

Center for Children's Advocacy: Providing Holistic Legal Services to Children in Their Communities

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Atty. Stacey Violante Cote helps a student at Hartford High's school-based legal clinic.

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Although children living in poverty need service-delivery systems that give care in a responsive and integrated way, service delivery traditionally has been compartmentalized. A child's whole person is divided according to the child's needs, and each system—health care, mental health, education, child welfare, and juvenile justice—attends to its part of the child. The child's entry into one system rather than another is determined as much by timing and referral source as by type of need. However, these systems and the barriers between them are artificial constructs that impede the provision of integrated services to address the needs of the child in a holistic way.

The Center for Children's Advocacy, a nonprofit organization based at the University of Connecticut School of Law, was founded in 1997 to provide holistic legal services to children in their communities and to improve the quality of legal representation of children through innovative interdisciplinary models and training programs.¹ The center serves overwhelmingly poor children up to age 18.² Nearly 90 percent are children of color. Most of them have either a physical, cognitive, or emotional disability.

¹The Center for Children's Advocacy is uniquely positioned as a stand-alone nonprofit organization affiliated with a law school (University of Connecticut School of Law). For more information about the center, see www.kidscounsel.org.

²Hartford has the second highest child poverty rate per capita in the country. PRISCILLA CANNY & DOUGLAS HALL, CONNECTICUT VOICES FOR CHILDREN, CHILD POVERTY AND POVERTY MEASURES IN CONNECTICUT 1 (2003), www.ctkidslink.org/publications/well03CensCtPovry11.pdf.

I. Unique Program Design and Activities

The Center for Children’s Advocacy meets the desperate need of poor children for responsive service-delivery systems by working across systems to integrate holistic services for children and ensuring that the legal rights of poor children are respected within each system. The center establishes an advocacy presence within each of the major systems that serves poor children by locating its attorneys in the health care, mental health, child protection, education, and juvenile justice systems—in offices on site at hospitals, community health centers, and schools—to be available to poor children and their families. This program structure essentially envelops poor children with legal supports that attend to the whole child and ensures that they will receive this advocacy regardless of which system they enter at any time.

This program structure allows the center to carry out five interconnected activities that promote systemic responsiveness to the needs of poor children:

- *Monitor Legal Rights Through Multiple Forms of Advocacy.* One of the center’s underlying principles is that legal advocacy for children can and must take many different forms. The center provides individual legal representation through various innovative legal models, systemic advocacy including class actions and a legislative agenda, and training programs to inform attorneys and other professionals of new developments in law and policy.³
- *Facilitate Holistic Provision of Legal Services to Achieve Positive Outcomes.* The center’s representation is holistic in both scope (i.e., different systems) and substance (i.e., different issues). Mindful that adults, let alone children, have difficulties in navigating many agencies and systems, the center has a “one-stop shopping” policy, which allows a child to be represented by one or more of the center’s attorneys on any legal problem that the child confronts.⁴ The center’s attorneys view the legal representation as a means to an end—a positive educational, health, or other outcome for the child. To infuse a holistic focus into its representation, the center has created two interdisciplinary teams, which bring together medical and mental health professionals from the Connecticut Children’s Medical Center, University of Connecticut Health Center, and the University of Connecticut Schools of Law, Social Work, and Medicine.⁵ The teams meet to review cases monthly and help develop plans for securing the most appropriate assessment and treatment in the least-restrictive setting. The meetings also afford the opportunity to identify areas for systemic intervention.
- *Promote Cross-System Cooperation.* The center locates an attorney at the actual sites where poor children interact with each service-delivery system, and it forms collaborative relationships with major Hartford institutions—such as the Hartford Public Schools and the Connecticut Children’s Medical Center—that are active in each system. In these ways the center can identify interdisciplinary issues that have an impact across service-delivery systems and can address

³Class actions include *Emily J. v. Rell*, No. 3:93-cv-1944-RNC (D. Conn. July 8, 2005) (Clearinghouse No. 55,898) (settlement agreement) (for more information, see www.kidscounsel.org/legal/index.4.html); *Juan F. v. Rell*, No. 2:89-cv-00859-AHN (D. Conn. Dec. 23, 2004) (Clearinghouse No. 55,899) (exit plan) (for more information, see www.kidscounsel.org/kidscounsel/legal/abuse/neglect.html); *Sheff v. O’Neill*, 678 A.2d 1267 (Conn. 1996) (for more information, see www.kidscounsel.org/cases/Education.html). The center’s legislative agenda has included drafting and securing passage of a foster care sibling visitation bill and a zoning override bill for small children’s group homes. An Act Concerning Interstate Placement of Children and Visitation for Children in the Care and Custody of the Commissioner of Children and Families and Child Placement Criminal History Records Checks, Conn. Pub. Act No. 03-243 (approved July 9, 2003); An Act Concerning Zoning Requirements for Residences for Children with Mental or Physical Disabilities, Conn. Pub. Act No. 01-161 (effective July 1, 2001). For the text of these bills and other significant pending and recently passed state and federal legislation relating to children, see www.kidscounsel.org/kidscounsel/newsleg/.

⁴The only exception is complex criminal cases, which the center defers to the public defender’s office or the University of Connecticut School of Law’s Criminal Clinic.

⁵The teams also consist of law students, social work students, and pediatric and psychiatric residents. Structuring the teams in this way is fertile cross-disciplinary training for the next generation of child advocacy professionals.

failures by multiple systems to serve a child. The insight of social work and educational consultants on staff and the center's partnership with the university's interdisciplinary teams enhance these abilities.

- *Promote Culture Change Within Service-Delivery Systems.* The interdisciplinary focus that the center brings to the systems that deliver services to poor children helps promote a change in culture in those systems as providers learn to think holistically about children outside of the traditional confines of their own disciplines. This culture change is promoted informally through case collaboration and more formally through the center's training opportunities, which prompt professionals to reassess their part in identifying needs and advocating services outside of the immediate expertise of their discipline.
- *Empower Children and Families to Speak for Themselves.* The center empowers poor children and their families by partnering with them as full and active participants in its training and advocacy efforts. For example, the center produced two videos featuring children in the foster care system.⁶ The first, *Who Will Speak for Me?*, features young people explaining in their own words what they want and need from their attorneys. The center's young clients then testified on behalf of the center's bill to improve the quality of legal representation for poor children.⁷ A second video, *I Will Speak Up for Myself*, features children in the care of Connecticut's Department of Children and Families teaching other foster children about their legal rights.⁸

II. Specific Projects

Each of the Center for Children's Advocacy's unique program models outlined below has three components. The center's attorneys provide individual representation to hundreds of children in the Hartford area. By concentrating in one geographic location, the center is able to evaluate the effectiveness of its programs and determine if they can be useful in other parts of the state as well as serve as models for legal advocates in other parts of the country. Issues identified through the center's work in these individual cases and through the work of the center's attorneys on various state and local committees generate the agenda for the center's systemic advocacy, which takes the form of class actions, administrative advocacy, and legislation. To improve the quality of lawyering and promote cross-disciplinary cooperation, each project has a training component to reach scores of attorneys, pediatricians, and child welfare professionals who serve poor children.

A. Teen Legal Advocacy Clinic: Bringing Legal Services to the Students

In an effort to reduce the shockingly high dropout rate, the Center for Children's Advocacy established the Teen Legal Advocacy Clinic at Hartford Public High School in 1998.⁹ The clinic's director has a private office at the high school, a location that gives the clinic's director direct access to students and school staff and gives the students and school staff access to the clinic's staff and resources. The clinic's focus is to remove barriers to school attendance by (1) empowering students and staff to use the law to the students' advantage and (2) changing

⁶For more information, see www.kidscounsel.org/kidscounsel/about/publications.html.

⁷An Act Concerning the Implementation of Various Budgetary Provisions, Conn. Public Act No. 05-3, §§ 44–47 (effective date Oct. 1, 2005, except for the provisions regarding the appointment and payment of counsel for indigent litigants, which become effective July 1, 2006).

⁸A booklet for youth in foster care outlining their legal rights is part of the video package that Connecticut's Department of Children and Families distributed in March and April 2004 to 2,000 children in foster care.

⁹To demonstrate the extent of Hartford's truancy problem, although 663 students began the year as freshmen in fall 2000, only 184 graduated in the class of 2004. Telephone Conversation Between Stacey Violante Cote, Director, Teen Legal Advocacy Clinic, Center for Children's Advocacy, and Sherri Davis, Assessment Office, Hartford Public Schools (July 6, 2004).

policies and practices that encourage students to drop out. The premise is that the students have complex legal needs that often hinder them from taking advantage of the educational opportunities available to them. The clinic has been nationally recognized as one of only six school-based legal clinics in the country.¹⁰

Individual Legal Representation to Affect Educational Outcomes. The Teen Legal Advocacy Clinic provides individual legal representation to students in such areas as abuse and neglect, bullying, child support, rights of pregnant and parenting teens, domestic violence, emancipation, benefits, immigration and citizenship, special education, and sexual assault. Resolving these issues through legal intervention helps remove barriers to remaining in school.

Systemic Advocacy to Implement Wide-Scale Education Policy Changes. These individual cases expose systemic problems that the clinic's attorney then works to remedy. For example, the clinic has ensured the provision of an appropriate curriculum for classes of intellectually disabled students and, under the McKinney-Vento Homeless Assistance Act, has enforced the rights of homeless students to stay in their home schools.¹¹

Training Seminars to Empower Students and Staff with Legal Advocacy Tools. The clinic conducts training seminars for selected groups of students and school staff. Seminars cover legal rights relating to such subjects as reproductive health care, sexual assault, pregnant teens, mandated reporting, emancipation, abuse and neglect, and student bullying. The clinic also publishes teen-friendly brochures on these and other substantive legal issues.¹² It solicited teen's

Truancy Court Prevention Project

To address the truancy problem at Hartford Public High School, the Center for Children's Advocacy—in partnership with the Hartford Public Schools, the Connecticut Judicial Department, and community-based agencies—initiated a Truancy Court Prevention Project for ninth graders. Whereas other truancy court programs view truancy as a result of community and family dysfunction, the center's project focuses on truancy as an expression of unmet academic needs. Truancy court, over which a trial or appellate judge presides, is held weekly at the high school.

Each youth who has been identified to participate in the project undergoes a thorough educational assessment by an educational expert, and an attorney from the center and other case managers implement the assessment results. Other services for participating youth include individual and family therapy, after-school activities, tutoring and mentoring, and case management. For more information, contact Martha Stone, director of the Center for Children's Advocacy (mstone@law.uconn.edu).

voices and opinions for these brochures through the Law Club that it established at the high school.

B. TeamChild Project: Addressing Educational and Mental Health Needs of Youth in the Juvenile Justice System

The Center for Children's Advocacy's innovative legal advocacy TeamChild project is based on a model from Washington State.¹³ The primary goal of the center's project is to improve youth's ability to remain engaged in the community by enhancing, through legal advocacy, the youth's access to appropriate and necessary educational, mental health, and other support services in the community.

¹⁰See Susan Kellam, *School-Based Legal Clinics: Staking a New Frontier*, 20 ABA [AMERICAN BAR ASSOCIATION] CHILD LAW PRACTICE 156 (2001); Margaret Graham Tebo, *Lessons in Law: In-School Legal Clinics Help Teenagers Find Solutions to Poverty-Based Problems*, ABA JOURNAL, April 2002, at 26. Also, Martha Stone, the center's executive director, and Stacey Violante Cote, director of the center's Teen Legal Advocacy Clinic, coauthored *Common Structural Issues, Client Issues ... and Challenges*, in STACEY VIOLANTE ET AL., HOW TO START YOUR OWN SCHOOL-BASED LEGAL CLINIC 9–36 (2002) (based on a project of the American Bar Association's Steering Committee on the Unmet Legal Needs of Children and the Center on Children and the Law).

¹¹42 U.S.C. §§ 11431 *et seq.* (2002).

¹²For a list of available brochures, see www.kidscounsel.org/kidscounsel/about/publications.

¹³For more information about Washington State's TeamChild program, see www.teamchild.org; see also Anne Lee & Brent Pattison, *Meeting the Civil Legal Needs of Youth Involved in the Juvenile Justice System*, in this issue (article by executive director of and staff attorney at TeamChild in Washington State).

Girls' Juvenile Justice Project

An outgrowth of the Center for Children's Advocacy's TeamChild project was the legal staff's recognition that the state's judicial and child welfare agencies were ignoring the needs of girls within the juvenile justice system. The center formed the Girls' Juvenile Justice Project to promote gender-responsive policies, practices, and alternatives to incarceration. The center helped secure legislation requiring gender-specific programming, the development of a girls' juvenile justice plan, and the prohibition against incarceration of status offenders, who are primarily girls in the juvenile justice system. (An Act Concerning Gender Specific Services and Programs for Juvenile Offenders, Conn. Public Act No. 01-181 (effective Oct. 1, 2001); An Act Establishing a Plan of Community-Based Services for Adolescent Females Involved in the Juvenile Court System, Conn. Special Act No. 04-5 (effective July 1, 2004); An Act Concerning Children of Families with Service Needs, Conn. Public Act No. 05-250 (effective Oct. 1, 2007). For the text of these bills and other significant pending and recently passed state and federal legislation relating to children, see www.kidscounsel.org/kidscounsel/newsleg/index.html.) For more information on this project, contact Martha Stone, director of the Center for Children's Advocacy (mstone@law.uconn.edu).

The center's project expands on the national TeamChild model by adding—in partnership with the University of Connecticut Schools of Law, Social Work, and Medicine—an interdisciplinary component: the center's interdisciplinary teams. In 2004 an independent evaluation of the center's TeamChild project concluded that the project had an extremely positive impact on dispositional outcomes for youth in the juvenile justice system.¹⁴

Individual Legal Representation to Affect Dispositional Outcomes. The center's TeamChild attorney collaborates with the public defenders assigned to the Hartford Juvenile Court. The former handles the child's civil legal issues, while the latter focuses on the delinquency charges. Together they improve outcomes for children in the juvenile justice system by showing the court that the child who is the subject of the pro-

ceeding has not received necessary services in the community and that, with such services, the child would have a better opportunity to stay out of trouble. Frequently when working with a youth whom a school has identified as having only a behavior problem, the TeamChild attorney uncovers a previously unidentified learning disability or other special education need. This discovery can facilitate the return of that youth to school through the initiation of appropriate educational and other services designed to address the previously unidentified special need.

Systemic Advocacy to Address Illegal Exclusion from School. Through individual cases, the TeamChild attorney identifies systemic issues and meets monthly with Hartford's assistant superintendent of schools to address such topics as the illegal exclusion of students from school for extended time periods and the failure of schools to refer, test, and plan appropriately for students with special educational needs. As a result, special education assessments have been improved and delays in securing special education services reduced.

Training to Increase the Number of Educational Advocates. Because school failure is so prevalent among the juvenile justice population, the TeamChild director conducts training seminars for those constituent groups—such as parents, probation officers, and youth workers—who ordinarily do not engage in educational advocacy. The seminars teach them the entitlements of youth under federal and state education laws.

C. Medical-Legal Partnership Project: An Innovative Response to the Complex Health Needs of Poor Children

In 2000 the Center for Children's Advocacy joined the Connecticut Children's Medical Center to bring to Hartford an innovative program that combines the skills of doctors and attorneys to promote the health of poor

¹⁴The Yale Consultation Center conducted a qualitative and quantitative assessment of the center's TeamChild project and issued two reports: Ellen Ross & Joy S. Kaufman, *Community Perspectives on the Impact of TeamChild: A Qualitative Assessment* (Aug. 2003) (on file with Martha Stone); Ellen Ross & Joy S. Kaufman, *Outcomes for Youth Involved in TeamChild: A Quantitative Assessment* (Jan. 2004) (on file with Martha Stone).

children. The Medical-Legal Partnership Project, modeled after a successful program at Boston Medical Center, was the second of its kind in the country.¹⁵ The project has expanded to two federally qualified health centers and two other community hospitals. The project's director has an office at one of the community hospitals, and the project's attorney has an office at the medical center. With this expansion, medical-legal advocacy is available to nearly 100 percent of the poor children who receive health care in Hartford.

Individual Legal Representation to Improve Health Outcomes. The innovative design of the Medical-Legal Partnership Project responds to the specific needs and challenges of poor families experiencing a health crisis by locating attorneys in the health care setting. The on-site attorneys partner with medical doctors to identify young patients' legal issues. Together they handle housing, disability benefits, public benefits and entitlements, Medicaid advocacy, educational rights, immigration, and civil rights matters. The attorneys advise and, if necessary, intervene. Throughout the legal representation the doctors collaborate with the attorneys and contribute their critical expertise on medical and familial issues and insight into the internal workings of the health care system.

Systemic Advocacy to Address Disparities in Access to Health Care. Just as attorneys and doctors collaborate in advocating on behalf of children in individual cases, they partner to effect systemic change. For example, attorneys and doctors track health care trends to ensure that managed care providers and the state Department of Social Services adhere to the complex rules and regulations mandating access to quality health care. The Medical-Legal Partnership Project has been active in systemic advocacy and policy reform by tackling issues such as the preservation of the state's childhood Medicaid program and the restoration of

health benefits to legal immigrant children who recently arrived in Connecticut.

Training to Promote a Collaborative Culture Among Multiple Disciplines. The Medical-Legal Partnership Project's comprehensive multidisciplinary training seminars advance the goal of improving children's health outcomes by helping pediatricians, social workers, and attorneys identify medical cases in which legal intervention is indicated and by encouraging medical and social work providers to advocate on their patients' behalf to ensure that they receive access to quality health care. The Medical-Legal Partnership Project's staff has produced written education material such as *Adolescent Health Care: The Legal Rights of Teens*, the *Resource Code Card* (an advocacy reference guide for pediatric providers in the greater Hartford area), and *Medical-Legal Partnership Project News*. The project also maintains a website access for all of the project's training material.¹⁶

D. Child Abuse Project: Multifaceted and Multidisciplinary Advocacy

The Center for Children's Advocacy's Child Abuse Project's major premise is that children in the child welfare system need multiple forms of advocacy to address their problems. Child welfare attorneys traditionally have limited their involvement to direct representation in juvenile court proceedings. The project's attorneys attempt to make the pediatric and other medical professionals full partners in advocating the needs of these children.

Individual Legal Representation to Meet Children's Unique Needs. The center's Child Abuse Project's legal representation to individual children who have been abused and neglected is holistic. For example, the project's attorneys also represent children at any special education or other proceedings where legal advocacy is necessary. And when difficult questions arise about what may be in a child's best interest, attorneys

¹⁵The Medical-Legal Partnership Project has been featured in the American Bar Association's *ABA Journal* and the *New York Times*. Margaret Graham Tebo, *Just What the Doctor Ordered: Hospital On-Site Legal Services Programs Help Address Legal Ills of Children*, *ABA JOURNAL*, Oct. 2001, at 28; Carey Goldberg, *Boston Medical Center Turns to Lawyers for a Cure*, *NEW YORK TIMES*, May 16, 2001, at A20.

¹⁶See www.kidscounsel.org/kidscounsel/about/mlpp.html.

have the unique ability to call on the center's cadre of educational and social work consultants on staff as well as the members of the University of Connecticut health and mental health interdisciplinary teams to help inform decisions and advocate the best possible outcomes for the child. Also, the project developed a prevention component for legal assistance to children who are in kindergarten through second grade and are being suspended or expelled from school, typically because their behavioral health needs are not being met.¹⁷

Systemic Advocacy to Improve the Child Welfare System. The Child Abuse Project's attorneys use class action litigation and legislative advocacy to have an impact on a

greater number of children. On the litigation side, the project's attorneys have been cocounsel in class action suits involving improvements on the child welfare system, mental health care in the juvenile justice system, and educational equity in the public school system.¹⁸ On the legislative side, to heighten public dialogue about the issue of opening the juvenile courts to the public in the area of child protection, the center joined forces with the Connecticut Public Interest Law Journal at the University of Connecticut School of Law to sponsor a symposium on this issue.¹⁹ After the symposium, project attorneys drafted legislation to open child protection proceedings.²⁰

Training to Improve the Quality of Legal Representation. Through the center's KidsCounsel Training Program (see sidebar), the Child Abuse Project aims to improve the quality of legal representation of children by training and offering technical advice to attorneys representing children in child abuse and neglect cases. The project's staff also works closely with the interdisciplinary teams at the Connecticut Children's Medical Center and the University of Connecticut Health Center.



The Center for Children's Advocacy has implemented some innovative approaches to legal advocacy to spur attorneys' creativity in viewing their clients and their legal representation in a holistic framework. Attorneys cannot solve children's many legal problems in a vacuum, but they can establish partnerships with other disciplines and use multiple forms of advocacy to give these children the safety net that they so desperately need.

KidsCounsel Training Program

The Center for Children's Advocacy offers training and other resources to Connecticut attorneys who represent children:

- Bimonthly multidisciplinary training seminars
- Preservice training and mentoring program, through a contract with the Connecticut Judicial Department, for new attorneys who represent parents and children in child abuse and neglect cases
- Internship program in child advocacy for law students at the University of Connecticut School of Law
- KidsCounsel website, www.kidscounsel.org
- Quarterly KidsCounsel newsletter
- KidsCounsel ListServ
- Legal Resource Center

¹⁷The center developed this prevention component because studies prove that exclusion from school as young as kindergarten through second grade can be a predictor of juvenile justice involvement. Christine A. Christle et al., *Breaking the School to Prison Pipeline: Identifying School Risk and Protective Factors for Youth Delinquency*, 13 EXCEPTIONALITY 69 (2005).

¹⁸See cases listed in *supra* note 3.

¹⁹Proceedings for "Public Access to Juvenile Court Child Protection Proceedings: Should the Doors be Open or Closed?," a symposium held on November 17, 2004, at the University of Connecticut School of Law, are available on tape from Connecticut Network (www.ct-n.com). See also Symposium, *Public Access to Juvenile Court Child Protection Proceedings: Should the Doors be Open or Closed?*, CONNECTICUT PUBLIC INTEREST LAW JOURNAL, Fall 2004, at 1, available at www.law.uconn.edu/journals/cpilj/symposia.htm.

²⁰An Act Concerning Public Access to Proceedings in Certain Juvenile Matters, Bill No. 6812, Gen. Assem., Jan. Sess. (Conn. 2005). The House voted the bill down on June 2, 2005, but it will be reintroduced. For the text of the bill and updated information on its status, see www.cga.ct.gov/2005/cbs/H/HB-6812.htm.

Juvenile Law Center: Thirty Years of Holistic Advocacy

For Juvenile Law Center, “holistic” advocacy is a series of linked rings consisting of (1) multidisciplinary practice and policy advocacy, (2) an array of advocacy tools, (3) an ability to work across child-serving systems, (4) facility with all three branches of government, and (5) the capacity to work at the local, state, and national levels.

From the time it opened its doors in Philadelphia in 1975, Juvenile Law Center pioneered a multidisciplinary approach to individual case advocacy. In its early years the center represented low-income children in any situation in which they had a need for an attorney. Cases ranged from traditional child welfare and juvenile justice cases to those involving education, public benefits, and mental health. The center hired full-time social workers shortly after opening its doors and, within a few years, established the now widely adopted model of devoting a lawyer, social worker, and paralegal to each case. This multidisciplinary approach better enabled the center to understand and communicate with its clients and to appreciate the social science issues that were embedded in the law. As the center’s work grew to include policy work at the state and national levels, it has linked its lawyers with psychologists, physicians, and researchers. The center’s active board of directors includes some of the nation’s leading scholars on youth aging out of foster care and on adolescent development and juvenile justice.

Juvenile Law Center uses an array of advocacy tools to protect and promote children’s rights. Its advocacy tools include lawyering skills, as the center maintains a caseload on behalf of individual clients, does state and federal court litigation (for individuals as well as class actions), and has steadily augmented its amicus curiae work for colleagues around the country. Additional advocacy tools that the center uses include responding to legislative requests for information; shaping state and federal regulations; shaping public policy through participation in task forces, committees, and commissions; training lawyers, judges, parents, youth, and child-serving professionals; publishing treatises on the law; making the center’s website a useful resource; and writing articles for lay publications and law review journals.

Staff members at Juvenile Law Center treat children and youth as complex persons who are more than “delinquents” or “special education students” or “abused children.” When they represent individual clients, the center’s lawyers cross categorical lines (e.g., the center uses the law to ensure that foster children receive health care, education, or mental health services). And they represent them in whatever forum is required (e.g., in dependency court, in delinquency court, or before administrative agencies). When they do policy work, the center’s lawyers advance the idea that children are more than the label—such as “delinquent,” “dependent,” “special education,” “mentally ill,” or “mentally retarded”—that places them in the categorical system that is driving delivery of services at the moment, and they work to turn that idea into a reality.

Because all three branches of government create law for children and adolescents, Juvenile Law Center attends to each. The center’s expertise, drawn from family court representation to federal court litigation, led it to publish treatises on child welfare and juvenile justice, which led legislative committees in Congress and in Harrisburg, Pennsylvania, to invite the center’s attorneys to testify and craft bills. Because administrative agency policies (e.g., regulations or bulletins) are often more important than statutes in the daily lives of the center’s clients, the center invests resources in shaping agency policies on, for example, youth aging out of foster care and on disciplinary policies for youth in institutions.

Juvenile Law Center is both a state-based and national organization. Its mix of work differentiates it from most other national organizations, which have an agenda for state and local jurisdictions. The center develops its agenda through its local and statewide work and then makes that agenda national. Thus, while the work of Juvenile Law Center and that of other national public interest law firms often appear similar, the center’s direction is different in that it draws on its holistic local and state-based work to be thoughtful advocates at the national level.

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The Door—A Center of Alternatives

The Door, a youth development agency in New York City, offers a wide range of services to youth 12 to 21. The Door's mission is to empower young people to reach their potential by providing free, comprehensive services in a confidential and caring environment. In 2004 the Door served more than 7,000 young people, most referred by their peers. Young people do not need an adult's permission to participate in any of the Door's programs. Free dinner is served daily for all youth and staff.

The Door has four main program areas. The Adolescent Health Center offers primary and reproductive health care, prenatal care, and health education. The Counseling Center provides mental health counseling, anger control workshops, and drama and art therapy classes. The Education Department includes options for students of any skill level, including GED (General Educational Development or general equivalency diploma) and ESL (English as a second language) students, students needing college advising and SAT (Scholastic Aptitude Test) preparation classes, and students interested in career development services. For the children of young people enrolled in one of the Door's education programs, an on-site day care center is available; the Door also has an Early Head Start program. The Legal Services Center advises clients and represents them in matters such as immigration, family law, and public benefits. (To arrange a visit to the Door, contact Eve Stotland.)

A Multidisciplinary Collaboration. Jessica was an 18-year-old foster child with a 2-year-old daughter, Ana (their names have been changed). Jessica and Ana lived in a foster family home, and Jessica was participating in Career Pathways, the Door's career preparation program. While Jessica attend-

ed class, Ana stayed at the Door's day care center two floors below. One day, Jessica's foster mother called in to the child abuse hotline a report alleging that Jessica was neglecting Ana. Jessica told her social worker in the Door's day care center about the report, and the social worker contacted an attorney at the Door. The attorney had an emergency meeting with Jessica and discussed the case with the social worker.

The next day the child protective agency scheduled a meeting with Jessica to discuss the allegations against her. Although New York City's child welfare agency prohibits lawyers from attending these meetings, the attorney knew that Jessica had the right to bring a support person with her. The attorney recommended that Jessica ask the social worker from the Door's day care center to come with her; Jessica did so. At the meeting, when the investigators indicated that the foster mother had reported finding bruises on Ana, the social worker responded that the day care staff did a daily body check for each child and had never found any marks on Ana. She helped Jessica explain that her relationship with the foster mother had been tense. Jessica and Ana had been placed in the foster home on an emergency basis, and Jessica felt that they were not wanted.

Without the social worker there to speak on Jessica's behalf, the investigators almost certainly would have taken the foster mother's word as truth. After the meeting, the attorney had Jessica moved to a different foster home. The child protective agency determined that the foster mother's allegations against Jessica were unfounded. Jessica and Ana remain together, and both are doing well.

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