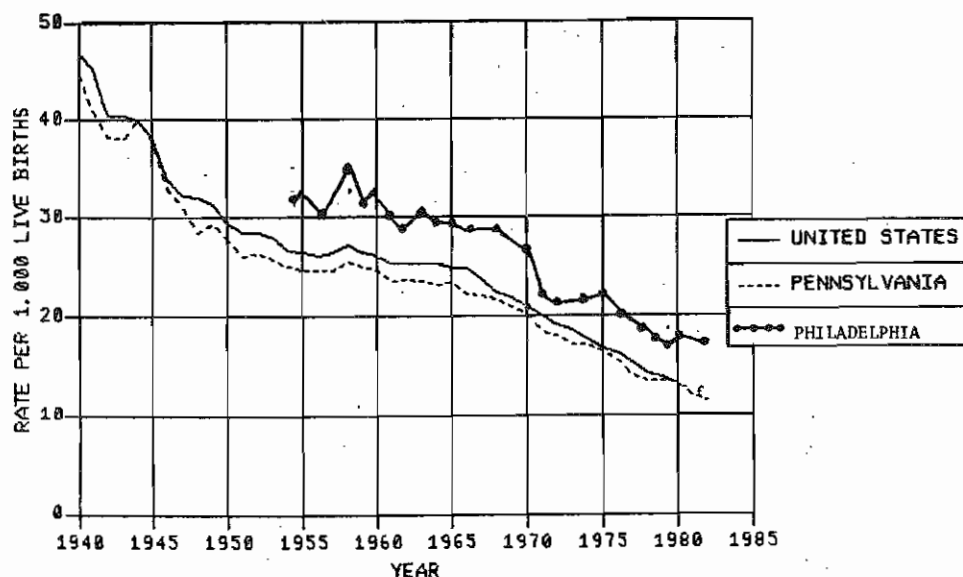
IN 1982, 32 PHILADELPHIA CHILDREN DIED IN MOTOR VEHICLE ACCIDENTS.

THIRTEEN PHILADELPHIA TEENS COMMITTED SUICIDE IN 1982; 11 WERE WHITE MALES.

## INFANT MORTALITY

Death of a child from birth through the first year of life is defined as infant death. The infant mortality rate is the rate of such deaths in the population. As can be seen in Figure 1, the rates of infant death for the nation, Commonwealth and City have steadily decreased over the last thirty years. In the United States from 1970 to 1978 the infant mortality rate dropped 32%. It is generally agreed that the decrease is due to the improved ability of the medical profession to save the lives of at risk newborns and the increased accessibility of prenatal services. In 1979, the U.S. infant mortality rate was 13.1 deaths per 1,000 live births (Child Health Outcomes Project 1983, p. 3). In other words, about 45,000 infants born in the U.S. in 1979 died before their first birthday.

FIGURE 1: INFANT DEATH RATES  
UNITED STATES, PENNSYLVANIA AND PHILADELPHIA  
1940-1982



Note: U.S. data not available for 1981 and 1982.

Sources: Pennsylvania Dept. of Health 1982, p. 71

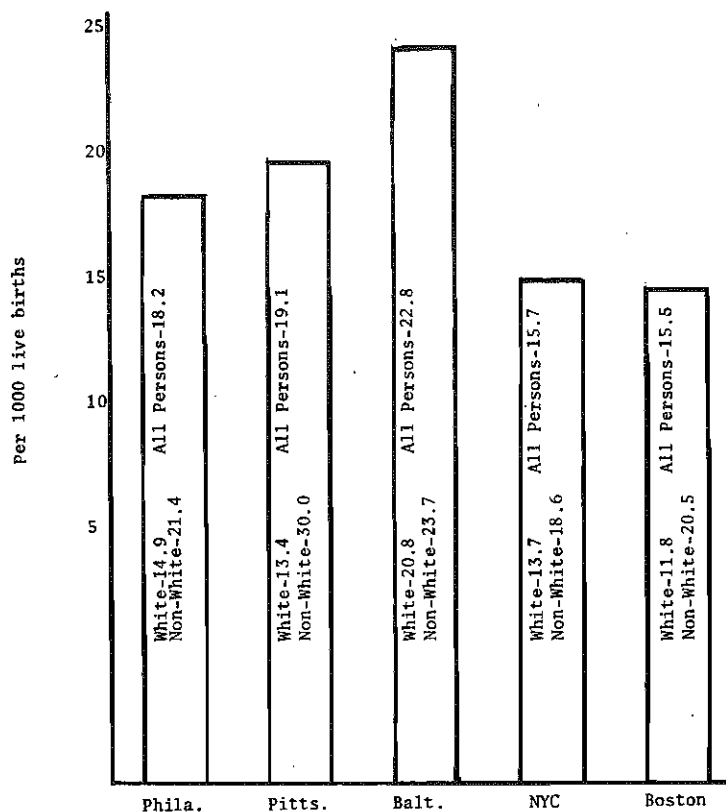
Philadelphia Department of Public Health 1982, p.4

Even though the infant mortality rate for the nation has dramatically improved for the past 17 years, the U.S. has maintained a rank of only 14th to 18th in the world. More alarming is the differential in infant mortality among population sub-groups. In 1979, the nation's infant mortality rate for Blacks (22.1 per 1,000 births) was twice as high as the

rate for Whites (11.5 deaths per 1,000 live births). While the rate for both groups is decreasing, the rate for Blacks is decreasing more slowly than the rate for Whites. If the rates had been the same in 1978, 6,129 of the 12,747 black infants who died in the United States would have lived (National Clearinghouse for Legal Services November, 1983, p. 702).

Within this national context, what is the situation in Philadelphia? Figure 1 illustrates that the City's infant mortality rate has been steadily going down over the last 25 years. In 1982, the City's rate was 17.3 per 1,000 births, the second lowest rate in recorded history. While the rate was higher than those for the nation and the Commonwealth, Figure 2 demonstrates that Philadelphia's infant mortality rate was comparable in 1979 to that of other Eastern cities of similar size and racial composition.

FIGURE 2: INFANT MORTALITY RATES  
FOR FIVE MAJOR CITIES OF POPULATION 500,000 OR MORE\*  
1979 (per 1,000 live births)



\* population as of 1970

Source: Congressional Research Service June, 1983, p. 16

In Philadelphia in 1982, 450 infants died before their first birthday. The chance of survival for the non-White infant born in Philadelphia, like the nation, is far less than that of the White newborn. Of the 450 infants who died, 159 were White and 291 were non-White. Adjusting for the racial composition of the City leads to an infant mortality rate of 22.7 deaths per

1,000 live births for non-Whites compared to 12.1 deaths for Whites. Approximately 65% of the infants who died in 1982 were non-White although non-Whites represent only 41.8% of the City's total population (Philadelphia Department of Public Health 1982, p. 2).

Infant mortality is generally divided into two categories - neonatal death, which is death occurring between birth and 28 days of life, and post-neonatal death, defined as death occurring between 28 days and 1 year of age. Nationwide, the post-neonatal death rate is lower than the neonatal death rate and tends to be associated with the environment after birth: housing, sanitation, food, access to health care, and other items associated with socio-economic status. Post-neonatal mortality has dropped for both White and Black infants in recent years, with a more rapid decline for Blacks (National Clearinghouse for Legal Services November, 1983, p. 702). The post-neonatal death rates for Philadelphia for 1971, 1978, 1980, and 1982 are shown in Table 1.

TABLE 1: NUMBER AND RATES\* OF POST-NEONATAL DEATHS  
FOR SELECTED YEARS BY RACE  
PHILADELPHIA, 1971-1982

Year	Total Deaths		White		non-White	
	Number	Rate	Number	Rate	Number	Rate
1971	202	6.5	66	3.9	136	9.6
1978	107	4.4	28	2.3	79	6.4
1980	139	5.7	44	3.6	95	7.8
1982	143	5.6	46	3.8	94	7.4

\*Computed per 1,000 live births.

Sources: Derived from Philadelphia Department of Public Health, 1971, 1978, 1980, 1982

While the rates of post-neonatal mortality are decreasing, the rate of Sudden Infant Death Syndrome (SIDS) death, which occurs most frequently during the post-neonatal period, has dramatically increased across the nation. Death of a child is diagnosed as SIDS when no other medical explanation of death can be identified, and may represent a diverse group of medical conditions. The cause of SIDS is currently the subject of a great deal of medical debate and research.

In Philadelphia, Sudden Infant Death Syndrome death is second only to congenital anomalies, as the leading cause of post-neonatal death. Table 2 presents the numbers and rates of Sudden Infant Death Syndrome deaths for Philadelphia for selected years. As national figures would suggest, Philadelphia's non-White infants maintain a consistently higher rate of SIDS than do White infants.

The over-all rate of SIDS in 1978 was 2.2 deaths per 1,000 live births compared to 2.7 deaths in 1982. The rate for Whites

in 1982 was 1.4 deaths compared to 4.0 deaths for non-Whites. In 1982, Philadelphia reported 69 SIDS deaths: 51 of the infants who died were non-White while 18 were White.

TABLE 2: RATES\* AND NUMBERS OF SUDDEN INFANT DEATH SYNDROME  
BY RACE  
PHILADELPHIA, 1977, 1978, 1980, 1982

	All Persons		White		Non-Whites	
	Number	Rate	Number	Rate	Number	Rate
1977	74	2.9	20	1.6	54	4.2
1978	54	2.2	12	1.0	42	3.4
1980	61	2.4	13	1.0	48	3.9
1982	69	2.7	18	1.4	51	4.0

\*Computed per 1,000 Live Births

Sources: Derived from Philadelphia Department of Public Health 1978, 1980, 1982

#### Low Birth Weight

Most infant deaths occur during the neonatal period. In Philadelphia, approximately 68% of infant deaths in 1982 occurred in the neonatal period. Three hundred and seven of the 450 infants who died were less than 28 days old. The factor generally agreed upon as most highly associated with neonatal death is low birth weight. Low birth weight babies are estimated to be 20 times more likely to die than normal weight infants (National Clearinghouse for Legal Services November, 1982, p. 702).

In Philadelphia, the rate of low birth weight has remained almost steady since 1960. An infant is considered to be of low birth weight if birth weight is below 2500 grams or 5.5 pounds. Very low birth weight is defined as under 1,500 grams or 3.3 pounds. In medical terms, low birth weight infants fall into two categories, those who are born prematurely (before 38 weeks of gestation) and those who are full term but underweight.

In 1982 in Philadelphia, 11.5% of all infants born were of low birth weight. Proportionately, more non-White infants were of low birth weight than White infants. In 1982, 8.2% of White infants born were of low birth weight compared to 15.0% of non-White newborns.

TABLE 3: NUMBER AND PERCENTAGES OF RESIDENT LIVE BIRTHS  
OF LOW BIRTH WEIGHT  
BY RACE, PHILADELPHIA, 1971, 1978, 1980, 1982

Year	Total Low Birth Weight		Whites		Non-Whites	
	Number	Births (%) of live births	Number	Births (%) of live births	Number	Births (%) of live births
1971	3,553	(11.3%)	1,386	(8.1%)	2,169	(14.9%)
1978	2,695	(10.9%)	911	(7.5%)	1,784	(14.2%)
1980	3,183	(11.9%)	1,366	(9.5%)	1,817	(14.6%)
1982	2,995	(11.5%)	1,074	(8.2%)	1,921	(15.0%)

Sources: Derived from Philadelphia Department of Public Health, 1971 1978, 1980, 1982

As illustrated by Table 3, Whites have consistently maintained a far lower percentage of low birth weight births than non-Whites. There is little evidence that the differential in the percentages of low birth weight births between Whites and non-Whites is due to genetic factors. Middle-income Blacks show the same birth weight pattern as middle-income Whites (Congressional Research Service 1983, p. 3). Most studies demonstrate that low birth weight is a result of socio-economic disadvantage resulting from conditions that affect healthy fetal development.

Considerable controversy exists within the professional community over which variable represents the truest causal relationship with low birth weight. A few variables emerge as undeniable predictors of high risk for low birth weight and poor pregnancy outcome. They are maternal age, inadequate prenatal care, marital status, maternal health and nutrition.

Women at both ends of the childbearing spectrum exhibit greater incidence of poor pregnancy outcome. In Philadelphia, women ages 17 and under and women ages 35 and over are the most likely to suffer from complications of pregnancy, labor, and delivery. Most striking of all is the higher incidence of low birth weight births to women ages 19 and under and women ages 35 and over. While women at the higher age range have the highest percentage of low birth weight babies, they represent a very small proportion of the women having babies and their rate of birth is decreasing (Philadelphia Department of Public Health 1982, p. 16). The scope of the problem for the teenage population is, on the other hand, increasing.

#### Teenage Pregnancy

National statistics show that infants born to mothers under age 15 are almost twice as likely to die before they reach their first birthdays and are more than twice as likely to be of low birth weight than are infants born to women in their twenties. (Child Health Outcomes Project 1983, p. 4). Table 4 describes

the numbers and percentages of low birth weight infants born to teen mothers in Philadelphia in 1982.

TABLE 4: RESIDENT LIVE BIRTHS OF LOW BIRTH WEIGHT  
BY AGE AND RACE OF MOTHER  
PHILADELPHIA, 1982

MOTHER'S AGE	NUMBER	(%) of live births
All Women - Total	2,995	(11.5%)
under 15 years old	24	(16.0%)
15 to 17 years old	306	(14.8%)
18 to 19 years old	389	(13.9%)
20 years old and over	2,276	(10.9%)
White Women - Total	1,074	( 8.2%)
under 15 years old	6	( --- )*
15 to 17 years old	67	(11.4%)
18 to 19 years old	104	(10.0%)
20 years old and over	897	( 8.2%)
Non-White Women - Total	1,921	(15.0%)
under 15 years old	18	(14.1%)
15 to 17 years old	239	(16.2%)
18 to 19 years old	285	(16.3%)
20 years old and over	1,379	(14.6%)

\*Note: The percentage of low birth weight births to White women under 15 years of age was not computed due to the small number base. However, the percentage of low birth weight births for all women under 15 years of age includes the births to White women under 15 years old.

Source: Philadelphia Department of Public Health 1982, p. 16

Philadelphia women ages 19 and under were far more likely to give birth to underweight babies than were older women. In Philadelphia, approximately one of every seven infants born to women 19 years old and under in 1982 was of low birth weight.

Non-White teens are far more likely to give birth to underweight babies than are White teens. In 1982, the percentage of low birth weight births for White 15 to 17 year olds was 11.4% compared to 16.2% for non-Whites. It is important to note the intra-group differences as indicated in Table 4. The difference in percentage of low birth weight births between White 15 to 17 year olds and all White women is greater than the difference between non-White 15 to 17 year olds and all non-White women. White teens decrease their risk of poor pregnancy outcome by postponing pregnancy to a later age to a far greater degree than do non-White teens.

In 1975, 23.6% of all infants were born to women 19 years old and under compared to 21.2% in 1978, and 19.3% in 1982. Table 5 presents the numbers and rates of births to Philadelphia

teens for selected years from 1971 to 1982. As can be seen, the rate of births to teenagers generally declined from 1971 to 1979. However, the rate of births to teens has been increasing since 1980. The rate of births to women ages 15 years to 19 years was 65.4 per 1,000 15 to 19 year olds in 1980 compared to 67.2 and 70.2 in 1981 and 1982, respectively.

TABLE 5: RESIDENT LIVE BIRTHS TO WOMEN 19 YEARS OLD AND UNDER  
BY RACE  
PHILADELPHIA, 1971, 1975, 1978, 1980, 1981, 1982

Year	ALL WOMEN				WHITE				NON-WHITE			
	Under 15 Years Old		15-19 Years Old		Under 15 Years Old		15-19 Years Old		Under 15 Years Old		15-19 Years Old	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1971	213	(2.5)	6,325	(78.1)	19	(0.4)	1,958	(40.8)	194	(5.0)	9,367	(132.3)
1975	171	(2.3)	5,661	(72.2)	20	(0.5)	1,842	(42.4)	151	(4.1)	3,819	(109.1)
1978	136	(2.0)	5,123	(67.1)	21	(0.6)	1,590	(39.8)	115	(3.3)	3,533	(97.1)
1980	132	(2.1)	4,914	(65.4)	23	(0.8)	1,660	(43.8)	109	(3.2)	3,254	(87.2)
1981	144	(2.4)	4,819	(67.2)	10	(0.4)	1,611	(45.9)	134	(4.0)	3,208	(87.7)
1982	150	(2.6)	4,854	(70.2)	22	(0.8)	1,628	(49.3)	128	(4.0)	3,226	(89.4)

Computed per 1,000 women in age group (10-14 used is base rate for under 15 year old group).

Source: Philadelphia Department of Public Health 1982, pp. 10-11

The change in the rates of births to White and non-White teens is important. Table 5 demonstrates that the rate of births to teenage non-White women, while far higher than the rate for teenage White women, has decreased since the early 1970's. In contrast, the rate of births to White teenage women has increased. In 1978, the rate of births for White 15 to 19 year olds was 39.8 births per 1,000 compared to 49.3 birth per 1,000 in 1982. The increase in the rate of births to teenage women is due largely to the increase in the rate of White teens having babies.

#### Prenatal Care

While inadequate prenatal care does not cause low birth weight, adequate prenatal care can be extremely effective in identifying high risk pregnancies requiring special medical treatment and in alleviating certain health hazards resulting in poor fetal development. In 1977, the overall rate of low birth weight in the nation was 7.1% of all live births. Among the infants born to women who had received no prenatal care the rate of low birth weight was 19.2% (Child Health Outcomes Project 1983, p. 4). Many studies of groups with high rates of low birth weight have demonstrated that prenatal care services tailored to the needs of high risk groups have been successful in significantly lowering the rates of low birth weight.



The percentage of women who fail to receive adequate prenatal care in Philadelphia dropped dramatically between 1972 and 1975 from 11% to 5% of all pregnant women. Since 1975, there has been a small but steady increase; in 1982 in Philadelphia, approximately 8% of pregnant women failed to receive adequate prenatal care (Philadelphia Department of Public Health 1982, p. 19).

In Philadelphia in 1982, 1,917 infants, 7.8% of all live births, were born without adequate prenatal care. As can be seen in Table 6, non-White women have higher rates of inadequate prenatal care than have White women. In Philadelphia in 1982 approximately one out of every twelve non-White births was without the benefit of adequate prenatal care. The figures for non-White adolescent mothers were particularly disturbing. One out of every seven births to non-White women ages 19 and under was without the benefit of adequate prenatal care (Philadelphia Department of Public Health 1982, p. 16).

TABLE 6: RESIDENT LIVE BIRTHS WITH INADEQUATE PRENATAL CARE  
FOR MOTHERS 19 YEARS OLD AND UNDER  
BY RACE, PHILADELPHIA, 1982

MOTHER'S AGE	ALL BIRTHS		WHITE		NON-WHITE	
	Inadequate Prenatal Care	Total Live Births	Inadequate Prenatal Care	Total Live Births	Inadequate Prenatal Care	Total Live Births
Under 15	27	(19.7%) 150	2	(N.C.)* 22	25	(21.4%) 128
15 - 17	276	(14.1%) 2,064	65	(11.5%) 587	211	(15.2%) 1,477
18 - 19	346	(13.1%) 2,790	84	(8.5%) 1,041	262	(15.8%) 1,749
All	1,917	(7.8%) 25,943	571	(4.5%) 13,117	1,346	(11.1%) 12,826

\*percentage not computed due to small number base

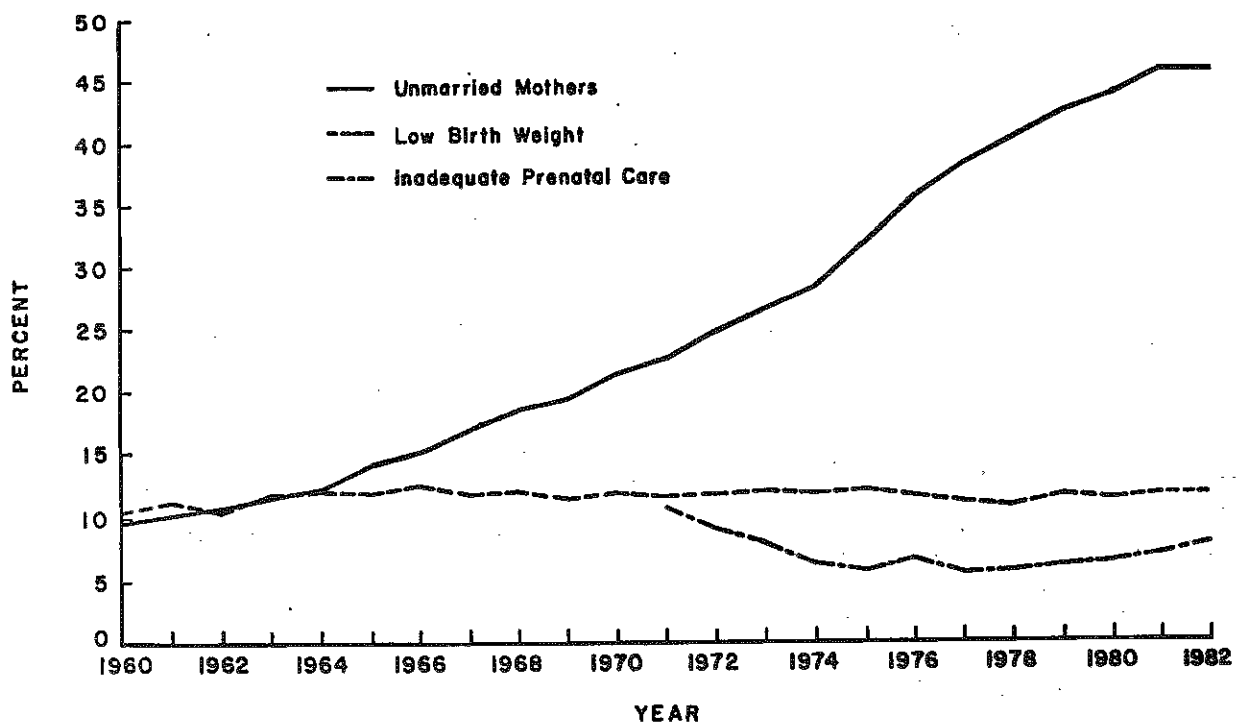
Source: Philadelphia Department of Public Health 1982, p. 16

While the vast majority of Philadelphia's White women receive adequate prenatal care, the picture is not quite as positive for the White teen. In 1982, one out of every eleven infants born to White women ages 19 and under lacked adequate prenatal care (Philadelphia Department of Public Health 1982, p. 16). It should again be noted that the White teen is more different from White women, in general, than the non-White teen from other non-White women. For the White teen, age seems to be a far more significant indicator of failure to receive adequate prenatal care than it is for the non-White teen.

### Marital Status

In Philadelphia, the rate of unmarried women having babies is rapidly rising. In 1960 approximately 9% of all births in Philadelphia were to unmarried mothers. In 1982, approximately 46% of all births were to unmarried women.

FIGURE 2: PERCENTAGE OF RESIDENT LIVE BIRTHS  
WITH LOW BIRTH WEIGHT, UNMARRIED MOTHERS  
OR INADEQUATE PRENATAL CARE  
PHILADELPHIA: 1960 - 1982



Source: Philadelphia Department of Public Health 1982, p. 19

There are no available data for Philadelphia directly measuring the rates of infant mortality, low birth weight and prenatal care by marital status, but as Figure 3 shows, the dramatic increase in births to unmarried women has not been accompanied by an equally significant increase in the rate of inadequate prenatal care or low birth weight. While national data would suggest that unmarried women in Philadelphia may be more likely to experience poor pregnancy outcomes than married women, one can speculate that for Philadelphia women marital status may not be as significant in the incidences of infant mortality, low birth weight, or inadequate prenatal care as other socio-economic factors.

### Other High Risk Factors

National data is available linking poor maternal nutrition, existing maternal health problems and alcohol and substance abuse to the incidence of poor pregnancy outcome. No local data are currently available to provide an adequate picture of the influence of these factors on births in the City. Such data would be extremely valuable in pinpointing the kinds of local interventions needed to lower the rates of infant mortality and low birth weight.

### Public Response To Infant Mortality Rates

In June, 1983, the Mayor's Commission on Health in the Eighties issued its report on children's health services (Mayor's Commission on Health in the Eighties 1983). The report made several recommendations aimed at reducing the City's overall infant mortality rate and closing the infant "death gap" among racial groups. These included recommendations to:

- 1) increase the availability of education about human sexuality, contraception and family planning aimed particularly at the adolescent population;
- 2) establish adequate prenatal care for all pregnant women with priority placed on high-risk women especially adolescents;
- 3) develop a uniform method of risk assessment;
- 4) organize on a regional basis the delivery of prenatal services that meet the level of risk for each pregnancy;
- 5) promote the use of less expensive alternative birth centers for low risk obstetrical services;
- 6) create a Community Home Visitor program to provide peer outreach to high risk women;
- 7) create a high risk infant follow-up care program.

Since the publication of the Report, the new Mayoral administration has appointed a special panel to study the problem of infant mortality in Philadelphia, with emphasis on the racial differential in mortality rates. Also in response, the Maternity Care Coalition of Philadelphia drafted an evaluation of the Report that supports the Commission's work and makes additional recommendations to:

- 1) expand Medicaid financing for prenatal services;
- 2) expand the publicly funded Maternal and Infant Care Program to cover all low income high risk women;
- 3) use City funds to cover payment for inpatient obstetrical costs for financially needy uninsured women;
- 4) obtain Medicaid reimbursement for alternative birth centers;
- 5) create a position within the Philadelphia Department of Public Health to oversee public health nutrition programs for pregnant women.

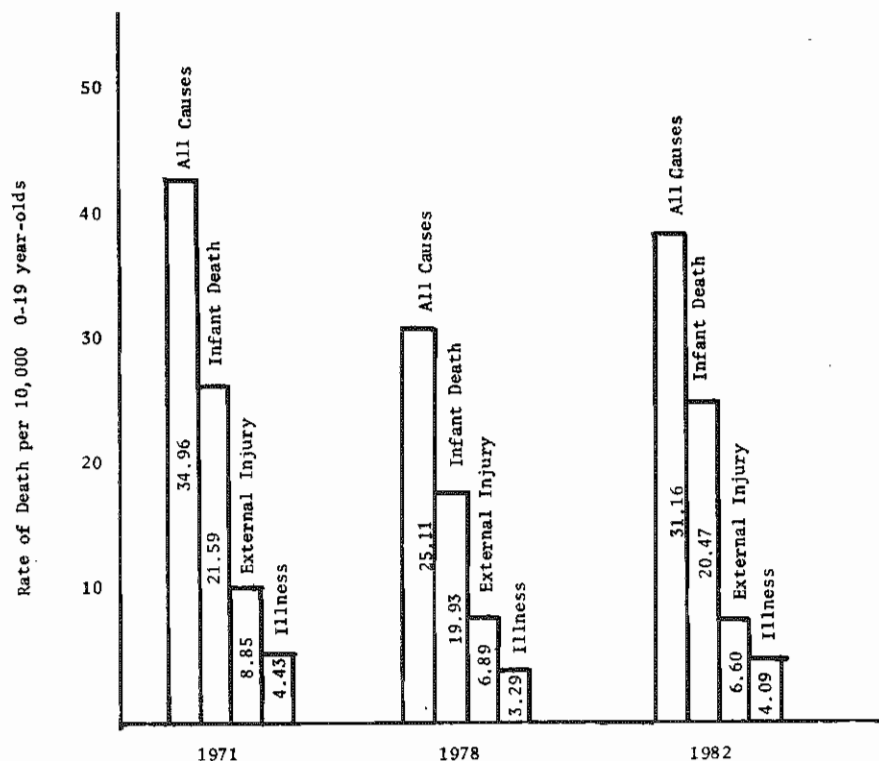
The recommendations listed above are only a few of the many recommendations made by the two groups. What needs to be done

to improve the health care of pregnant women and the probability of favorable pregnancy outcomes is no mystery. If the City were to implement these recommendations, the number of infants who die before their first birthday would be reduced.

#### CHILDHOOD MORTALITY

A child is more likely to survive childhood today than 10 years ago. The three major categories of childhood death are : 1) infant death; 2) injury-related death for children ages 1 to 19; and 3) illness-related for children ages 1 to 19. The over-all rate of childhood mortality for 1971 was 34.96 deaths per 10,000 children 0 to 19 years old compared to a rate of 31.16 deaths in 1982. The rate of death for children under 19 years old for 1978 was higher than that for 1982 due to the higher rates of infant death and illness-related death in 1982 compared to 1978. Figure 4 illustrates the differences in childhood mortality rates for 1971, 1978, and 1982. Figure 4 also illustrates that death due to external causes of injury is the second leading cause of childhood mortality.

FIGURE 4: RATES\* OF DEATH FOR CHILDREN AND YOUTH  
UNDER 19 YEARS OLD  
DUE TO INFANT DEATH, EXTERNAL CAUSE OF INJURY, AND ILLNESS  
PHILADELPHIA, 1971, 1978, 1982



\*Computed on number of deaths for each category per 10,000 under 19 year olds

Sources: Derived from Philadelphia Department of Public Health 1971, 1978, 1982

A total of 685 children under 19 years of age died during 1982. Four hundred and fifty of the deaths were considered infant deaths. Of the remaining 235 childhood deaths, 145 were due to externally-caused injury and 97 were illness-related. The risk of death diminishes steadily after the first year of life until a youngster reaches adolescence. A very sharp increase in the childhood mortality rate occurs at late adolescence in the 15 to 19 year old group. The increase is primarily due to death from external causes of injury (Philadelphia Department of Public Health 1982, pp. 42-61).

#### Childhood Death Due to External Causes of Injury

Table 7 compares the numbers of deaths from external causes of injury for Philadelphia children ages 1 year to 19 years for 1971, 1978 and 1982. The table illustrates that the risk of death from external causes of injury declined over this period.

TABLE 7: RESIDENT DEATHS FOR 1 TO 19 YEAR OLDS  
FROM EXTERNAL CAUSES OF INJURY  
PHILADELPHIA, 1971, 1978, 1982

Cause of Death	1971	1978	1982
All External Causes of Injury	269	191	136
Homicides	97	62	39
Motor Vehicle Accidents	65	36	32
Accidents by Fire and Flames	16	39	23
Suicides	11	16	13
Accidental Poisoning	12	7	4
Accidental Drowning	25	13	5
All Other Cases	43	18	20

Sources: Derived from Philadelphia Department of Public Health 1971, 1978, 1982

Homicide was the leading category of death from external causes for the three years examined. In 1971, 97 Philadelphia children ages 1 year to 19 years were murdered. Sixty-two children were murdered in 1975 and 39 children in 1982.

Death due to motor vehicle accidents represented the second largest category of death due to externally-caused injury. In 1971, 65 children died in motor vehicle accidents. The numbers of such fatalities were substantially lower in later years. In 1978, 36 children suffered fatal injuries in motor vehicle accidents; in 1982, there were 32 motor vehicle-related child deaths.

In 1978 and 1982, death from accidental fire and flames was the third leading cause of child death due to externally-caused injury. In 1971, 16 children ages 1 to 19 years died as a result of fire. There were 39 such deaths in 1978 and 23 in 1982.

INTERVIEWS AND/OR SPECIAL ASSISTANCE

Arno Cassel, Family Court of Philadelphia Court of Common Pleas

The Honorable Nicholas A. Cipriani, Family Court

Rosemarie Hake, Pennsylvania Department of Public Welfare

The Honorable Doris M. Harris, Family Court

Bebe H. Kivitz, District Attorney's Office

William T. Krum, Mental Health Association of Southeastern  
Pennsylvania

Delores Reynolds, Philadelphia Department of Human Services

Robert Schwartz, Juvenile Law Center

Lieutenant Frederick Smith, Philadelphia Police Department

Larry Woods, Pennsylvania Department of Public Welfare

Death due to accidental drowning declined sharply over the three years examined. Twenty-five children drowned in 1971 compared to 13 children in 1978 and 5 children in 1982. Death by drowning had been the third largest category of externally-caused childhood death in 1971.

Table 8 shows all categories of deaths from external causes of injury for Philadelphia children by age for 1982. This table demonstrates that the older adolescent is at greatest risk of death from external causes of injury. Again, death due to homicide is the most frequent cause of adolescent death with motor vehicle accidents and suicide being second and third, respectively. Death resulting from fire and flames is the only externally-caused category of death that occurs with greater frequency among the younger groups of children.

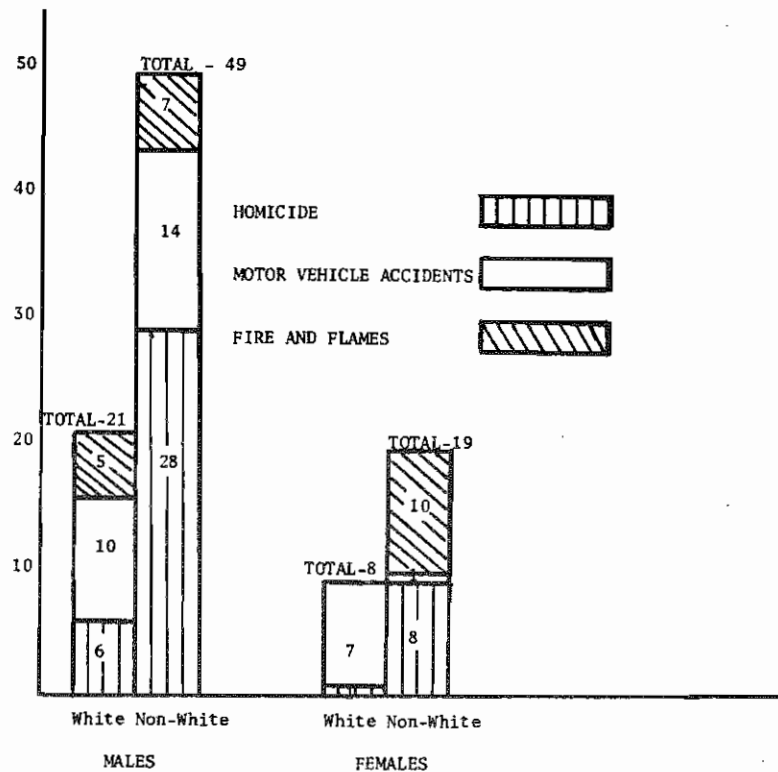
TABLE 8: RESIDENT DEATHS FOR UNDER 19 YEAR OLDS  
DUE TO EXTERNAL CAUSES OF INJURY  
BY AGE  
PHILADELPHIA, 1982

CAUSE OF DEATH	Under 1	1-4	5-9	10-14	15-19	Total
Motor Vehicle						
Accidents	0	6	7	2	17	32
Accidents Caused						
by Fire and Flames	0	14	6	1	2	23
Accidental Drowning						
and Submersion	0	0	1	1	3	5
Accidental						
Poisoning	0	0	0	3	1	4
Accidental Falls	1	0	0	1	1	3
Other Accidents	2	1	2	3	5	13
Suicide	0	0	0	0	13	13
Homicide	4	4	6	0	29	43
Injury Undet-						
ermined*	<u>2</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>5</u>	<u>9</u>
TOTALS	9	26	22	12	76	145

\*Injury undetermined whether accidentally or purposely inflicted  
Source: Philadelphia Department of Public Health 1982, p. 45

Males are far more likely to die as a result of external causes of injury than are females. In 1982, of the 145 children under 19 years old who died as a result of externally-caused injuries, 103 were males and 42 were females. Figure 5 compares the numbers of deaths due to selected fatal injuries for boys and girls and for Whites and non-Whites.

FIGURE 5: DEATHS DUE TO HOMICIDE, MOTOR  
VEHICLE ACCIDENTS, AND FIRE AND FLAMES  
BY SEX AND RACE  
PHILADELPHIA, 1982



Source: Derived from Philadelphia Department of Public Health 1982, pp. 42-61

It can be seen that boys are far more likely to be murdered than are girls. In Philadelphia in 1982, 36 boys were murdered compared to 7 girls. The non-White male is the most likely murder victim: 28 of the 36 boys who were murdered were non-White.

Of the 32 children who died in motor vehicle accidents, 24 were males while 8 were females. Fourteen of the boys who died were non-White while 1 of the 8 girls who died was non-White.

In Philadelphia, race appeared to be a significant factor in childhood death due to accidental fire in 1982. Seventeen non-White children died due to accidental fire compared to 5 White children. Since non-White children are more likely to be living in poverty and sub-standard housing than are White children this difference does not seem surprising.

#### Teenage Suicide

The rate of suicide among the nation's population has been steadily increasing and in 1979 ranked as the third leading cause of death for youth ages 15 to 24. The greatest change in the rate of suicide among 15 to 24 year old youth occurred among



White males with the suicide rate for this group increasing 224% from 1950 to 1980. Over the same period, the rate for Black males increased 151%. The percent increases in rates for White females and Black females were far smaller (Child Health Outcomes Project 1983, p. 2).

The number of suicides among Philadelphia youth does not mirror the national trends. Table 9 lists the number of suicide deaths among youth who were 10 to 24 years old in Philadelphia for selected years.

TABLE 9: SUICIDE DEATHS FOR ADOLESCENT GROUPS  
BY AGE, RACE, AND SEX  
PHILADELPHIA, 1971, 1978, 1980, 1982

Category	1971	1978	1980	1982
White Males				
10-14 year olds	2	0	0	0
15-19 year olds	2	8	7	11
20-24 year olds	15	19	14	9
White Females				
10-14 year olds	0	0	0	0
15-19 year olds	2	2	4	1
20-24 year olds	4	4	3	4
Non-white Males				
10-14 year olds	0	0	0	0
15-19 year olds	1	4	1	0
20-24 year olds	8	6	2	4
Non-white Females				
10-14 year olds	0	0	0	0
15-19 year olds	4	2	4	1
20-24 year olds	6	0	8	2
TOTALS	44	45	43	32

Sources: Derived from Philadelphia Department of Public Health 1971, 1978, 1980, 1982

The number of suicide deaths among youth 15 to 24 years in Philadelphia was actually lower in 1982 than in any of the preceding years. As the national data would suggest the City's White male is the most likely teenage suicide. Since 1971, White males have represented the largest category of suicide deaths among youth. In 1982, of the 13 suicide deaths among 15 to 19 year olds, 11 were White males.

It is important to note that most suicide attempts do not result in death. The ratio of attempted suicide to completed suicide among the nation's youth is at least ten to one. While the number of suicide deaths among males is far higher than the number among females, it is estimated that the ratio of attempted suicides is approximately one male to three females.

(Child Health Outcomes Project 1983, p. 3). There are no available figures for the number of attempted suicides for youth in Philadelphia.

#### Childhood Death Due to Illness

Childhood death due to all types of illness (excluding those deaths classified as infant death) has remained fairly steady over the last decade. Table 10 presents the numbers of illness related deaths for Philadelphia children for 1982.

TABLE 10: RESIDENT DEATHS DUE TO SELECTED  
ILLNESSES AND CONDITIONS  
FOR UNDER 19 YEAR OLDS  
PHILADELPHIA, 1982

CAUSE OF DEATH	Under 1	1-4	5-9	10-14	15-19	TOTALS
Infectious and Parasitic disease	4	1			3	8
Neoplasms	1	4	4	9	5	23
Endocrine, Nutritional Metabolic Diseases and Immunity Disorders	1	2	2	3	1	9
Diseases of the blood forming organs	1	4			3	8
Diseases of the Circulatory System	1	3	1	2	8	15
Diseases of the Respiratory System	14	4	1	1	3	23
Mental Disorders				1		1
Diseases of the Ner- vous System and sense organs	3	3	1	2	1	10
Diseases of the Digestive System	4			3		7
Diseases of the Genitourinary System	1					1
Diseases of Musculo- skeletal system and connective tissues		1		1		2
Congenital Anomalies	61	10	4	3		78
Certain Condition Originating in the Perinatal Period	279	1				280
Symptoms, signs and ill-defined condi- tions	71	2		1	1	75
TOTAL	441	35	13	26	25	540

Source: Derived from Philadelphia Department of Public Health 1982, pp. 42-61

In 1982 most illness-related deaths for children ages 1 to 19 years were due to neoplasms. Congenital anomalies and diseases of the circulatory system were the second and third

most frequent causes of illness-related death for children 1 to 19 years old. As can be seen from the table 441 of the 540 childhood deaths due to illness were of infants under 1 year of age.

#### CONCLUSION

While the rate of infant mortality has reduced dramatically over recent decades, the differences in neonatal and post-neonatal mortality rates between racial groups pose a major issue that must be urgently addressed by the City. Furthermore, the patterns in the incidences of low birth weight, teenage pregnancy, and inadequate prenatal care among the City's population that underly the rates of infant death, point to needed changes in prenatal care service programs. Local groups studying the problems recently have made comprehensive recommendations for changes in services and programs in the City.

Childhood mortality rates reveal that in Philadelphia the child who survives the first year of life is again most vulnerable to death during late adolescent years. Death due to external causes of injury represents the leading category of death for children and youth after infancy. The adolescent male - especially if he is non-White - is the most likely victim of fatal injury including homicide and motor vehicle accidents. Suicide stands out as the single cause of death among adolescents males that occurs most frequently among White males. The higher mortality for male youth resulting from homicide, car accidents, and suicide suggests the need to examine carefully the quality of life for the City's male youth.

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## INTERVIEWS

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## CHAPTER V

### CHILDHOOD ILLNESS AND DISEASE

Philadelphia's children enjoy healthier childhoods today than did their parents. No longer do the papers record the weekly toll of poliomyelitis victims. No longer are rubeola, mumps, and whooping cough an expected part of growing up. For those children who become ill, Philadelphia is the site of two nationally renowned children's medical centers and of a myriad of highly respected pediatric services. Most importantly, the number of children whose parents cannot afford routine pediatric care has been dramatically reduced by federal Medicaid legislation and other pediatric health programs.

Nevertheless, Philadelphia, one of the largest cities of the world's richest nation reports alarmingly high rates of pediatric anemia, lead poisoning, childhood mental illness, teenage drug abuse and sexually transmitted diseases, to name a few of the serious health problems affecting the nation's and City's children. The treatments and interventions needed to address these problems are generally well known. Yet, scant resources are devoted to preventive health measures that could reduce the incidence of these pediatric problems. It is important to examine the range of these problems facing the City and identify what efforts might be made to insure better pediatric health.

Assessment of the general health of the City's children with regard to illness and disease is limited by the data available. Generally, most municipalities collect only those data mandated by the Federal government or by special health programs. Philadelphia is no exception. Health data are available for some diseases of little current concern to the population such as malaria and cholera; little or no data exist for more widespread and relevant problems such as nutritional deficits and childhood anemia.

The following is a list of some of the diseases and illnesses for which the City publishes data:

- Giardiasis (diarrhea)
- Gonorrhea
- Viral Hepatitis (Infectious and Serum)
- Lead Toxicity
- Malaria
- Measles (Rubeola)
- Meningitis (Aseptic and Bacterial)
- Mumps
- Salmonellosis
- Bacillary Dysentery (Shigellosis)
- Syphilis (Primary and Secondary).

Provision of preventive health care can extend good health among Philadelphia's children. Many of the diseases listed

above are fully preventable. This chapter will focus on some of these diseases and other health issues which remain serious problems for the City's children as indicated by the available data.

#### HIGHLIGHTS

APPROXIMATELY 95% OF PHILADELPHIA'S SCHOOL-ENROLLED POPULATION IS FULLY IMMUNIZED.

IN 1982, 444 CASES OF CHILDHOOD LEAD POISONING WERE DIAGNOSED IN PHILADELPHIA; HEALTH DISTRICTS #5 AND #6 HAD RATES IN EXCESS OF 60 CASES PER 100,000 PEOPLE COMPARED TO THE CITY-WIDE RATE OF 26.9 CASES.

FROM JULY 1980 TO JULY 1981, 1113 YOUTH UNDER AGE 18 RECEIVED IN-PATIENT TREATMENT FOR ALCOHOL AND DRUG ABUSE; ALMOST THREE-FOURTHS OF THESE CHILDREN WERE WHITE.

MARIJUANA WAS THE PRIMARY DRUG ABUSED BY APPROXIMATELY ONE-HALF OF THE YOUTH TREATED FOR SUBSTANCE ABUSE; ALCOHOL AND AMPHETAMINES WERE THE SECOND- AND THIRD-MOST ABUSED SUBSTANCES.

IN PHILADELPHIA, THERE WERE 3,671 REPORTED CASES OF GONORRHEA AMONG CHILDREN AND YOUTH IN 1982; THE RATE OF GONORRHEA AMONG 15 TO 19 YEAR OLDS FOR THE YEAR WAS APPROXIMATELY ONE CASE IN FIFTY YOUNGSTERS.

THE ANNUAL NUMBER OF REPORTED CASES OF SYPHILIS AMONG CHILDREN AND YOUTH HAS MORE THAN DOUBLED SINCE 1978.

ONLY ONE-THIRD OF THE CHILDREN ELIGIBLE FOR MEDICAL SERVICES FUNDED BY EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT ARE REGISTERED IN THE PROGRAM.

A SIGNIFICANT NUMBER OF PHILADELPHIA CHILDREN AND THEIR FAMILIES HAVE NO MEDICAL INSURANCE COVERAGE; THE AMERICAN ACADEMY OF PHYSICIANS ESTIMATES THAT ONLY 40% OF THE CHILDREN BELOW THE POVERTY LINE IN PENNSYLVANIA ARE RECEIVING MEDICAID BENEFITS.

## IMMUNIZATION RATES

The effectiveness of immunization in preventing certain childhood diseases is undisputed. Even though most vaccines and toxoids for childhood diseases have been available for decades, national data indicate that as recently as 1977 less than two-thirds of the nation's children under 15 years old were fully immunized against measles, mumps, diphtheria, pertussis, tetanus and polio. From 1977 to 1979 an effort was initiated aimed at achieving a 90% immunization rate for the nation's children. According to the Federal government this goal was attained for all vaccine and toxoid preventable childhood diseases except mumps (Child Health Outcomes Project 1983, p. 4).

Both the Commonwealth and City participated in the national effort to extend immunization rates. By distributing doses of vaccine to health centers, hospital pediatric services, and private physician's offices, the Philadelphia Department of Public Health attempted to target minority and low-income groups who were recognized to be the most deficient in immunization coverage (Philadelphia Department of Public Health 1980a, p. 15). In September, 1982, the Commonwealth enacted regulations requiring immunization for each child before entering the public school system. As estimated by the Philadelphia Department of Public Health, 95% of the City's school-enrolled population is currently fully immunized (Harriet Williams, Special Assistant to the Philadelphia Commissioner of Public Health).

Data collected by the Philadelphia Health Management Corporation on the Early Periodic Screening Diagnostic and Treatment (EPSDT) program suggest that the immunization rates for economically disadvantaged pre-school and school age children need improving. Under EPSDT, a Medicaid-funded program offering preventive medical care for financially needy children, approximately 446,696 medical screenings have been conducted on children living in the five county area (Bucks, Montgomery, Chester, Delaware, and Philadelphia counties), since June, 1977. Of the 251,636 screenings of children under 6 years old, 113,602 (45.1%) diagnoses of insufficient immunization were made. Of the 195,060 screenings of children ages 6 and over, 23,356 (12%) diagnoses of insufficient immunization were made (Pennsylvania Department of Public Welfare 1984). The cumulative data does not reveal whether there is improvement in immunization trends for EPSDT patients.

Table 1 lists the City's numbers and rates of selected childhood illnesses and diseases for 1982 and the median number of cases per year from 1977 to 1981 for Philadelphia. In looking at the rates of childhood illnesses for which immunization are available, it appears that the City's immunization program has been generally effective.

TABLE 1: NUMBER, RATES, AND MEDIAN NUMBER OF CASES FOR  
SELECTED CHILDHOOD DISEASES AND ILLNESSES  
PHILADELPHIA, 1971-1981, 1982

Disease/Illness	1982		1977-81
	Number of Cases	Rate*	Median Number of Cases
Diphtheria	0	--	0
Measles(Rubeola)	1	0.1	21
Mumps	13	0.8	41
Pertussis	41	2.8	7
Poliomyelitis	0	--	0
Tetanus	0	--	0

\*computed per 100,000 people

Source: Philadelphia Department of Public Health 1982, p.  
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As can be seen in Table 1, there was one reported case of measles in Philadelphia in 1982. Provisional national data for 1982 indicate a record low incidence of the illness with only 1,499 cases being reported for the first 10 months of the year (Child Health Outcomes Project 1983, p. 4). In 1980, there were only 12 cases of tetanus for children under age 20 in the entire country (Child Health Outcomes Project 1983, p. 3). There have been no recorded cases of tetanus in Philadelphia since 1977. Pertussis and mumps appear to be the only immunizable childhood illnesses with even minimal rates of occurrence.

#### INCIDENCE OF ACUTE AND CHRONIC PHYSICAL ILLNESS AND INJURY

Local incidence and prevalence data are not available on acute (short duration) and chronic (long duration) illnesses and injuries among the City's children. Table 2 reflects national data as reported by the U.S. Department of Health and Human Services for 1978 regarding the number of days lost from school due to certain acute conditions.



TABLE 2: DAYS LOST FROM SCHOOL DUE TO ILLNESS OR INJURY  
AMONG 6 TO 16 YEAR OLDS PER 100 CHILDREN BY SEX  
UNITED STATES, 1978

CONDITION	Days Lost From School Per 100 Children per Year		
	Both Sexes	Males	Females
<u>All Acute Conditions</u>	<u>480.7</u>	<u>443.5</u>	<u>519.1</u>
Infective and Para- sitic Diseases	75.3	65.4	85.5
Respiratory Con- ditions	302.1	279.0	326.1
Digestive System Conditions	21.1	19.1	23.0
Injuries	42.1	47.8	36.2
All Other Acute Conditions	40.1	32.2	48.3

Source: U.S. Department Health and Human Services 1979, p. 16

Applying national rates of incidences of days lost from school to Philadelphia's school age population, the following estimates can be made:

TABLE 3: ESTIMATES\* OF DAYS LOST FROM SCHOOL  
DUE TO ILLNESS OR INJURY  
AMONG 6 TO 16 YEAR OLDS IN THE  
PHILADELPHIA PUBLIC SCHOOL SYSTEM  
PHILADELPHIA, 1980

DAYS	AVERAGE NUMBER OF	
CONDITION	DAYS LOST FROM SCHOOL	LOST FROM SCHOOL PER STUDENT
<u>All Acute Conditions</u>	<u>1,078,398</u>	<u>4.80</u>
Infective and Parasitic Disease	168,898	.75
Respiratory Conditions	677,610	3.00
Digestive System Conditions	47,327	.21
Injuries	94,430	.42
All Other Acute Conditions	89,944	.40

\*based on population data from Philadelphia Citizens for Children and Youth 1982, p. 2

It is generally agreed that children from low income families have higher incidences of ill health than do children from higher income families. Since the City's average family income is lower than the national average, the above estimates must be considered conservative.

## IRON DEFICIENCY ANEMIA

National studies reflect the fact that pediatric iron deficiency anemia is one of the most prevalent health problems in the nation. Iron deficiency anemia occurs when there is an abnormally low concentration of hemoglobin (the iron-carrying component of red blood cells) in the blood. Iron deficiency anemia is diagnosed when the proportion of red blood cells (hematocrit) and/or the number of grams of hemoglobin are below expected levels. Symptoms include lack of energy, fatigue, shortness of breath, palpitations and heart murmurs. Among children, it is often the result of insufficient nutrients or vitamins and proteins in the diet and/or high lead exposures. Iron deficiency anemia is both preventable and treatable (Child Health Outcomes Project 1983, p. 3).

Final 1980 data from the Center for Disease Control's National Surveillance program indicate that Black children ages 2 years to 5 years are particularly susceptible to low hemoglobin values. Adolescents appear to be particularly vulnerable to low hematocrit counts; according to one survey, 9% of all children 12 to 17 years had low hematocrit values compared to 3.1% of children 6 to 11 years old and 1.5% of children 1 to 5 years old. (Child Health Outcomes Project 1983, p. 6).

The only available estimates of iron deficiency anemia for children in this region come from reports compiled by the Philadelphia Health Management Corporation's EPSDT Program, which as noted above includes preventive medical screenings, diagnosis, and treatment for Medicaid-eligible children. Under EPSDT, 356,684 hemoglobin and hematocrit screenings were conducted on children in the Southeastern region of Pennsylvania from 1977 to 1984. Of the total screenings, 14,625 (4.1%) revealed abnormal values. Of the 163,977 screenings of children under 6 years old, 9,860 (6.0%) evidenced abnormal values. For the 192,707 screenings of children 6 years old and over, 4,765 (2.3%) yielded abnormal results (Pennsylvania Department of Public Welfare 1984).

Although exact conclusions cannot be drawn from the available data, one might estimate that among the population screened about one in seventeen children under 6 years old and approximately one in twenty-five of children of all ages suffer from iron deficiency anemia. Given the link between iron deficiency anemia and nutritional status, the children having low hemoglobin and hematocrit values certainly appear to be nutritionally at risk.

## LEAD TOXICITY

The toxic effects of high dose lead exposure have been recognized since antiquity and include encephalopathy, severe kidney damage, irreversible brain damage, and death. The possible effects of high and moderate lead exposure to pregnant women are known to include stillbirth, premature birth, and

fetal damage. High dose exposure to lead among occupationally exposed adults has revealed impairment of fertility and high rates of birth defects. Children, for a variety of physiological reasons, absorb environmental lead at higher rates than do adults. Research evidence is mounting that the effects of low to moderate lead exposures for children can include impairment of intellectual development and functioning.

Household paint is well-recognized as a major source of lead exposure among young children. Even though the use of lead-based household paint has been prohibited in most housing since 1976, older dwelling units bear old layers of lead-based paint that become exposed as the housing deteriorates.

The Philadelphia Childhood Lead Poisoning Prevention Program, funded under the Maternal and Infant Care Program, carries the major responsibility for coordinating the lead paint program for the City. In addition to operating a child blood lead level monitoring program, it provides for inspection of housing of children diagnosed as suffering from lead toxicity, and also responds to requests for inspections of housing not associated with toxicity cases.

Curtailments in the funding of the Maternal and Infant Care Program have resulted in the inability of the Philadelphia Department of Public Health to provide adequate funds to keep pace with inflation or to expand services. In detailing the 1984 budget for the lead prevention program, the City's Health Commissioner explained that available funds would allow for only 12% of the children who are at risk to be screened and that over 5,000 dwelling units occupied by these children would go uninspected (Philadelphia Coordinating Office of Drug and Alcohol Abuse Programs 1983, p. 1).

A true measure of the incidence of childhood lead toxicity for Philadelphia's children is impossible due to the strong likelihood that a great number of cases go undetected each year. Comparisons for given years are inexact due to the frequent changes in screening techniques and blood lead level standards. Since 1971, the procedures for reporting a case as lead poisoning have changed at least four times. At best the available data are only suggestive of the incidence and trends.

Table 4 lists the numbers and rates of reported cases of lead toxicity for Philadelphia's ten public health districts for 1982 and also indicates the proportion of non-Whites for each of the health districts. As can be seen, the three health districts that had the highest rates of lead poisoning were also among the districts having the highest percentages of non-White people. The two health districts that reported the lowest rates of lead toxicity had the smallest percentages of non-Whites. The published data do not indicate how many of the reported toxicity cases were children and pregnant women.

TABLE 4: REPORTED CASES OF LEAD TOXICITY  
COMPARED TO PERCENTAGE OF NON-WHITE POPULATION  
BY HEALTH DISTRICT, PHILADELPHIA, 1982

Health District	Number of Cases	Rate*	Percentage of Non-White Population
1	23	28.4	32.3%
2	17	11.3	26.4%
3	69	39.9	64.2%
4	54	37.5	72.0%
5	68	60.1	85.2%
6	52	63.3	55.8%
7	4	2.0	3.4%
8	100	48.8	55.2%
9	55	22.3	60.8%
10	2	0.7	3.2%

\*computed per 100,000 people per health district

Source: Derived from Philadelphia Department of Public Health  
1982, p. 80

One would have to know the numbers of children screened in each district, the percentage of children in the population in each district, the economic composition, and the method of selection for screening before one could begin to draw any definitive conclusions from the data. Nevertheless, it is reasonable to conclude that non-Whites are at far greater risk in Philadelphia of lead poisoning than Whites are.

#### SEXUALLY TRANSMITTED DISEASES

The rates of reportable sexually transmitted diseases for the City's population dramatically increased during the first years of 1980. The rate of reported gonorrhea in 1982 was 1027.0 cases per 100,000 individuals compared to a rate of 846.0 cases in 1980 and 589.2 cases in 1970.

The rate of reported gonorrhea among children, as can be seen from Table 5, is generally far higher than the rate for the population as a whole and is increasing. In 1978, the rate of gonorrhea among children and youth 10 to 19 years was 1219 cases per 100,000 youth. The rates for 1980 and 1982 were 1280 cases per 100,000 and 1292 cases per 100,000, respectively. Not surprisingly, the highest rate of gonorrhea for each year occurs within the 15 to 19 year old group. In 1982, the rate of gonorrhea for all 15 to 19 year olds was 2304 cases per 100,000 youth ages 15 to 19 years old compared to a population rate of 1027 cases per 100,000 persons.

TABLE 5: REPORTED CASES OF GONORRHEA FOR UNDER 19 YEAR OLDS  
PHILADELPHIA, SELECTED YEARS, 1978, 1980, 1982

Age Group	1978		1980		1982	
	Number	Rate	Number	Rate	Number	Rate
Under 5 years old	35	----	29	----	30	----
5 - 9 years old	35	----	20	----	17	----
10 - 19 years old	4041	(1219)	3423	(1280)	3477	(1292)
10 - 14 years old	153	(89)	142	(104)	147	(114)
15 - 19 years old	3888	(2461)	3281	(2486)	3477	(2304)
TOTAL - ALL AGES	4076	(701)	3467	(517)	3671	(771)

\* Computed per 100,000 youth in the age group

Not computed for under 10 year olds due to small number base

Source: Derived from Philadelphia Department of Public Health 1978, 1980, 1982

Table 5 suggests that the overall increase in the rate for 10 to 19 year olds is due to the steady increase in the rate of the disease among the 10 to 14 year old group. Nevertheless, for the three years examined, about one of every fifty youth ages 15 to 19 was treated for gonorrhea.

Although the numbers are small by comparison, the incidence of gonorrhea among children under 10 years old appears to be increasing. In 1982, 47 children under 10 were treated for gonorrhea compared to 44 in 1980 and 34 in 1978. These cases of gonorrhea represent presumed cases of child sexual abuse.

Table 6 lists the numbers of reported cases of syphilis for the City's population and for its children for several recent years. As can be seen, the rate of 83.8 cases per 100,000 people for 1971 was the highest for the four years examined; but an increase can be observed from 1980 to 1982 when the rates went from 70.0 cases per 100,000 persons to 76.9 cases per 100,000 persons.

TABLE 6: NUMBER OF REPORTED CASES OF SYPHILIS  
PHILADELPHIA, SELECTED YEARS, 1970, 1978, 1980, 1982

	Total Number of Reported cases	Total Number of Reported cases for 0-19 year olds (only primary & secondary	Rate* for all reported cases
1970	1,635	not reported	83.8
1978	1,394	28	73.0
1980	1,181	44	70.0
1982	1,271	69	76.9

\*computed per 100,000 people

Sources: Derived from Philadelphia Department of Public Health 1971, 1978, 1980, 1982

The increase in the rate of syphilis in the population has resulted in an increase in the rate of congenital syphilis among newborns. If a pregnant woman infected with syphilis goes untreated, pregnancy outcome can include still birth, facial deformity, and other complications that could result in serious handicap and/or death of the infant. Center for Disease Control officials link inadequate prenatal care to the rise in congenital syphilis among newborns (Child Health Outcomes Project 1983, p. 3).

## MENTAL ILLNESS

Differing measures of the prevalence of childhood mental illness are found throughout the United States. According to a review of the literature discussed in the report of the U.S. Select Panel for the Promotion of Child Health, rates of emotional disturbance have been estimated to range anywhere from 18% of all children to 2% of the school-age population (U.S. Department of Health and Human Services 1981, p. 49). There is uniform agreement that psychiatric disorders affect a significant number of children and that an alarming number of children, especially among the poor, receive inadequate or no treatment. If one applies the most conservative of the Select Panel's presumed prevalence rates to the child population of Philadelphia, one might estimate that there were 7,352 Philadelphia children in need of psychiatric care (2% of 367,600 children ages 5 to 19) in 1982.

Philadelphia is the site of a wide and impressive range of childhood psychiatric services. For those parents who can afford private psychiatric care for their child, the major choices are of practitioner and of treatment model. However, for those who are unable to afford private psychiatric care the picture is far less promising. Low-income parents must rely on the City's system of community mental health centers where lengthy waiting lists and limited services often prevail.

TABLE 7: DIAGNOSES OF CHILDREN SERVED IN PHILADELPHIA  
MENTAL HEALTH PROGRAMS  
FROM JULY 1, 1982 TO DECEMBER 31, 1982

<u>Diagnosis</u>	<u>Percentage</u>
Adjustment Reaction	42.2%
Development Delay	11.3%
Disturbance of Conduct	10.3%
Disturbance of Emotions specific to Childhood and Adolescence	9.8%
Some form of Mental Retardation	8.6%
Non-organic Psychoses	2.7%
Not stated	15.1%
TOTAL	100.0%

Source: Philadelphia Office of Mental Health and Mental Retardation 1984, p. 5

Table 7 presents the percentage distribution of diagnoses (excluding drug and alcohol abuse) of the children treated by City of Philadelphia mental health programs during the last half of 1982.

According to the Philadelphia Office of Mental Health and Mental Retardation (OMH/MR), 5,564 children and youth were admitted into the City's mental health programs in fiscal year 1981-82. The City also reports that it provided 141,220 mental health outpatient treatment hours for children and youth during the period (Office of Mental Health and Mental Retardation 1983, p. 34-36).

The Philadelphia Office of Mental Health and Mental Retardation recognizes that the children and youth population is underserved by the mental health system in Philadelphia. To better meet the population needs, OMH/MR has published a set of goals aimed at improving services. The goals include 1) strengthening coordination of mental health services with family medical care, disease prevention, health promotion, and drug and alcohol abuse programs during 1985-86, 2) initiating and participating in centralized planning with other major systems and services - especially child welfare children and family services, and 3) promoting alternatives to in-patient psychiatric care (Philadelphia Office of Mental Health and Mental Retardation 1984, pp. 39-41).

As indicated above, the City has reported on the actual services and treatment provided and the kinds of programs it wishes to develop. However, at no time has the City published and/or conducted an actual assessment of the mental health needs of Philadelphia's children. Until this is done, the reporting of services provided is a statistic of little usefulness for mental health program planning for children.

#### SUBSTANCE ABUSE

It is generally recognized that the use of marijuana and alcohol among adolescents is widespread. According to national data, in 1979 approximately 31% of the adolescent population experimented with marijuana. Approximately one-fourth of those youth were chronic users. About one-third of all teens were believed to be regular users of alcohol (U.S. Department of Health and Human Services 1981a, p. 50).

The causes that result in the shift from social smoking and drinking to substance abuse are not yet fully understood. Researchers generally agree that psychological factors contribute to a youngster's transition from social experimentation with drugs and alcohol to chronic patterns of use. Peer group expectations accompanied by emotional instability are emerging as the most critical variables influencing substance abuse among youth (U.S. Department of Health and Human Services 1983, p. 175).

Information regarding the extent of substance abuse among Philadelphia's youth is scant. The data on youth admissions to drug and alcohol treatment programs indicate that from July, 1979 to June, 1980, 1113 Philadelphia youth were hospitalized for drug and alcohol treatment, representing 6.1% of the entire population admitted for treatment in the period. Of those teens admitted, 41.1% were being treated for marijuana abuse, 14.7% for alcohol abuse, 12.0% for amphetamines, and 8.8% for barbituates. Other substances including cocaine, sedatives, inhalants, or heroin were less frequent causes for admission for treatment (Coordinating Office for Drug and Alcohol Abuse Programs 1980, p. 92).

Table 8 describes the racial and ethnic pattern of drug treatment admissions for Philadelphia youth.

TABLE 8: ADMISSIONS FOR DRUG AND ALCOHOL TREATMENT  
FOR PHILADELPHIA YOUTH UNDER 19 YEARS OLD  
JULY, 1979-JUNE, 1980

<u>Race/Ethnic Group</u>	<u>Number of Admissions</u>	<u>Percentage</u>
White	807	72.5%
Black	278	25.0%
Hispanic	27	2.4%
Other	1	0.1%
TOTAL	1113	100.0%

Source: Philadelphia Coordinating Office for Drug and Alcohol Abuse Programs 1980, p. 100

The data can lead to different interpretations. Approximately three out of every four youths admitted for substance abuse treatment were White. Whites represent about 46.8% of the 10 to 19 year old population and thus are highly over-represented among the population undergoing treatment. One might conclude either that Whites are more likely to develop substance abuse problems or that Whites are more likely to be diagnosed as substance abusers and receive the needed treatment.

#### AVAILABILITY OF HEALTH CARE SERVICES

With two pediatric hospitals and five medical schools, Philadelphia is well recognized for its full range of pediatric medical resources. For a population of 437,158 children in 1980, there were 242 general pediatricians or 55.35 pediatricians per 100,000 children, in addition to other physicians practicing in pediatric specialties including neonatology, nephrology, neurology, cardiology, surgery, etc.

According to a survey conducted by the Health Systems Agency of Southeastern Pennsylvania, in 1982 there were 474 pediatric hospital beds in Philadelphia, 259 of which were located at the two specialized pediatric hospitals. According to the Health Systems Agency, the maintenance of an adequate



number of pediatric beds in the City is being threatened by the need of hospitals to close down money-losing pediatric units. The City's pediatric units are serving increasing numbers of children whose medical costs are paid for under Medicaid insurance. The failure of the public health insurance programs to keep pace with the rising costs of in-patient care contribute to the financial crunch experienced by most inner city hospitals ("The Philadelphia Inquirer" November 13, 1984, p. 6A).

The Mayor's Commission on Health Care in the Eighties, reported that health care resources for Philadelphia parallel those for other urban areas. In addition to private pediatric physicians and hospital pediatric outpatient clinics, the City has several health care programs available for the economically disadvantaged. The Philadelphia Health Department Family Medical Care Clinics logged a total of 73,864 pediatric visits in 1982; Maternal and Infant Care (MIC) sites reported 7,692 pediatric visits; Child Health Conference sites provided 3,360 visits (Mayor's Commission on Health Care in the Eighties 1983, p. 68).

The Early Periodic Screening Diagnosis and Treatment (EPSDT) program has become a major source of funding for medical care for the City's economically-disadvantaged children. The program, enacted in 1967 as an amendment to federal Medicaid legislation, is intended to assure comprehensive, preventive health care for Medicaid-eligible children. In Philadelphia and the four suburban counties, the EPSDT program is administered by the Philadelphia Health Management Corporation which, under contract with the Pennsylvania Department of Public Welfare, is responsible for monitoring the delivery of all pediatric services through provider agreements with physicians, hospitals, and clinics. The federal government reimburses approximately 50% of the costs of the program to each state. For several types of medical care, the services permitted under EPSDT exceed those that are covered under regular Medical Assistance coverage.

Through various providers including District Health Centers, private physicians and clinics, EPSDT paid for a total of 55,118 examinations and treatments in 1981-82. The number of children seen represented less than one-third of all EPSDT eligible children. Under-utilization of EPSDT represents a major source of medical care funding left untapped by City at this time (Philadelphia Citizen's for Children and Youth 1984, p. 10).

#### EXPENDITURES FOR MEDICAL CARE/HEALTH CARE INSURANCE

According to the Mayor's Task Force, the average annual medical expenditures per child for Philadelphia in 1982 were:

\$ 76.99	--	physicians fees
\$ 62.32	--	dental visits
\$ 1.35	--	medical equipment and supplies
\$ 4.55	--	eyeglasses
\$145.10	--	TOTAL EXPENDITURES PER CHILD

Using these averages to compute total pediatric medical expenditures for all children, the Mayor's Task Force estimates that the total expenditures for physician visits for Philadelphia children in 1982 were:

\$ 7,733.980	--	Children under 5
<u>\$29,931.440</u>	--	Children 5-19
\$37,665.420	--	TOTAL EXPENDITURES

Of the total expenditures, about 72% (\$27,051.807) were paid for by individual families while 9.4% (\$3,544,567) were paid for by Medicaid, including EPSDT (Mayor's Commission on Health Care in the Eighties 1983, p. 68). According to the American Academy of Pediatrics, in 1982, 55.4% of all Medicaid recipients in Pennsylvania were children; however, they accounted for only 18.3% of the state's public expenditures for medical services (American Academy of Pediatrics 1982).

The Commonwealth of Pennsylvania utilizes most of the provisions available under Medicaid legislation to extend coverage to the widest possible population of children. Accordingly, all financially eligible children regardless of parental employment status are eligible for benefits. However, for those children who are not Aid to Families with Dependent Children eligible but qualify due to family income status (the categorically needy), payment for certain types of medical services is disallowed. These services include physical therapy, speech and hearing therapies, prostheses, and other medical needs.

The number of Philadelphia children eligible but not enrolled for Medicaid benefits is not known. According to a Philadelphia Health Management Corporation "Philadelphia Household Health Survey," 6.6% of Philadelphia adults have no medical insurance, including Medicaid, coverage. Blacks (9.6%) and Hispanics (17.0%) were far more likely than Whites (4.7%) to be uninsured (Philadelphia Health Management Corporation 1983). While an exact extrapolation from this data to insurance coverage for children is not possible, one can speculate that the proportion of uninsured children is about that of uninsured adults.

The children who are Medicaid eligible but not enrolled, and the children whose parents cannot afford medical insurance represent a seriously at risk segment of the population. We can assume that these children are the ones most likely to have preventive medical care needs unmet and to fall through the safety net of the extensive public medical services of the City. Whether these are the children most represented among the cases of iron deficiency anemia, lead poisoning, and other diseases will not be known until systematic screening programs are implemented for all children.

## CONCLUSION

The improvement in the general health status of Philadelphia's children over the last few decades has been considerable. In addition, numerous high quality public and private health care resources are available to most of the City's children. Nevertheless, as reported in this chapter, a number of preventable and treatable health conditions persist among the City's children. The work of the Mayor's Commission on Health in the Eighties suggests the community's willingness to examine some of the factors that contribute to the persistence of health problems among the child population. However, much remains to be done if the full benefits of the City's health resources are to be enjoyed by all children and if rates of preventable and treatable diseases are to be lowered.

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#### INTERVIEWS

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## CHAPTER VI

### CHILDREN AS VICTIMS AND OFFENDERS

This Chapter focuses on two groups of children in Philadelphia: youngsters who are the victims of crime or abuse, and youngsters who are offenders. Young offenders, or juvenile delinquents, have attracted interest and concern for many years. Much effort and discussion have been directed towards arresting and rehabilitating those adolescents who threaten the safety of Philadelphia's citizens. Recently, public attention has begun to turn towards youngsters who are the victims of crime. Publicized cases of physical and sexual abuse have aroused concern about the safety of Philadelphia's youngsters.

Both of these groups of youngsters, victims and offenders, are children with special needs. Juvenile victims need to have their safety ensured by the removal or rehabilitation of perpetrators, and their experiences understood by those who care for them. Juvenile offenders need the wisdom of concerned adults and the advantages of innovative programs of rehabilitation to give them opportunities to become constructive citizens. Our focus in this chapter will be on determining the scope of the problems of juvenile victimization and juvenile delinquency in Philadelphia, and on describing the ways in which the needs of young victims and offenders receive public attention and care.

#### HIGHLIGHTS

IN 1983, THERE WERE 2,224 SUBSTANTIATED INJURIES FROM CHILD ABUSE IN PHILADELPHIA. THIS REPRESENTED AN INCREASE OF 28% OVER 1980 FIGURES.

THE PHILADELPHIA DEPARTMENT OF HUMAN SERVICES PROJECTS INCREASES OF 75% IN 1984 IN THE NUMBER OF SUBSTANTIATED SEXUAL ABUSE REPORTS.

PENNSYLVANIA LAW REQUIRES EVIDENCE OF "SERIOUS INJURY" FOR SUBSTANTIATION OF AN ALLEGATION OF CHILD ABUSE. ALL OTHER STATES ONLY REQUIRE EVIDENCE OF "HARM" OR "THREATENED HARM" TO A CHILD.

FORTY-SIX PERCENT OF THE RAPE REPORTS RECEIVED BY THE PHILADELPHIA POLICE DEPARTMENT IN 1983 INVOLVED VICTIMS UNDER AGE 20.

IN THE U.S. IN 1981, POLICE WERE INFORMED OF ONLY 34.6% OF ATTEMPTED AND COMPLETED VIOLENT CRIMES AGAINST YOUNGSTERS AGES 12 TO 19.

ADULTS WERE CHARGED IN 1,319 CASES OF CRIMES AGAINST MINORS IN THE JUVENILE BRANCH OF PHILADELPHIA FAMILY COURT IN 1983. SEX OFFENSES ACCOUNTED FOR 34% OF THE TOTAL.

IN THE U.S. IN 1981, YOUTH AGES 12 TO 19 WERE MORE OFTEN THE VICTIMS OF VIOLENT CRIME THAN WERE OLDER AMERICANS. BLACK YOUTH WERE MORE OFTEN THE VICTIMS OF VIOLENT CRIME THAN WERE WHITE YOUTH.

IN 1982, BOYS IN PHILADELPHIA WERE ARRESTED FOLLOWING POLICE APPREHENSION IN 61% OF CASES; GIRLS WERE ARRESTED IN 35% OF CASES.

SIXTY PERCENT OF THE JUVENILE DELINQUENCY CASES REFERRED TO THE PHILADELPHIA JUVENILE BRANCH IN 1982 INVOLVED CHARGES OF THEFT.

LESS THAN 20% OF PHILADELPHIA'S DELINQUENCY CASES IN 1982 INVOLVED CHARGES OF INJURY TO PERSONS OR SEX OFFENSES.

YOUNGSTERS WERE DETAINED AT THE YOUTH STUDY CENTER IN 27% OF PHILADELPHIA'S DELINQUENCY CASES IN 1982. THE PROPORTION OF YOUNGSTERS DETAINED HAS RISEN SLOWLY BUT STEADILY SINCE 1979.

EIGHTY PERCENT OF ALL NEW DELINQUENCY CASES IN PHILADELPHIA IN 1982 WERE EITHER WITHDRAWN, DISCHARGED OR ADJUSTED, OR WERE REFERRED TO PROBATION.

THE TOTAL NUMBER OF NEW DELINQUENCY CASES DISPOSED OF IN PHILADELPHIA DROPPED TEN PERCENT FROM 1978 TO 1982. HOWEVER, THE NUMBER OF CASES CERTIFIED TO CRIMINAL COURT INCREASED 211% IN THE SAME FIVE-YEAR PERIOD. THE NUMBER OF CASES COMMITTED TO INSTITUTIONS FOR DELINQUENTS INCREASED BY 31%.

## CHILDREN AS VICTIMS

How safe are the children and youth of Philadelphia? How many are victims of violence or theft each year? No single source provides a complete answer to these questions, but several offer clues to the scope of the problem of crime against children. In this section, we will review annual estimates of offenses against children compiled by the Pennsylvania Department of Welfare, the Philadelphia Department of Human Services, the Philadelphia Police Department, and the Philadelphia courts, and compare them with national victimization figures, in an effort to learn how well we protect our youngest citizens from harm.

### Child Abuse Reports

Each year, the Pennsylvania Department of Public Welfare issues a report on the incidence of child abuse across the state. The Department defines abuse in the words established by the 1975 Child Protective Services Law:

"Abused child" means a child under 18 years of age who exhibits evidence of serious physical or mental injury ..., sexual abuse, or serious physical neglect, if the injury, abuse or neglect has been caused by acts or omissions of the child's parents or by a person responsible for the child's welfare...

The Department is alerted to the possibility of child abuse by a phone call to ChildLine, a child abuse hotline. Any person who suspects that a child is being harmed or neglected is expected to call; in addition, certain professionals who have regular contact with children are specifically mandated to call, and are legally liable if they fail to do so. The phone call initiates an investigation by a county agency to determine whether the child is, in fact, being abused; in Philadelphia, the investigation is conducted by the Philadelphia County Children and Youth Agency of the Philadelphia Department of Human Services.

In 1983, ChildLine received 4,097 reports of suspected abuse of minors in Philadelphia (Pennsylvania Department of Public Welfare 1983, p. 3). Philadelphia had the highest rate of abuse reporting in the state: 9.4 reports per thousand children, compared with an average of 5.1 reports per thousand statewide (p. 2). It is important to note, however, that Pennsylvania's rate of reporting is far below the 1982 national average of 22 reports per thousand; the Pennsylvania Department of Public Welfare suggests that this discrepancy reflects differences in the definition of child abuse: "Pennsylvania



defines child abuse as 'serious' abuse while all other states define child abuse as 'harm' or 'threatened harm' to the child's welfare" (p.2). Citizens familiar with the Pennsylvania law may thus be less likely than residents of other states to report incidents that may not be "serious" enough to meet state criteria.

Not all of the reports made to ChildLine each year are substantiated. In 1983, 1,590 of the 4,097 abuse reports received in Philadelphia, or 38.8% of the total, were substantiated by Department of Human Services investigations or court rulings; in the other cases, there was not sufficient evidence to support allegations of abuse. Statewide, the percentage of substantiated reports in 1983 was 35.4% (Pennsylvania Department of Public Welfare 1983, p. 3).

Preliminary comparisons between 1983 and 1984 reporting levels suggest an increase in abuse reports in Philadelphia in 1984 (Philadelphia County Children and Youth Agency 1984, p. 2 and Charts 2, 2A and 3). The Philadelphia Department of Human Resources predicts a 10% overall rise in reporting levels. Included in this projection are increases of 75% in both the number of sexual abuse incidents reported, and the number of reports that are substantiated. In 1983, there were 541 sexual abuse reports of which 295 were substantiated; in 1984, the Department estimates that there will be 808 reports with 452 substantiated.

Table 1 illustrates the many kinds of injuries that children in Philadelphia sustain each year. Substantiated injuries increased from 1,731 in 1980 to 2,224 in 1983, a rise of 28%. While figures for physical neglect and mental injury declined, figures for physical and sexual abuse rose. Injuries showing the greatest numerical changes were bruises, welts and ecchymosis (skin discoloration), which increased by 352 injuries, or 64%. Sexual injuries to children in Philadelphia increased from 202 injuries in 1980 to 416 in 1983, a rise of 106%. It is unclear whether increases in substantiated abuse primarily reflect changes in the rates of abusive behavior, or whether they reflect growth in the public assumption of responsibility for reporting abuse.

TABLE 1: SUBSTANTIATED CHILD ABUSE INJURIES  
PHILADELPHIA, 1980 and 1983

	<u>1980</u>	<u>1983</u>	<u>%Change</u>
<u>Total Number of Injuries</u>	<u>1,731</u>	<u>2,224</u>	<u>+28%</u>
<u>Physical Abuse</u>	<u>1,116</u>	<u>1,607</u>	<u>+44%</u>
burns/scalding	76	96	
fractures	44	62	
skull fractures	7	19	
subdural hematoma	17	15	
bruises/welts/ecchymosis	553	905	
lacerations/contusions/abrasions	228	NA	
lacerations/abrasions	NA	292	
wounds/punctures	34	NA	
punctures/bites	NA	28	
brain damage	3	4	
poisoning	2	8	
asphyxiation/suffocation	10	7	
internal injuries/hemorrhage	13	30	
dismemberment	-	1	
sprains/dislocations	6	7	
drugs/alcohol	11	18	
drowning	3	7	
other	109	108	
<u>Mental Injuries</u>	<u>38</u>	<u>16</u>	<u>-58%</u>
<u>Sexual Injuries</u>	<u>202</u>	<u>416</u>	<u>+106%</u>
rape	37	38	
statutory rape	19	39	
incest	53	55	
involuntary/voluntary deviate			
sexual intercourse	31	58	
indecent assault	62	NA	
sexual assault	NA	220	
promoting prostitution	-	4	
pornography	NA	2	
<u>Physical Neglect</u>	<u>375</u>	<u>185</u>	<u>-51%</u>

Source: Letter from Pennsylvania Department of Public Welfare  
November, 1984

State statistics on the victims and perpetrators of child abuse provide information about the experiences of Philadelphia's youngsters (Pennsylvania Department of Public Welfare 1983, p. 7). In 1983, 31% of Pennsylvania's substantiated incidents of child abuse were committed by the mothers of the victims. Fathers were involved in 29% of the incidents of abuse. Step-parents and paramours were perpetrators of 19% of the incidents.

County agencies in the Commonwealth spent a total of \$8,030,789 in 1983 on the provision of services to abused children and their families (Pennsylvania Department of Public Welfare 1983, p. 15). In Philadelphia County \$2,030,787, or 39% of that amount, was spent; similarly, 39% of reported incidents of abuse statewide involved children living in Philadelphia.

### Police Reports

The Philadelphia Police Department receives some reports of crime against youngsters directly from victims and their families. In addition, the police are informed by the Department of Human Services whenever certain types of child abuse are reported: abuse resulting in homicide or serious bodily injury, incidents of sexual abuse, and any abuse cases in which the perpetrators are not family members. The Police Department may initiate a criminal investigation of the abuse report while the Department of Human Services is conducting its own inquiry into the safety of the child.

The Philadelphia Police Department gathers annual statistics on the incidence of violent crime against children and adolescents 19 years of age and under. The crimes included are murder, rape, highway robbery (personal theft taking place outside of a home or business) and aggravated assault. Table 2 presents police data for 1980 through 1983.

For each crime listed in Table 2, the percentages of young victims are presented. In 1980, 29.6% of Philadelphia's residents were under 20 years old (Philadelphia Citizens for Children and Youth 1982). The percentages of rape victims in Table 2 are thus disproportionately high, while the percentages of murder victims are disproportionately low. Figures for highway robbery and aggravated assault are slightly lower than would be anticipated. The children and adolescents of Philadelphia are thus almost as likely as adults to be the victims of aggravated assault or highway robbery, and are more likely than adults are to be the victims of rape.

TABLE 2: VIOLENT CRIME VICTIMS UNDER AGE 20,  
PHILADELPHIA, 1980 THROUGH 1983

	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>
Murder:				
Number	54	47	40	58
% of Total*	12.4	12.9	12.0	18.6
Rape:				
Number	462	419	362	376
% of Total*	49.3	44.8	43.1	45.7
Highway Robbery: (Personal Theft)				
Number	1782	1770	1689	1845
% of Total*	22.4	22.7	22.0	23.5
Aggravated Assault:				
Number	1258	1198	1275	1201
% of Total*	26.1	23.0	23.3	24.4

\* Percent of total murders (rapes, etc.) committed in Philadelphia in that year.

Source: Letter from Philadelphia Police Department, 1984

While these findings are disturbing in themselves, the actual situation for young people living in Philadelphia may be even more dangerous than the figures indicate. Not all crimes committed against children and adolescents are reported to the Police Department. The National Crime Survey of 1981 found that, in the U.S., police were informed of only 46.6% of violent crimes and 26.7% of personal thefts against citizens over 12 years of age. When crime victims were ages 12 through 19, the reporting rates were even lower, with only 34.6% of violent crimes and 14.9% of personal thefts reported to the police. (U.S. Department of Justice 1983, pp. 72 and 73). Police statistics may thus indicate only the "tip of the iceberg" of crime against children.

#### Adult Cases in The Juvenile Branch

The Adult Unit of the Juvenile Branch of Philadelphia Family Court hears cases in which adults are accused of crimes against children under eighteen years of age. Parents or caretakers who are referred to the police by the Department of Human Services for criminal investigation of child abuse may be arraigned in this Unit; in addition, those adult defendants who are not investigated by Protective Services, because they are neither the parents nor the caretakers of the children they have allegedly harmed, are heard here. Judges in this Unit have the authority to dispose of any case for which the maximum term of imprisonment is five years or less; more serious cases are referred to Criminal Court after a preliminary hearing.

Table 3 presents data on new adult cases heard in the Juvenile Branch in 1983. A total of 1,319 cases received

dispositions. Sex offenses accounted for 34% of the charges. Aggravated assault, a non-sex charge, was the most common offense.

TABLE 3: ADULT CASES IN THE JUVENILE BRANCH BY OFFENSE,  
PHILADELPHIA, 1983

<u>Offenses</u>	<u>Number of New Charges</u>
Total	1,319
Sex Offenses	453
Rape	163
Assault and attempted rape	35
Indecent Assault	176
Commercialized Vice	19
Other Sex Offenses	60
Non-sex Offenses	866
Aggravated Assault	348
Assault	96
Robbery	260
Other thefts	31
Drug law violations	10
Cruelty or neglect	30
Corrupting morals	48
Other non-sex offenses	43

Source: Letter from Philadelphia Family Court, November, 1984

Information on the disposition of adult cases in the Juvenile Branch in 1983 is presented in Table 4. Almost a third of the cases were dismissed or discharged. Forty-eight percent were held for trial. In only 3% of the new cases were defendants committed to prison within the year that the charge was brought.

TABLE 4: DISPOSITIONS OF ADULT CASES IN THE JUVENILE BRANCH,  
PHILADELPHIA, 1983

Total Cases	1,319 (100%)
Dismissed or discharged	405 ( 31%)
Held for trial	638 ( 48%)
Pre-indictment probation	114 ( 9%)
Probation	114 ( 9%)
Committed	35 ( 3%)
Other	13 ( 1%)

Failure to add up to 100% reflects rounding errors.

Source: Letter from Philadelphia Family Court, November, 1984

#### Child Abuse Cases in Criminal Court

In 1983, the newly formed Child Abuse Unit of the Philadelphia District Attorney's Office gathered data on the

physical and sexual abuse felony cases which were referred to Criminal Court from the Juvenile Branch of Family Court. Only those cases which involved allegations of child abuse were included in the Unit's figures. Other cases of crime against children, such as robbery, were not prosecuted by the Child Abuse Unit.

Table 5 summarizes the data on 280 youngsters who were alleged victims in Child Abuse Unit cases in 1983. Over three-fourths of the youngsters involved in sexual abuse cases were girls; in the physical abuse cases, there was an even split between boys and girls. Most sexual abuse victims were over age ten, while most physical abuse victims were younger than ten years old.

TABLE 5: ALLEGED VICTIMS OF CHILD ABUSE CASES IN  
CRIMINAL COURT,  
BY SEX, RACE AND AGE,  
PHILADELPHIA, 1983

<u>Total Number</u>	<u>Sexual Abuse</u> 238 (100%)	<u>Physical Abuse</u> 42 (100%)
Male	55 ( 23%)	21 ( 50%)
Female	183 ( 77%)	21 ( 50%)
Black	133 ( 56%)	36 ( 86%)
White	99 ( 42%)	5 ( 12%)
Hispanic	4 ( 2%)	1 ( 2%)
Other	2 ( 1%)	0
0-6 years old	19 ( 8%)	27 ( 64%)
7-10 years old	48 ( 20%)	6 ( 14%)
11-14 years old	102 ( 43%)	7 ( 17%)
15-18 years old	69 ( 29%)	2 ( 5%)

Failure to add up to 100% reflects rounding errors

Source: Letter from Child Abuse Unit, District Attorney's  
Office, Philadelphia, 1984

Table 6 presents information on the defendants in abuse cases. The number of defendants is smaller than the number of victims, since some defendants were charged with abusing more than one youngster. The majority of the defendants in 1983 were men between the ages of 18 and 30. Most sexual abusers were not family members; 71% were friends, neighbors, or strangers to the child. In contrast, most physical abuse occurred within the family, with 59% of the cases involving parents.

TABLE 6: CHILD ABUSE DEFENDANTS IN CRIMINAL COURT  
BY SEX, RACE, AGE, AND RELATIONSHIP  
PHILADELPHIA, 1983

	<u>Sexual Abuse</u>	<u>Physical Abuse</u>
Total	189 (100%)	37 (100%)
<u>Sex</u>		
Male	185 ( 98%)	not
Female	4 ( 2%)	available
<u>Race</u>		
White	46 ( 24%)	5 ( 14%)
Black	134 ( 71%)	31 ( 84%)
Hispanic	7 ( 4%)	1 ( 3%)
Other	1 ( 1%)	-
Unknown	1 ( 1%)	-
<u>Age</u>		
18-30	118 ( 62%)	28 ( 76%)
31-50	57 ( 30%)	8 ( 22%)
51-65	12 ( 6%)	1 ( 3%)
66+	2 ( 1%)	-
<u>Relationship</u>		
Father	18 ( 10%)	10 ( 27%)
Mother	1 ( 1%)	12 ( 32%)
Stepfather	10 ( 5%)	-
Paramour	10 ( 5%)	5 ( 14%)
Other Relative	17 ( 9%)	3 ( 8%)
Friend/Neighbor	73 ( 39%)	2 ( 5%)
Stranger	60 ( 32%)	2 ( 5%)
Foster Mother	-	2 ( 5%)
Other	-	1 ( 3%)

Failure to add up to 100% reflects rounding errors.

Source: Letter from Child Abuse Unit, District Attorney's Office, Philadelphia, 1984

The District Attorney's Office reports that 165 of the 226 defendants, or 73% of the total, either entered guilty pleas or were found guilty in court. Dispositions of these defendants varied: 69, or 42% were placed on probation, 54, or 33% were incarcerated, and 42, or 25% received deferred sentences. Prison sentences ranged from "up to 23 months" for 23 defendants to "up to 60 years" for one.

#### National Crime Survey

The National Crime Survey (U.S. Department of Justice 1983) is an annual survey of persons 12 years old and older in households across the United States. Participants in the Survey indicate whether they have been victims of crime in the past year. Both attempted and completed crimes are tabulated in the Survey, so that even if a crime was not successfully carried

out, it is included. Crimes that were not reported to the police are counted in the

Survey, as well as crimes that were reported. The most recent Survey available is for the year 1981.

TABLE 7: NATIONAL RATES OF VICTIMIZATION,  
CRIMES OF VIOLENCE AND THEFT  
BY AGE GROUP, 1981

	Rates per Thousand	
	Violence	Theft
All age groups	35.3	85.1
12-15 years old	58.9	128.1
16-19 years old	67.8	131.9
20-24 years old	68.3	132.8
25-34 years old	43.7	100.8
35-49 years old	23.3	77.8
50-64 years old	13.2	51.0
65+ years old	7.8	22.3

Source: U.S. Department of Justice 1983, pp. 23 & 24

Table 7 presents national rates for personal crimes of violence and theft in 1981. Murder and kidnapping are not covered in the Survey; violent crimes include rape, robbery, and assault. Crimes of theft are defined as purse snatching, pocket picking, and personal larceny without physical contact. In 1981, among Americans ages 12 and above, 35.3 people in a thousand were victims of violent crimes; 85.1 in a thousand were victims of personal theft. It is evident, however, in the age breakdowns in Table 7, that rates of victimization among young people were much higher than rates for the general population; people between the ages of 12 and 24 were most vulnerable both to violent crimes and to theft, while senior citizens were least vulnerable.

TABLE 8: NATIONAL RATES OF VICTIMIZATION, CRIMES OF  
VIOLENCE BY AGE, SEX AND RACE, 1981

	Age Groups: Rates per Thousand						
	12-15	16-19	20-24	25-34	35-49	50-64	65+
All Males	72.5	96.9	90.8	52.5	28.7	14.8	9.9
White Males	69.2	94.7	90.6	52.4	27.6	13.8	7.6
Black Males	95.4	112.3	86.3	57.4	34.6	27.8	28.0
All Females	44.7	38.6	46.6	35.1	18.1	11.8	6.4
White Females	40.0	37.5	44.5	35.0	15.6	10.2	5.5
Black Females	68.6	48.8	60.9	39.8	35.6	26.8	12.4

Source: U.S. Department of Justice 1983, pp. 24 & 27

In Table 8, the broad discrepancies between age groups are examined further. When victimization rates for crimes of violence are broken down by age, sex, and race, several facts emerge. First, men of all ages are more frequently the victims



of violent crime than are women. Second, Blacks are more frequent victims than are Whites. Third, as was evident in Table 7, young people are more vulnerable to violent crime than are older Americans. The violent crime victimization rate for White adolescent males from 12 to 15 is almost double the rate of 35.3 for the total population over 12 years old; the Black rate for males ages 12 to 15 is almost triple the total population figure. Black females are more likely to be the victims of violent crime between the ages of 12 to 15 than at any other time in their lives. Although the rates are less alarming for White adolescent girls, they are still higher than the rate for the total population.

If the rates shown in Table 8 are applied to the 1980 Census data on Philadelphia, in order to derive estimates of criminal activity against adolescents in the city, some disturbing figures emerge. These figures are displayed in Table 9. As many as 7,036 White youngsters and 8,468 Black youngsters between the ages of 12 and 19 may have been the victims of attempted or completed violent crimes in Philadelphia in 1981. An estimated 7,030 of these youngsters may have been below the age of 16. These calculations exclude youngsters of other racial groups, who may also have been crime victims in 1981.

TABLE 9: ESTIMATED NUMBERS OF ADOLESCENT VICTIMS OF  
VIOLENT CRIME, BY AGE, RACE AND SEX,  
PHILADELPHIA, 1981

<u>Group</u>	<u>1980 Census</u>	<u>Crime Rate</u> <u>per Thousand</u>	<u>Estimated</u> <u>Victims</u>
<u>Ages 12-15</u>			
White males	25,806	69.2	1,786
White females	24,839	40.0	994
Black males	25,857	95.4	2,467
Black females	25,993	68.6	1,783
			<u>7,030</u>
<u>Ages 16-19</u>			
White males	32,593	94.7	3,087
White females	31,177	37.5	1,169
Black males	25,837	112.3	2,901
Black females	26,992	48.8	1,317
			<u>8,474</u>

Derived from: U.S. Census Bureau 1980, and U.S. Department  
of Justice 1983, p. 27

In the 1981 National Crime Survey, several factors were singled out as contributing to vulnerability to crime. The violent crime rate for youngsters between the ages of 12 and 18 who lived in households headed by their fathers was 48.7 per thousand. The rate for youngsters of the same ages living in households headed by their mothers was 89.3 per thousand, almost double the rate for adolescents living with their fathers (U.S.

Department of Justice 1983, p. 28). In addition, victimization rates in large cities were higher than rates outside of cities. The victimization rate for violent crimes in cities comparable in size to Philadelphia was 64.2 victims per thousand compared with 35.3 victims per thousand across the nation (p. 35). These figures thus suggest that the actual victimization rate among Philadelphia's young may be even higher than projected above, due to the large number of single parent homes, and the added dangers of living in a big city.

#### CHILDREN AS OFFENDERS

Juvenile crime is a subject of much public concern and discussion. In this section we will describe Philadelphia's juvenile offenders, explore police and court procedures in apprehending juveniles and hearing their cases, and examine the dispositional alternatives available for youngsters found to be delinquent.

The Juvenile Branch of Family Court in Philadelphia considers the cases of two different groups of children: delinquent youngsters and dependent youngsters. A delinquent youngster is a child ten years of age or older who commits an act which would be a criminal offense if committed by an adult. The exception to this definition is the youngster who is accused of murder; he or she first enters the adult criminal system, although the youngster may later be transferred to the Juvenile Branch.

Dependent children include youngsters under age 10 who commit delinquent acts and children and adolescents who are found to be in need of parental care and supervision. In addition, children who commit status offenses, or acts which would not be considered criminal if committed by an adult, such as truancy or disobedience, are treated as dependent rather than delinquent. Procedures and dispositional alternatives differ for dependent and delinquent youngsters. This section will focus on delinquent youngsters; Chapter VII will discuss services for dependent children.

The existence of a specialized vocabulary for children who come before the court is a reflection of the way in which juvenile law and procedure have traditionally been set apart from criminal law in the United States. While youngsters are guaranteed many of the same rights as adults, their special status as minors, and their special relationship to the court, result in different rights and procedures in some situations. Minors are segregated from adult offenders during all stages of police and court action. Court procedures in juvenile cases are less formal than those in the criminal justice system, and hearings are closed to the public. Juvenile law is based on a model of benevolent guidance and supervision rather than on the criminal model of judgment and consequence; dispositional alternatives are, in theory, designed to reflect this distinction.

## Referral to Court

Delinquent youngsters are most often referred to court by the Philadelphia Police Department. In 1982, 92% of the 11,365 delinquency cases received by the Juvenile Branch involved youngsters who were arrested by the police (Philadelphia Court of Common Pleas 1984, p. 90). Most of the remaining cases were referred by authorities outside of Philadelphia, or by individuals in contact with the child. Parents referred less than one percent of the cases; school authorities referred only two cases in 1982. Of note is the fact that girls were less likely to be referred by the police than boys; 79% of girls referred to court were arrested by Philadelphia police officers, compared to 94% of the boys referred to court.

Any Philadelphia police officer may apprehend a minor upon observation of or report of a juvenile offense. However, only officers of the Juvenile Aid Division of the Police Department may arrest a minor. A minor who is apprehended by a regular police officer must be turned over to the Juvenile Aid Division, where a decision about the minor's situation is made, based on the circumstances of the case, reports of witnesses or victims, and contact with parents. The minor may be released, or may be charged with an offense and arrested.

TABLE 10: JUVENILE ARRESTS AND NON-ARRESTS, BY SEX,  
PHILADELPHIA, 1978-82

	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>
<u>Total Apprehensions</u>	26,263 (100%)	26,567 (100%)	24,901 (100%)	26,396 (100%)	30,229 (100%)
Arrests	16,047 (61%)	15,168 (57%)	14,724 (59%)	15,048 (57%)	16,657 (55%)
Non-Arrests	10,216 (39%)	11,399 (43%)	10,177 (41%)	11,348 (43%)	13,572 (45%)
<u>Boys:</u>					
<u>Total Apprehensions</u>	21,191 (100%)	20,772 (100%)	19,677 (100%)	20,320 (100%)	23,742 (100%)
Arrests	14,067 (66%)	13,335 (64%)	12,828 (65%)	13,187 (65%)	14,396 (61%)
Non-Arrests	7,124 (34%)	7,437 (36%)	6,849 (35%)	7,133 (35%)	9,346 (39%)
<u>Girls:</u>					
<u>Total Apprehensions</u>	5,072 (100%)	5,795 (100%)	5,224 (100%)	6,076 (100%)	6,487 (100%)
Arrests	1,980 (39%)	1,833 (32%)	1,896 (36%)	1,861 (31%)	2,261 (35%)
Non-Arrests	3,092 (61%)	3,962 (68%)	3,328 (64%)	4,215 (69%)	4,226 (65%)

Failure to add up to 100% reflects rounding errors.  
Source: Philadelphia Court of Common Pleas 1984, p. 61

Table 10 presents data gathered by the Philadelphia Police Department on the annual number of contacts between Juvenile Aid officers and youngsters apprehended for delinquent behavior. The total number of contacts was fairly constant from 1978 through 1981; there was a rise of 3,833 incidents, or 15%, from 1981 to 1982. The overall proportion of cases of youngsters who were arrested after apprehension showed a slight decrease over the five years. Of particular interest is the breakdown of figures for girls and boys. Boys who were apprehended by the police were much more likely to be arrested than girls; in 1982, for example, 61% of apprehended boys were arrested, compared to 35% of girls.

The Citizen's Crime Commission of Philadelphia (1983) analyzed Police Department data to determine changes in the incidence of juvenile crime over the five-year period of 1978 through 1982. The Commission found that, although juvenile arrests rose slightly from 1978 to 1982 (p. 52), the number of arrests for the eight major crimes actually decreased by 13% (p. 51). Major crimes showing decreases of 20% or more over the five years included rape, burglary, larceny and arson. The Commission reported that juvenile arrests for lesser crimes increased 4% from 1978 through 1982. Offenses showing the greatest rise included liquor violations, which increased 453%, and vandalism, which rose 116.84%.

Every juvenile who is arrested or referred by another source, as explained above, is interviewed at the Intake Unit of the Youth Study Center, to determine what action should be taken next. In the presence of the youngster's parents, and the Juvenile Aid Officer who made the arrest, a conference is conducted by the Intake Interviewer to review the facts of the case. At the end of the conference, the youngster is either referred to court or the case is informally adjusted, and the child is released to the custody of his parents. Informal adjustment is permitted in cases in which "counsel and advice without an adjudication would be in the best interest of the public and the child" (Juvenile Act). Informal adjustment may involve referral of the youngster or family to a specialized agency for help; if the agency accepts the referral, it must report back to the Intake Interviewer to describe the youngster's progress. In 1982, 1,322 cases, or 12% of all cases processed, were disposed of at the Intake Interview (Philadelphia Court of Common Pleas 1984, p. 37).

If the case is not disposed of, and the youngster is referred to the court for a hearing, then another decision must be made at the Intake Interview: should the youngster be detained at the Youth Study Center or returned to his or her parents' custody? The Juvenile Act mandates that a child should not be detained unless:

His detention or care is required to protect the person or property of others or of the child or because the child may abscond or be removed from the jurisdiction of the court or because he has no parent, guardian, or custodian or other person able to provide supervision...or an order for his detention or shelter care...has been made by the court.

The proportion of youngsters detained at the Youth Study Center in Philadelphia rose steadily in the late 1970's and early 1980's (Philadelphia Court of Common Pleas 1984, p. 62). In 1979, youngsters were detained at the Youth Study Center in 21% of all cases referred to court. In 1982, youngsters were detained in 27% of all cases.

Table 11 presents a breakdown of charges in new delinquency cases referred to court in 1982. Less than a fifth of all cases involved either injury to persons or sex offenses. Sixty percent of the cases were referred to the Juvenile Branch on charges of theft.

The number of new delinquency cases referred to court decreased by ten percent in the five-year period from 1978 through 1982 (Philadelphia Court of Common Pleas 1984, pp. 86 and 87). The largest percent decreases were in the areas of drug law violations (-32%), malicious mischief (-30%) and sex offenses (-28%). Increases occurred in weapons offenses (+19%) and miscellaneous offenses (+354%).

TABLE 11: JUVENILE DELINQUENCY CASES BY REASON FOR  
REFERRAL TO COURT, PHILADELPHIA, 1982

<u>Offenses</u>	<u>Number of Cases</u>
<u>Total Cases</u>	<u>11,365 (100%)</u>
<u>Injury to person</u>	<u>1,804 (16%)</u>
Homicide	53
Aggravated assault	1,120
Assault	337
Assault on police officer	118
Coercion/threats	168
Others	8
<u>Theft</u>	<u>6,863 (60%)</u>
Burglary	2,132
Robbery	2,091
Larceny	1,564
Auto theft	619
Receiving stolen property	87
Retail theft	231
Fraud, forgery, etc.	139
<u>Weapons offenses</u>	<u>528 (5%)</u>
Possessing instruments of crime	487
Prohibited offensive weapons	36
Violations of Uniform Firearms Act	5
<u>Sex offenses</u>	<u>184 (2%)</u>
Rape	67
Indecent assault	27
Deviate sexual intercourse	50
Prostitution	30
Others	10
<u>Drug law violations</u>	<u>751 (7%)</u>
Possession and use of drugs	519
Sale and use of drugs	232
<u>Malicious mischief</u>	<u>424 (4%)</u>
Vandalism	131
Arson	50
Disorderly conduct	61
Trespassing	56
Conspiracy	11
Resisting an officer	30
Harassment	24
Other	61
<u>Runaway from institution or agency</u>	<u>294 (3%)</u>
<u>Miscellaneous offenses</u>	<u>517 (5%)</u>
Failure to pay fines and costs	306
Other	211

Failure to add up to 100% is due to rounding errors.  
Source: Philadelphia Court of Common Pleas 1984, p. 76

## Youngsters Charged with Delinquency Offenses

Each year, the Juvenile Branch keeps statistics on both the number of delinquency cases and the number of youngsters charged in one or more of the cases. The number of youngsters is usually much smaller than the number of cases, since many of the youngsters are charged with more than one offense during the year.

In 1982, 8,045 youngsters were referred to Court in 11,365 new delinquency cases disposed of that year (Philadelphia Court of Common Pleas 1984, p. 36). Of the total number of youngsters, 6,975, or 87%, were boys. Seventy percent of the boys, and 75% of the 1,070 girls, were non-White.

The 1982 Family Court Report (Philadelphia Court of Common Pleas 1984, p. 33) noted that "the seriousness of the offenses committed by girls has escalated in recent years." The number of non-White girls charged with delinquency offenses in 1982 was 20% higher than the number charged in 1978. In comparison, numbers of White girls, non-White boys, and White boys charged with delinquency offenses all decreased between 1978 and 1982 (p. 66).

Table 12 presents data on the ages of boys and girls referred to court in 1982. Most of the youngsters charged with delinquency offenses were late adolescents. Only 15% of the boys and 17% of the girls were under age 14.

TABLE 12: YOUNGSTERS CHARGED WITH DELINQUENCY OFFENSES  
BY SEX AND AGE, PHILADELPHIA, 1982

<u>Age in Years</u>	<u>Number of Youngsters</u>	
	<u>Boys</u>	<u>Girls</u>
Total: All Ages	6,975 (100%)	1,070 (100%)
10 years old	80 ( 1%)	2 ( <1%)
11 years old	143 ( 2%)	14 ( 1%)
12 years old	292 ( 4%)	52 ( 5%)
13 years old	530 ( 8%)	112 (10%)
14 years old	920 (13%)	170 (16%)
15 years old	1,337 (19%)	236 (22%)
16 years old	1,907 (27%)	257 (24%)
17 years old	1,766 (25%)	227 (21%)

Failure to add up to 100% is due to rounding errors.

Source: Philadelphia Court of Common Pleas 1984, p.68

In 1982, only 28% of youngsters charged with delinquency offenses lived at home with both natural parents (Philadelphia Court of Common Pleas 1984, p. 91). More than half of the youngsters, or 51%, lived in homes with their natural mothers, without fathers. Five percent lived in homes with their natural

fathers, without mothers. Five percent lived with one natural parent and one step-parent.

### Court Process

Each youngster who is referred to court by the Youth Study Center Intake Interviewer has his or her case presented in a pre-trial hearing. Pre-trial hearings are not legislated by Pennsylvania law; they were implemented in Philadelphia in order to reduce the number of cases that reach adjudicatory hearings. The pre-trial hearing is an informal conference conducted by a judge in which the facts of a youngster's case are reviewed by the juvenile, his or her parents, and attorneys for the youngster and the Commonwealth. A number of dispositions are possible. The complaint may be withdrawn or discharged. The youngster may admit the charges against him or her and a formal adjudication of delinquency may be made. The judge may refer the case on to an adjudicatory hearing, or the judge may order a Consent Decree. Under a Consent Decree, delinquency proceedings are suspended, and the youngster is placed under the supervision of the Probation Department. The youngster is released to his or her parents or guardians, with the agreement that he or she will remain under supervision for six months, unless the Probation Department moves to release him or her earlier. If the youngster fails to make satisfactory progress, or if another petition is filed against him or her, delinquency proceedings may be resumed.

Table 13 presents data on the place of disposition of new delinquency cases in Philadelphia for the five-year period from 1978 through 1982. While the numbers and proportions of cases which were referred to adjudicatory hearings for final disposition increased over the five-year period, many cases were resolved in pre-trial hearings.

TABLE 13: NEW DELINQUENCY CASES DISPOSED OF,  
PHILADELPHIA, 1978-82

	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>
<u>All New Cases</u>					
<u>Disposed of</u>	12,568	12,524	11,765	13,183	11,365
	(100%)	(100%)	(100%)	(100%)	(100%)
Disposed of in					
Pre-Trial Hearing	5,057	5,766	4,705	5,403	4,430
	(40%)	(46%)	(40%)	(41%)	(39%)
Disposed of in					
Adjudicatory					
Hearing	5,280	5,200	5,667	6,453	5,613
	(42%)	(42%)	(48%)	(49%)	(49%)

Source: Philadelphia Court of Common Pleas 1984, p. 59

The adjudicatory hearing is the most formal stage of Juvenile Branch proceedings. The youngster and the Commonwealth



are represented by attorneys. The youngster, the arresting police officer, and witnesses or victims may testify. The Court determines, at the close of the hearing, whether the youngster is to be adjudicated delinquent, or the charges are to be dismissed. If the youngster is adjudged delinquent, disposition of the case may be made immediately, or may be postponed until information about the youngster's status and needs, and about available resources for treatment, has been gathered.

### Dispositional Alternatives

The Court may choose from several alternatives when deciding what disposition will be most helpful to the youngster who is adjudicated delinquent. Among the alternatives are the following:

1. Probation. The Court may place a youngster under the supervision of the Probation Department for a specified period of time. During the probation period, the probation officer assigned to the case is expected to keep in touch with the youngster and his family, and to evaluate whether the minor is maintaining the conditions of his or her probation. If the probation officer finds that the youngster is not fulfilling the conditions, he or she may bring the youngster back into court for a probation violation hearing, and the disposition may be changed.

2. Payment of fines. The Court may require, either as a condition of probation or as a disposition in itself, the payment of fines by the minor.

3. Commitment. The Court may order the commitment of a youngster to a residential facility. The Juvenile Act places certain restrictions on this option. A juvenile may not be placed in a prison, or any other facility, which predominately serves adult offenders. There are two conditions on the length of the initial commitment: first, it must not exceed three years; second, if the maximum sentence that an adult can receive for the same act is less than three years, then the juvenile's commitment must not exceed the maximum sentence. The Court must review the commitment every six months, and a disposition review hearing must be held every nine months. All of these conditions are safeguards for the youngster.

Delinquent youngsters may only be committed to facilities which are either licensed or operated by the Pennsylvania Department of Public Welfare. The Department of Public Welfare runs several programs across the state for juvenile offenders; in addition, a number of private agencies offer programs designed for them. The cost of placement is assumed by the County Children and Youth Agency if a youngster's parents are unable to pay the fee. Until recently, the Probation Department of the Juvenile Branch of Philadelphia Family Court has managed delinquent residential cases for the City's youngsters, but the Philadelphia County Children and Youth Agency now shares management responsibilities with the Probation Department in many cases.

A major issue in the disposition of juvenile delinquents in Philadelphia is the placement of delinquents with special needs. Judges and placement workers in Philadelphia share a statewide concern about the lack of sufficient placement options for certain kinds of offenders. A survey of Pennsylvania's juvenile judges, probation officers, and district attorneys in 1984 revealed perceived gaps in services for emotionally disturbed and mentally retarded offenders, sex offenders, arsonists, youngsters with drug or alcohol problems, and others (Pennsylvania Department of Public Welfare and Region III Resource Center for Children, Youth and Families 1984). Professionals in Philadelphia stress the need for innovative treatment programs which combine rehabilitation, education, and job training with attention to special needs.

### Certification

Under circumstances specified by the Juvenile Act, a youngster who is charged with a serious offense may be certified to Criminal Court for adjudication. The youngster must be 14 years old or older for transfer to be considered. The decision is made in two steps. First, a preliminary hearing is held, at the request of the District Attorney, to determine whether the evidence supports the charge that the juvenile committed a felony-level offense. Second, an "amenability" hearing is conducted, in which the District Attorney argues that the youngster is "not amenable to treatment, supervision or rehabilitation as a juvenile" (Juvenile Act), and is not mentally retarded or mentally ill. If the District Attorney is able to convince the Court that the youngster will not profit from treatment in the Juvenile Branch, the Court certifies the juvenile to adult Criminal Court.

A recent survey (Pennsylvania Department of Welfare and Region III Resource Center 1984, p. 6) of judges, chief probation officers, and district attorneys across Pennsylvania explored the factors that these officials weigh most heavily in making the decision to certify a youngster. The factors ranked highest by all three groups were the nature of the juvenile's offense, the record of previous offenses, and the youngster's previous adjustment to programs for juvenile delinquents. The three factors they ranked as least important in their decisions were lack of space, a lack of availability of local placements, and concern about the influence the youngster might have on others.

### Dispositions in Philadelphia

Table 14 displays data on the disposition of delinquency cases in Philadelphia in 1982. The table includes dispositions from all three stages of the court process: intake interviews, pre-trial hearings, and adjudicatory hearings.

TABLE 14: DISPOSITION OF NEW DELINQUENCY CASES BY SEX AND RACE  
PHILADELPHIA, 1982

<u>Total Cases</u>	<u>BOYS</u>		<u>GIRLS</u>	
	<u>non-White</u> 7,196 (100%)	<u>White</u> 2,862 (100%)	<u>non-White</u> 1,007 (100%)	<u>White</u> 300 (100%)
Referred Elsewhere	33 ( $\leq 1\%$ )	28 (1%)	4 ( $\leq 1\%$ )	6 (2%)
Withdrawn, Discharged, or Adjusted	2,805 (39%)	1,143 (40%)	434 (43%)	172 (57%)
Probation	2,725 (38%)	1,265 (44%)	485 (48%)	104 (35%)
Commitment				
Institutions for delinquents	768 (11%)	180 (6%)	33 (3%)	1 ( $\leq 1\%$ )
Mental Health Facilities	47 (1%)	8 (1%)	3 ( $\leq 1\%$ )	-
Agencies	55 (1%)	41 (1%)	6 (1%)	4 (1%)
Certification	209 (3%)	24 (1%)	4 ( $\leq 1\%$ )	-
Restitution or Fines	32 ( $\leq 1\%$ )	26 (1%)	3 ( $\leq 1\%$ )	1 ( $\leq 1\%$ )
Adjudged Delinquent*	471 (7%)	107 (4%)	24 (2%)	4 (1%)
Other	51 (1%)	40 (1%)	11 (1%)	8 (3%)

\*These are youngsters who have already been found delinquent and are adjudged delinquent on another charge.

Failure to add up to 100% is due to rounding errors.

Source: Philadelphia Court of Common Pleas 1984, p. 95

Forty percent of all new delinquency charges in 1982 were withdrawn, discharged or adjusted. In another forty percent of the cases, youngsters were referred to probation. Few cases received the more serious dispositions of commitment or certification. However, those youngsters who were committed or certified were more likely to be male than female, and more likely to be non-White than White.

A total of 233 boys' cases were certified to Criminal Court in 1982 (Philadelphia Court of Common Pleas 1984, p. 98). In 45% of those cases, the youngster was charged with robbery.

Charges in other certified boys' cases included assault (18%), burglary (15%), auto theft (7%), and homicide (5%).

In the same year, boys and girls were committed in 1,146 delinquency cases (Philadelphia Court of Common Pleas 1984, pp. 98 and 99). Most of the youngsters were committed to residential institutions for delinquent youth. Charges in committed cases included: robbery (30%), burglary (26%), larceny (11%), assault (11%), and auto theft (9%). The great majority of cases involved neither personal injuries nor sexual offenses.

Although the total number of new delinquency cases disposed of dropped 10% between 1978 and 1982, the number of certified and committed cases increased (Philadelphia Court of Common Pleas 1984, p. 94). The number of certified cases increased 212%, from 76 in 1978 to 237 in 1982. The number of cases committed to institutions for delinquent youngsters increased 45%, from 675 in 1978 to 982 in 1982.

### CONCLUSION

Both juvenile victimization and juvenile delinquency are problems which require the attention of the citizens of Philadelphia. Many of the City's youngsters are the victims of abuse and crime each year; many youngsters are charged with delinquent acts.

It is difficult to make direct comparisons between juvenile victims and offenders. Statistics on victims and offenders are gathered in different ways by different agencies. However, data on the two groups raise questions which cannot be ignored. Are juvenile victims and juvenile offenders really members of two distinct groups? How many of those who appear in the charts of this Chapter as youngsters charged with delinquent offenses are also among the numbers of abused children and victims of crime? What influence do children's experiences of abuse or victimization have upon their actions towards others in their community?

When we succeed in protecting our children from crime and abuse, we teach them that the world can be a safe place, and a place in which people are to be cared for and respected. When we fail to protect them, we fail to teach them this important lesson. The recent rise in the number of child abuse reports, and the increase in media attention to this issue, suggest that we are ready to assume our responsibility for Philadelphia's youngest citizens. If we are able to protect our children from harm, both within and outside of their own homes, they may join us in making Philadelphia a safer place for all of us.

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## CHAPTER VII

### CHILDREN UNDER PUBLIC GUARDIANSHIP

Most children are fortunate enough to be born into families that are able to shelter and nurture them until they reach adulthood. However, sometimes children lose the security of family life, due to death, illness, or circumstance. Youngsters must then rely on the adults of their community to provide the stability and care that their own families are unable to offer. This Chapter focuses on those Philadelphia youngsters who spend part of their childhoods under public guardianship, in the custody of the Philadelphia County Children and Youth Agency of the Department of Human Services. An effort is made to examine the laws that legislate public guardianship, to describe the youngsters who are placed in the custody of the Agency, and to explore the quality of their experiences in placement.

#### HIGHLIGHTS

IN 1980, A FEDERAL LAW WAS PASSED THAT WAS DESIGNED TO SHORTEN THE LENGTH OF TIME THAT YOUNGSTERS SPENT IN FOSTER CARE.

THE PHILADELPHIA COUNTY CHILDREN AND YOUTH AGENCY OF THE PHILADELPHIA DEPARTMENT OF HUMAN SERVICES IS IN THE PROCESS OF IMPLEMENTING NEW FEDERAL AND STATE REGULATIONS ON FOSTER CARE AND ADOPTION.

ON DECEMBER 31, 1983, 5,146 PHILADELPHIA YOUNGSTERS WERE IN FOSTER CARE PLACEMENTS, IN THE CUSTODY OF THE CHILDREN AND YOUTH AGENCY.

OVER 50% OF THE YOUNGSTERS IN PLACEMENTS ON DECEMBER 31, 1983, HAD BEEN IN CARE FOR TWO YEARS OR MORE, AND 32% HAD BEEN IN CARE FOR FIVE YEARS OR MORE.

IN 1983, 9.2 YOUNGSTERS OUT OF A THOUSAND IN PHILADELPHIA HAD BEEN IN FOSTER CARE FOR SIX MONTHS OR LONGER. PHILADELPHIA HAD THE HIGHEST RATE IN THE COMMONWEALTH: THE RATE, STATEWIDE, WAS 3 YOUNGSTERS PER THOUSAND.

THE NUMBER OF SUBSIDIZED ADOPTIONS IN PHILADELPHIA INCREASED 27% FROM 263 ADOPTIONS TO 333, BETWEEN JANUARY, 1982 AND JULY, 1984.

IN JUNE, 1984, THE CASE GOAL FOR 549 YOUNGSTERS IN FOSTER CARE IN PHILADELPHIA WAS ADOPTION. IN THE SIX MONTHS PRECEDING THAT DATE, 47 ADOPTIONS OF YOUNGSTERS IN FOSTER CARE WERE FINALIZED.

## OVERVIEW

The experiences of children and adolescents who live apart from their own families have been the focus of professional concern for several decades. Foster care was initially conceived of as a temporary and stabilizing solution to a difficult problem: who should care for a child when a parent is unable or unwilling to do so? Studies throughout the United States in the 1960's and 1970's found, however, that children who entered foster care were more likely to remain in the custody of the state for an extended period of time than to return to the homes of their parents after a temporary absence. For example, in a national report on foster care published in 1978, the Children's Defense Fund found that 52% of the children studied remained in placement for more than two years, and 20% were in care for more than six years (p. 187). In addition, the investigators found that 57% of the youngsters in care moved at least once, from one home or institution to another; 18% moved three times or more (p. 187). This report and others (Fanshel 1979; Ferleger & Cotter, eds. 1976) suggested that, for most children, foster care was neither a short-term placement nor a stabilizing solution; children remained in care for long periods without the security that a permanent family can provide.

Critics of the foster care system drew attention to the connection between administrative policies and protracted foster care. The Children's Defense Fund (1978) reported that most states failed to maintain adequate records of children in care, to monitor the quality of placements, and to ensure timely transitions from foster care to natural family or adoptive family. In 1980, as a result of critical attention and vigorous lobbying, national legislation reforming foster care and adoption programs was passed by the United States Congress and signed by President Jimmy Carter.

Under Public Law 96-272, entitled "The Adoption Assistance and Child Welfare Act of 1980," states were required to implement a number of measures by October 1, 1982, in order to qualify for full federal funding of foster care programs. The Law emphasized the importance of permanent care for youngsters. States were encouraged, through the use of fiscal incentives, to prevent unnecessary placements, to undertake reunification of children with their natural families whenever possible, and to initiate adoptions for those children who were unable to return to their families. A number of safeguards were included in the Act to prevent children from growing up in foster care due to insufficient agency planning.

The Pennsylvania Department of Public Welfare responded to the requirements of PL 96-272 by designing and implementing a number of new foster care regulations. Final regulations went into effect in October, 1982. Table 1 summarizes some of the important requirements of PL 96-272 and Pennsylvania's legislative response. Full state compliance with the federal requirements results in eligibility for increased foster care

and child welfare funds, and for federal subsidies for the adoption of special needs children.

TABLE 1: MAJOR REQUIREMENTS OF PL 96-272 AND  
PENNSYLVANIA'S PLAN FOR IMPLEMENTATION

<u>Federal Requirement</u>	<u>Pennsylvania's Plan</u>
1. Annual goals for the reduction of the number of children in placement for over two years.	1. A statewide goal of one percent annual reduction, for five consecutive years, of the number of youngsters in care for more than two years, beginning with fiscal year 1984-85.
2. Provision of services to prevent placements, and to hasten reunification of youngsters and families.	2. Provision of these services by the Department of Public Welfare.
3. Periodic case planning and case review to ensure appropriate placement.	3. A written family service plan for each youngster in care. Review by the Court after 6, 12 and 18 months of placement, and every 12 months thereafter. Administrative review by DPW, or Court review, after 24 months in placement, and every 12 months thereafter.
4. Maintenance of a statewide information system containing data on the situation, location, and case goals for each youngster in placement.	4. Development of the Pennsylvania Children and Youth Information System containing current data about each child in placement.
5. Provision of adoption assistance payments for youngsters with special needs.	5. Continuation and expansion of state adoption subsidy program.

Sources: PL 96-272 and Pennsylvania Department of Public Welfare 1982



Changes in Commonwealth regulations had a direct effect on the policy and practice of county Children and Youth Agencies. The Philadelphia County Children and Youth Agency, a division of the Philadelphia Department of Human Services, has spent the two years since Pennsylvania's implementation of PL 96-272 in efforts to achieve compliance with new state standards and to maintain an operating license. Full compliance with regulations will result in annual revenues of over \$50 million from the state and nearly \$15 million from the federal government for children's services in Philadelphia (City Council of Philadelphia 1984, p. 6). Among the policy changes which the Philadelphia Children and Youth Agency has made or is in the process of making are the following (Department of Human Services 1984; Philadelphia County Children and Youth Agency 1984):

1. The revision of family service plan format to ensure consistency, thoroughness, and the easy accessibility of important information;
2. The design and implementation of a computerized management information system to improve data accessibility and reliability;
3. The establishment of uniform criteria for acceptance for service;
4. The development of an operations manual to ensure consistency in the kind and quality of services offered to clients;
5. The development of an internal quality control unit to train workers and to monitor the Department's performance on state and federal measures of compliance;
6. The increasing assumption of direct responsibility for those youngsters for whom care is purchased from private providers;
7. The development of a Permanency Planning Review Committee to review plans for children who have been, or should be, released for adoption.

This is clearly a time of change in the provision of services to children in public custody. All of the measures listed above are designed both to ensure compliance with regulations and to result in the provision of permanent homes for youngsters in placement. The Philadelphia County Children and Youth Agency lists among its objectives for fiscal year 1985-86, a 5% reduction of the number of youngsters in placement, and a 50% increase in the number of finalized adoptions (Philadelphia Department of Human Services 1984). In the rest of this Chapter, we will take a closer look at those children who spend time in foster care, and we will check for preliminary signs of the impact of PL 96-272 on the lives of children in Philadelphia.

#### ENTERING PUBLIC CARE

Children in Philadelphia enter public foster care in one of two ways. In some cases, the child is declared dependent in the Juvenile Branch of Family Court, and legal custody is assigned to the Department of Human Services. In other cases, parents

voluntarily transfer temporary custody of their child to the Department of Human Services.

A child may be declared dependent under a variety of circumstances. Included in the legal definition of dependency are: youngsters "without proper parental care or control," abandoned children, youngsters without legal guardians, truant children, ungovernable children, and children under age ten who commit delinquent acts (The Juvenile Act). Any agency or individual concerned about the safety of a minor may petition the Juvenile Branch to adjudge the youngster dependent. The Department of Human Services petitioned the court in 72% of the cases heard in the Juvenile Branch in 1982. Twelve percent of the cases were referred by parents or other relatives, ten percent by school authorities, and five percent by the Court (Philadelphia Court of Common Pleas 1984, p. 106).

Dependency hearings are conducted by the Court in an informal manner. The parents are usually represented by attorney, and the youngster is also appointed his or her own legal advocate. Medical and psychological evaluations, probation department reports, and the recommendations of the Department of Human Services may be presented. If the Court finds that the youngster is dependent, a number of dispositions are possible. The youngster may be returned to his or her parents' custody without further court involvement. The youngster may be returned home, but placed under protective supervision to ensure his or her safety. Finally, the youngster may be committed to the Department of Human Services, and custody may be transferred to that agency.

A youngster may be placed in foster care by the Department of Human Services without being declared dependent. If the youngster's parents feel that they are temporarily unable to care for him or her, they may enter into a voluntary placement agreement with the Philadelphia County Children and Youth Agency of the Department of Human Services. The parents transfer custody of the child to the Agency for a period of no more than thirty days, under a written agreement specifying the parents' visiting privileges, and their right to be consulted about any medical or educational decisions while the child is in placement. The parents maintain the right to an immediate return of the youngster upon request. If the parents are not ready for the return of the child after 30 days, the Agency must then file a petition in Court to have the youngster declared dependent.

In 1982, 3,009 new dependency petitions were heard and disposed of in the Juvenile Branch of Philadelphia Family Court. The number of families involved in these cases was 2,172; 39% of the families were involved in the disposition of more than one dependency case during the year (Philadelphia Court of Common Pleas 1984, p. 40). Table 2 presents the reasons for referral of new dependency cases in 1982. In the majority of cases, the reason for referral was inadequate care. The Family Court definition of inadequate care applies to parents or guardians

who have made a "reasonable effort" to provide care for their youngsters but who have been unable to do so due to "physical, mental, or economic disability"; these cases are distinguished from cases of neglect or abuse, in which a "reasonable effort" has not been made (Arno Cassel, Director of Research, Planning and Statistics, Family Court, 1984).

TABLE 2: NEW DELINQUENCY CASES BY REASON FOR REFERRAL TO COURT, PHILADELPHIA, 1982

<u>Reason for Referral</u>	<u>Number of Cases</u>
Total Cases	3,009 (100%)
Inadequate care	1,807 ( 60%)
No parent	67 ( 2%)
Neglect	415 ( 14%)
Abuse	237 ( 8%)
Abandonment	25 ( 1%)
Mental/Physical health	52 ( 2%)
Delinquent case referral	25 ( 1%)
Truancy	33 ( 1%)
Incorrigibility	244 ( 8%)
Other	104 ( 3%)

Source: Philadelphia Court of Common Pleas 1984, p. 107

The ages of the youngsters involved in dependency cases in 1982 ranged from infancy to late teens. Twenty-nine percent of the children were five years old or younger. Forty-nine percent of the youngsters were twelve years old or older (Philadelphia Court of Common Pleas 1984, p. 108).

Table 3 presents the dispositions of new dependency cases heard in 1982. In the majority of cases, youngsters were adjudged dependent and committed to the Philadelphia County Children and Youth Agency of the Department of Human Services for placement.

TABLE 3: DISPOSITION OF NEW DEPENDENCY CASES, PHILADELPHIA, 1982

<u>Disposition</u>	<u>Number of Cases</u>
Total Cases	3,009 (100%)
Dismissed or discharged	244 ( 8%)
Petition withdrawn	295 ( 10%)
Protective supervision	331 ( 11%)
Placed in Custody of:	
Parent	32 ( 1%)
Relative	104 ( 3%)
Other individual	37 ( 1%)
Committed to:	
Dept. Human Services	1,941 ( 65%)
Mental health facility	23 ( 1%)
Other	2 (< 1%)

Source: Philadelphia Court of Common Pleas 1984, p. 111

In 1982, the Juvenile Branch reviewed the dispositions of 10,641 cases already under court jurisdiction (Philadelphia Court of Common Pleas 1984, p. 112). The number of cases reviewed was almost nine times the number reviewed by the Court in 1978; the federal requirement for periodic court reviews legislated in PL 96-272 is clearly reflected in this increase. In 82% of the cases reviewed in 1982, youngsters remained committed. Eleven percent of the cases were discharged, 3% were placed under protective supervision, and 2% were committed to the Philadelphia County Children and Youth Agency of the Department of Human Services.

#### CHILDREN IN PLACEMENT

Information on the number of Philadelphia children in placement is available from one source: the CY 28 reporting form. This form is periodically submitted by the County to the Commonwealth, in accordance with Pennsylvania regulations. The form, which has been revised over the years, gathers information on the number of youngsters in different kinds of placement, the length of time children spend in placement, and the demographic characteristics of children in care. Unfortunately, CY 28 data is not always accurate. Philadelphia does not yet have a computerized information system which can be used for gathering CY 28 data, so mathematical errors interfere with accuracy. In addition, differences in state and federal definitions make it difficult to assign a child to one or another category of care; changes in definitions from one reporting period to the next decrease the relevance of direct comparisons. The Pennsylvania Department of Public Welfare cautions that all CY 28 data with the exception of statistics on foster family care are "highly suspect" (letter from Larry Woods, Systems Analyst, Information Systems Unit, Office of Children, Youth and Families, Pennsylvania Department of Public Welfare, August 13, 1984).

Efforts to draw conclusions from the data gathered in the last ten years are easily frustrated by serious inconsistencies from one reporting period to the next. Nevertheless, the CY 28 is the only source of detailed county data on placement. Clearly, a more accurate system for gathering and recording information is required. We will use CY 28 data, despite its restrictions, in the discussion that follows, because it is the best data available.

Table 4 presents information gathered from the Philadelphia County CY 28 report of December 31, 1983. On that day, 5,146 youngsters under 21 years of age, or 57% of the total number of youngsters receiving services from Philadelphia County Children and Youth Agency, were in placement. While the majority of youngsters were living in foster families, 46% were living in non-family settings. Sixty percent of the youngsters were 12 years old or older and the great majority of children in placement were non-White.

TABLE 4: YOUNGSTERS IN PLACEMENT IN PHILADELPHIA  
ON DECEMBER 31, 1983

<u>Total in Care</u>	5146	(100%)
Foster Family Care	2793	( 54%)
Institutional Care	1588	( 31%)
Other*	765	( 15%)
 Ages of Youngsters		
Under 1 year	257	( 5%)
1-4	644	( 12%)
5-11	1157	( 22%)
12-17	2574	( 50%)
18-21	514	( 10%)
 Race		
White	911	( 18%)
Non-White	4235	( 82%)
 Sex		
Female	2426	( 47%)
Male	2720	( 53%)
 Length of Time in Care		
Under 6 Months	1051	( 20%)
6 Months-Under 1 Year	581	( 11%)
1 Year-Under 2 Years	852	( 16%)
2 Years-Under 5 Years	1016	( 20%)
5 Years +	1646	( 32%)
 Placement Goal		
Return to Own Home	1750	( 34%)
Placement w Relatives	104	( 2%)
Placement w Guardian	51	( 1%)
Adoption	566	( 11%)
Independent Living	874	( 17%)
Long-term Foster Care	1750	( 34%)
No Service Plan Goal	51	( 1%)

Failure to add to 100% reflects rounding errors.

\*Other: community residential and group homes, emergency shelters, and supervised living situations.

Source: Philadelphia County Children and Youth Agency  
CY 28, December 31, 1983

The figures in Table 4 suggest that public concern over the length of time that children spend in foster care is, indeed, justified. More than half of the children in care at the close of 1983 had been in placement for two years or more, and almost a third had been out of their own homes for more than five years. While placement goals had been established for most of the youngsters, the stated plan for more than a third of the youngsters was long-term foster care.

In September of 1983, the Pennsylvania Department of Public Welfare conducted a statewide inventory, required by PL 96-272, of children who had been in foster placements for six months or longer. The results of that inventory, for Philadelphia and the Commonwealth, are presented in Table 5. The study found that 43% of all Pennsylvania youngsters in placement for six months or longer were in the custody of the Philadelphia County Children and Youth Agency. Allegheny County had the second largest share of the state total, with 1032 youngsters, or 11%. The rate of placement for six months or longer was 9.2 youngsters per thousand in Philadelphia, compared with an average of 3 youngsters per thousand, statewide. Philadelphia County had the highest rate of placement in the state; the second highest rate was 4.8 children per thousand, in Tioga County in the Northeast Region. A youngster living in Philadelphia was thus more likely than youngsters in other parts of the state to remain in placement for six months or longer.

Table 5 reveals other important differences between Philadelphia and the rest of the Commonwealth. First, dependent youngsters in Philadelphia were less likely than youngsters in the rest of the state to live in foster family placements. Second, Philadelphia's youngsters were more likely than children in other parts of the state to remain in care for five years or more. Third, adoption was the case goal in 17% of cases statewide, compared to 11% of cases in Philadelphia.

TABLE 5: YOUNGSTERS IN PLACEMENT FOR SIX MONTHS OR LONGER,  
PHILADELPHIA AND PENNSYLVANIA, SEPTEMBER, 1983

	<u>Philadelphia</u>	<u>Pennsylvania</u>
<u>Total Number</u>	4024	9438
<u>Rate per Thousand: ages 0-17</u>	9.2	3.0
<u>Forms of Care</u>	100%	100%
Foster Family Care	65%	74%
Institutional Care	18%	14%
Other	17%	12%
<u>Case Goals</u>	100%	100%
Return Home*	37%	35%
Adoption	11%	17%
Independent Living	17%	13%
Long Term Foster Care	34%	34%
No Service Plan/Unknown	1%	1%
<u>Length of Placement</u>	100%	100%
6 months-1 year	14%	17%
1 year-2 years	21%	22%
2 years-5 years	25%	26%
5 years +	40%	35%

\*Includes "Placement with Relatives" and "Placement with Guardian".

Source: Pennsylvania Department of Welfare 1984

## THE IMPACT OF PUBLIC LAW 96-272

A quick glimpse at city and state figures on children in placement confirms the concern that many children remain in placement for long periods of time. Public Law 96-272 was written to address this concern, and to speed the movement of children out of temporary care and into permanent homes. Two federal offices, the Department of Health and Human Services (1984) and the General Accounting Office (Comptroller General 1984), have recently completed national studies of the impact of the Law on child welfare. The General Accounting Office report evaluated the implementation of the Law's requirements and concluded that performance has varied among states. The Department of Health and Human Services compared states' figures on movement of children in and out of placement, before and after implementation of the Law, and concluded that, overall, states have decreased the length of time that children spend in care and increased the number of adoptions of children in placement.

The Philadelphia County Children and Youth Agency is still in the process of implementing the federal and state regulations designed to increase permanency planning. Nonetheless, a brief look at Agency statistics may give some suggestion of the direction that child welfare may take in the years ahead. Tables 6, 7 and 8 present data on foster family care but omit statistics on institutional and community care, since the latter figures are not reliable.

Table 6 presents figures on the number of children in foster family care in Pennsylvania and Philadelphia from 1975 to 1984. The figures were prepared by the Pennsylvania Department of Public Welfare, and they reflect the number of youngsters in care on a particular day of each year. While PL 96-272 was not passed until 1980, and not fully implemented in Pennsylvania until 1982, the figures from earlier years offer a sense of the direction in which foster family care policy had been moving, even prior to the adoption of the Law.

TABLE 6: NUMBER OF CHILDREN IN FOSTER FAMILY CARE,  
PENNSYLVANIA AND PHILADELPHIA, 1975-1984

<u>Year</u>	<u>Pennsylvania</u>	<u>Philadelphia</u>
1975	12,357	3,546
1976	12,119	3,531
1977	11,613	3,329
1978	11,548	3,346
1979	11,375	3,523
1980	9,434	2,815
1981	8,803	2,962
1982	8,931	3,325
1983	8,248	2,793
1984	8,689	3,023

Source: Letter from Pennsylvania Department of Public Welfare, Office of Children, Youth and Families, 1984

The number of children in foster family care in Pennsylvania decreased by 24% between 1975 and 1980, and decreased another 8% between 1980 and 1984. The number of youngsters in foster family care in Philadelphia decreased by 15% between 1975 and 1984. It is important to note two points when interpreting these figures. First, the population of youngsters under 18 decreased statewide by 19% between 1970 and 1980; the population of youngsters under 18 fell by 28% in Philadelphia in the same period, and has continued to fall in the 1980's (Philadelphia Citizens for Children and Youth 1982). Changes in foster family care population may thus primarily reflect general population shifts. Second, the data are difficult to interpret without comparable reliable information about the use of institutional and community placements for youngsters.

One of the issues that PL 96-272 sought to address was the protracted length of many foster care placements. Table 7 presents figures on the number of youngsters who spend two years or more in foster family care. The data are gathered from Philadelphia CY 28s from 1980 through September of 1984. Comparable data is not available from earlier CY 28s.

TABLE 7: YOUNGSTERS IN FOSTER FAMILY CARE  
FOR TWO YEARS OR MORE,  
PHILADELPHIA, 1980-1984

Date*	Total in Foster Family Care	Total in Care 2 years plus	Percent in Care 2 years plus
12-80	2,815	1,709	61%
12-81	2,962	1,794	61%
6-82	2,830	2,052	72%
12-82	3,325	1,271+	38%
6-83	2,761	1,057	38%
12-83	2,793	1,694	61%
3-84	3,023	1,832	61%
6-84	3,304	2,003	61%
9-84	2,980	1,806	61%

\*Unequal intervals reflect changes in reporting periods.

+ 744 youngsters were not included in subtotals for December, 1982. Figure was arrived at by proportionally adding 744 to subtotals listed in CY 28.

Source: Philadelphia County CY 28s, 1980 - 1984

The percentage of youngsters in foster family care for two years or longer in 1980 and 1981 was 61%. The December, 1982 and June, 1983 reporting periods are distinguished by a decrease in the proportion of youngsters in care for two years or longer; the explanation for this reported decrease is unclear. Proportions of youngsters in long term care have been higher, once again, for the last four reporting periods. Thus, the impact of legislation discouraging long-term care is not reflected in these figures.



Has the implementation of PL 96-272 influenced the kinds of plans made for youngsters in care? In Table 8, placement goals for youngsters in foster family care are compared for June, 1982 and June, 1984. The placement goal is determined by each youngster's case worker, after consultation with parents and other professionals involved with the youngster. It is reassessed, and may be changed, at periodic reviews.

TABLE 8: PLACEMENT GOALS FOR YOUNGSTERS IN FOSTER FAMILY CARE, PHILADELPHIA, 1982 AND 1984

	June, 1982	June, 1984
Total	2,830 (100%)	3,304 (100%)
Case Goal		
Return to own Home	1,030 ( 36%)	1,124 ( 34%)
Place with relatives	NA	66 ( 2%)
Place with guardian	61 ( 2%)	33 ( 1%)
Place for adoption	275 ( 10%)	363 ( 11%)
Long term foster care	1,152 ( 41%)	1,123 ( 34%)
Independent living	223 ( 8%)	562 ( 17%)
No Service plan	NA	33 ( 1%)
Other	89 ( 3%)	NA

Source: Philadelphia County CY 28s, June, 1982 and June, 1984

While most percentages remain the same or similar after two years, there is a 7% decrease in the proportion of children for whom long term foster care is planned. The greatest increase from 1982 to 1984 is in the proportion of children for whom independent living is the placement goal. It thus appears that changes in planning have resulted in youngsters being prepared for independent living rather than assigned to extended foster care; there is no comparable increase in the number of youngsters for whom return to their families or adoption by other families is planned.

There are three ways in which children leave placement: they return to their natural families, they grow up, or they are adopted into new families. PL 96-272 included legislation specifically aimed at increasing the number of children who leave care through adoption. The Law provides subsidies for families that adopt youngsters with special needs. Special needs children include members of minority groups, children five years old or older, members of sibling groups, and youngsters with handicaps. Subsidies begin when the youngster is adopted, and continue until the child is 18 years old. Pennsylvania had a state adoption subsidy program in place prior to the passage of PL 96-272; implementation of the Law provided federal support for Pennsylvania's program.

The number of adoptions subsidized monthly in Philadelphia increased 27%, from 263 adoptions to 333, between January, 1982 and July, 1984. These figures are encouraging indications that children are beginning to move out of foster care and into adoptive homes at a faster rate than before PL 96-272. However,

the data in Table 9 suggest that many more youngsters are waiting to be adopted.

TABLE 9: NUMBER OF FINALIZED ADOPTIONS AND NUMBER OF YOUNGSTERS FOR WHOM ADOPTION IS CASE GOAL, PHILADELPHIA, 1982-1984

	<u>Adoption is Case Goal</u>	<u>Finalized Adoptions</u>
12-82	88	51
6-83	94	37
12-83	566	30
6-84	549	47

Source: Philadelphia County CY 28s, 1982-1984

Table 9 presents CY 28 data on youngsters in all forms of foster care, not just those in foster family care. The first column lists the number of youngsters in placement for whom adoption is the case goal. The second column lists the number of adoptions, both subsidized and non-subsidized, that were finalized in the preceding six-month period. Several observations may be made by comparing the two columns. First, it is clear that Philadelphia County Children and Youth Agency workers are making adoption the case goal for more children. The number of youngsters for whom adoption is the case goal increased more than 500% between December 1982 and December, 1983. Second, the Agency is succeeding in moving a number of dependent children into adoptive homes. Third, the number of children for whom adoption is planned is much greater than the number being adopted each year. While the Agency is now planning adoption for many children, the number of adoptions does not yet reflect this change in Agency direction.

The administrative and legal procedures involved in pursuing adoption for a dependent child are complex. The City is currently planning and implementing several changes which are designed to increase the number of termination and adoption petitions filed by the Children and Youth Agency each year. Among the objectives of the Agency for fiscal 1985-86 is a 50% increase in the number of finalized adoptions (Philadelphia Department of Human Services 1984).

#### CONCLUSION

On December 31, 1983, 5146 children and youth of Philadelphia were living apart from their families, in foster placement. More than half of these youngsters had been in placement for two years or longer. More than 1,500 youngsters had been in placement for five years or longer.

Public Law 96-272 was implemented to prevent youngsters from growing up in foster care. The Law included incentives for preventing placements, hastening family reunifications, and increasing the number of adoptions of dependent children. A review of CY 28 data gathered before and after implementation of the Law leads to some preliminary impressions of the impact that

the Law has had on foster care in Philadelphia. There has been no clear change in the number of children placed in foster families or in the proportion of children who remain in foster family care for two years or more. Planning for children in foster family care has shifted slightly; the proportion of youngsters for whom long term care is the case goal has dropped and the proportion of youngsters being prepared for supervised independent living has risen. The most marked change in practice appears to be the increase in subsidized adoptions.

Several factors limit the validity of these first impressions. First, much of the CY 28 data is not reliable. Second, the Law was implemented in Pennsylvania in October of 1982; the Philadelphia County Children and Youth Agency is still in the process of integrating federal and state regulations into Agency policy and practice. Continued monitoring of Agency performance will offer a clearer understanding of the direction of child welfare policy in Philadelphia in the years ahead.

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