

Holistic Approaches to Children's Rights: The Intersection of Education and Law

(Materials for a Joint Presentation about the Collaboration Between Drake Legal Clinic's Middleton Children's Rights Center and Drake School of Education's Urban Education Program)

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1. A Short History of the Middleton Children's Rights Center at Drake

The Middleton Center for Children's Rights (MCRC or "The Center") is a multi-disciplinary multi-part Center whose purpose is to provide direct advocacy for children while also improving the systemic quality of juvenile justice. A central tenet of the Center is that interdisciplinary collaboration provides better representation and advocacy for children. The Center is currently comprised of four distinct, yet overlapping components: (1) interdisciplinary direct representation of clients in the children's rights clinical program; (2) interdisciplinary training of professional social workers, lawyers, and educators in the area of children's rights; (3) creation and maintenance of a community resource center, which provides information and independent research on topical child welfare and children's rights issues; and (4) work in public policy and legislative initiatives.

A. Designing a Multi-Disciplinary Center

The MCRC was created in direct response to community concern that children in Iowa's juvenile justice system were being underrepresented and that lawyers who worked with children were not receiving the training they needed to appropriately work with children or in the children's rights and juvenile justice fields. The expression of these basic concerns led to the creation by the Drake Legal Clinic of a committee that was charged with the task of envisioning how these problems could be addressed.

One critical element of this initial planning stage was the direction given to the group about its mission. Since the goal of the committee was to explore "best" options, the group was specifically asked to imagine an appropriate response to the problem, but to assume no practical or resource limitations in implementing that response. Limitations of many kinds, of course, did (and continue to) exist. In creating the Center however, it was important to let the project -- and not the resources -- guide decision-making¹.

Another critical element in this initial planning stage was the make-up of the planning committee. Because we wanted to explore options from different perspectives, particular efforts were made to include on the committee a cross-section of professionals in the community who worked with children. The resulting group included over 25 juvenile

¹ For example, once we knew the extent and scope of the project, we could determine its cost and fundraise with a clearly defined project and budget. Many of the limitations, then, were more of an implementation problem, rather than a design problem and we did not want them to guide the design, particularly at this early stage

court judges, social workers, lawyers, case managers, teachers and children's rights advocates, including the State Public Defender and Attorney General, juvenile court judges, case workers from Iowa's Department of Human Services, juvenile court officers, teachers and social workers from local alternative public schools.

The mission directive and make-up of the group had significant impact on its ultimate product. Initially, the program design committee met as one large group, with meetings moderated by a facilitator. As the group members talked about their own work with children, they identified areas and issues of their work that overlapped. The group members also began to identify areas of their work where they were frustrated with each other's professions. While the airing of these frustrations, at first, seemed to be a distraction to the groups' focus and purpose, in fact, the frustrations that the group members identified and expressed provided valuable insights into some of the systemic problems the program needed to address. Importantly, these conversations helped members of the group decide that, in working with children, there was a critical need for professionals from various fields to learn to work with one another. Ultimately, these conversations led the group members to agree that the program they developed had to be interdisciplinary at its core if it was to successfully address the problems the group had identified.

This original program development group also decided that interdisciplinary partners for the program should include, at a minimum, the legal, education and social work professions, with expansion to additional professions as the program developed. The rationale for this was a simple recognition that these three professions were most often those that were involved with children, generally, and with children and their families when problems ensued.

Within that crucial guiding principle, the group developed a concept for a three part interdisciplinary program that would include: (1) a classic clinical program in which students would advocate for and/or represent clients under supervision of a faculty member; (2) a training program for professionals who already worked with children or with issues that involved children; and (3) a resource depository where information, legal briefs and research studies in various professional fields could be made available to the public at large. These programs would comprise the "Children's Rights Center"². Ultimately, a fourth component – public policy and legislative work – was added and made part of the Center as well.

2. Multi-disciplinary Concerns: Issues in Implementation

From the beginning, the multi-disciplinary nature of the Middleton Children's Rights Center produced several significant challenges. Although the Center itself was comprised of several distinct components, the challenges arose most markedly in the children's rights clinical portion of the Center, where students work most closely with real clients as well as with faculty and each other.

In creating the children's rights clinic, several basic issues -- some of which are endemic to the creation of any clinical program, and some of which are unique to the

² The "Children's Rights Center" eventually became the "Middleton Children's Rights Center" when it was named after its initial and primary donors, Joan and Lyle Middleton.

creation of a clinical program whose primary focus is children -- had to be addressed immediately. Since the central premise of the Center emphasized inclusion of the legal, education and social work professions, it was natural to presume that the clinical program should include: (1) law students; (2) graduate education students; and (3) graduate social work students³. The inclusion of non-law professions in a law school clinical program, however, created an entire category of additional decisions that required attention.

The first critical challenge was systemic: How to incorporate three discrete graduate programs from three discrete Institutions into one law school clinical program. The institutional challenges within this, alone, were complex. Indeed, since Drake University does not have a School of Social Work, the task of including social work students in the program at all required outreach to the Iowa School of Social Work (University of Iowa) – a different University entirely⁴. Inter-institutional issues within Drake, itself, were also problematic. Although Drake had recently launched an institutional-wide initiative to encourage collaborative and interdisciplinary programs, Colleges within the University did not yet have the tools or the protocols to support these endeavors⁵. Jealousy and protection of funding streams, too, had a tendency to lead to a “silo” mentality among and between Institutions that proved to be troublesome.

³ We did have discussions about whether undergraduate students should or could be involved in the program, as well. Because real clients were involved, and because the interdisciplinary aspects of the program were new, we decided we would initially accept only graduate students. The MCRC recently accepted its first undergraduate student to work in the program. She is an undergraduate intern from Iowa State University’s College of Human Development and Family Studies who is majoring in Child and Family Services. She is completing the practicum experience requirement of her major by working with in the MCRC. While there are a variety of suitable projects for this intern, her work with respect to clients and cases is extremely limited and primarily involves observation. Other undergraduate students that we have discussed including in the program include sociology and psychology students.

⁴ Simple outreach and inclusion of graduate social work students from the University of Iowa, however, did not resolve the obstacles. In Iowa, MSW practicum students require supervision by a Social Work faculty member or licensed social worker. Since Drake had no School of Social Work, we had no Social Work faculty, nor did the clinic have an on-site social worker.

⁵ Otherwise seemingly simple issues became very complex within interdisciplinary programs. For example, if faculty from different Colleges taught one class, it had to be decided if they would be paid equally or if they would each be paid at the rate their home College, even if one was substantially higher than the other; and if they were both to be paid the higher rate, at which Institution’s expense. Course schedules and degree requirements were different for the different disciplines, as was the students’ knowledge base. State Licensing boards also required that education students complete a substantial number of required courses, leaving those students with little flexibility with respect to ‘electives’. The different Institutions even had different academic calendars. The clinical component had to be designed in a way that met one or more of these already set requirements.

In addition to systemic issues involved in incorporating three different academic Institutions in one program, there were programmatic issues involved with incorporating three different disciplines that had to be resolved as well. Although it seemed natural to include law, education and social work students in the clinical program, each of these professions also has its own protocols, ethical codes and supervision requirements. The program had to incorporate these, as well as the different purposes and goals each professional took into client interactions. In addition, the courses, class and casework had to be structured in a way that protected the interests of the clients involved, while ensuring that students – from all of the disciplines – received an appropriate and challenging educational experience. The challenge was in offering a benefit to both student and client in all aspects of the program.

3. Collaboration with the School of Education (SOE) and the Urban Education Program

While the interdisciplinary aspects of the program brought challenges, they were outweighed by the substantial gains each discipline brought to the program. A prime example of this is the collaboration between the Children’s Rights Clinic and the School of Education’s Urban Education Program.

One goal that was set out from the beginning was that of including educators in the Center’s clinical program. At the time the Center was being developed, the School of Education had announced that it was going to launch a new “Urban Education Program.” The idea behind the Urban Education Program was to reach out and specially train those educators who specifically wanted to teach in urban school districts. Drake’s School of Education was in the midst of a transitory period⁶, however, and the Urban Education Program was developed in fits and starts. In the interim, graduate students and faculty from the Special Education and Counseling departments of the SOE were included in the children’s rights clinic, with varying degrees of success.

The Urban Education Program – now a fully developed Program and Concentration of courses within the Masters of Effective Teaching, Learning & Leadership degree program at the Drake School of Education -- seeks to develop culturally responsive educators (both pre-service and in-service) who utilize pedagogical approaches that promote success for all students, but particularly those in urban areas. The program provides educators with cultural competency skills that facilitate academic success in diverse environments.

A central tenet of the Urban Education Program at Drake University is that educational theory and practice alone is not sufficient for educators to operate successfully in urban areas. Successful educators in urban areas must have a multidisciplinary approach to the education experience that incorporates social work, counseling, and the law, to name a few.

The collaboration between the Urban Education program and the Children’s Rights Clinic is an example of a multidisciplinary approach in both theory and practice. The

⁶ For example, the year the MCRC was established, the School of Education was headed by an interim Dean. In the first four years of the Center’s work, the School of Education had 3 separate deans and as many dean searches.

collaboration allows graduate students in urban education, counseling, social work, and law school students to work together in an effort to provide the best representation possible for children represented by the Children's Rights Clinic. Students in the Urban Education Program involved in the project examine nexus between education, social work, counseling and the law. The awareness and skills developed by the students who participate in this program facilitates a more holistic approach in establishing a positive learning, teaching and representation environment.

In the program, students are grouped into 'teams' -- each team ideally comprised of two law students (one 'lead' students attorney and one 'second chair'); an Urban Education Student; and an MSW social work practicum student⁷. Each client is assigned to a team⁸. In this collaboration, Urban Education students add two specific elements. They provide a 2-4-page summation of a given client's educational background so as to provide succinct advice to the student attorneys about the best possible educational options for a client. Urban Education students also provide an educational transition file so that as any future education experts are assigned to the case, they can facilitate their familiarity with the case by referring to the transition file.

The collaboration between the School of Education and the Law School through the children's rights clinic facilitates two very important objectives. It improves the professional competence of the next generation of Lawyers, Educators, Counselors and Social Workers. This collaboration also improves the quality of representation for the children represented by the Children's Rights Clinic.

⁷ Future plans include the probable inclusion of Counseling students and School Administrators.

⁸ The clinic generally represents child-clients in juvenile delinquency and Child in Need of Assistance cases.