



Legal Problem-Solving and Flourishing:

A HANDBOOK FOR PERINATAL AND EARLY CHILDHOOD SYSTEM-BUILDERS

Generated by the
*2021-22 Building Legal-Problem-Solving Capacity
in the Early Childhood Sector Learning Community*



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flourish VERB

[intransitive] to grow well; to be healthy and happy

These plants flourish in a damp climate.

Peter is really flourishing in his new school.

OXFORD AMERICAN ENGLISH DICTIONARY

Background

LIFE COURSE FLOURISHING AND ACCESS TO JUSTICE

Many families confront barriers to critical resources like housing, food, employment, income, and personal safety — resources that are vital for children, families, and communities to flourish. In most states and localities, families are legally entitled to a range of health-promoting benefits and services that foster access to concrete support in times of need, such as:

- prompt remediation of unhealthy housing conditions;
- reasonable accommodation rights in housing, at school and at work; and
- supportive programs that can boost household budgets for rent, heat, transportation, and groceries.

Yet the barriers that block families' access to these supports are numerous and complex. While many family-centered rights and entitlements exist under federal and state law, the gulf between a family's legal rights and their ability to assert them contributes to intensified early life stress for young children and their caregivers. Thankfully, a growing evidence base suggests that some barriers can be eliminated through legal problem-solving efforts — for example, by educating parents and caregivers on their legal rights, connecting families to responsive legal support when their civil rights may be (or have been) violated, or engaging with family-centered system and policy change efforts.

Many early childhood systems have long committed to fostering the Strengthening Families™ protective factors stewarded by the Center for the Study of Social Policy, including concrete supports in times

of need. To make this a reality, systems must adapt rapidly. Many concrete supports (sometimes called “health-related social needs” in the healthcare context) are tied to programs governed by law and policy. If systems dedicated to child and family health and well-being are “siloed” from the law and policy contexts in which people live, those systems will be slow to expand access to concrete supports at a population level — meaning continued injustice and long-term harms impacting the people at the center of their mission.

Embracing legal problem-solving as a strategy to advance flourishing is critical and feasible. The perinatal and early childhood workforces are supported to foster and maintain high-trust, long-term relationships with families. Relationship-based care can be a strong foundation for legal problem-solving efforts. With a bigger toolbox that taps legal problem-solving resources *both inside and outside* the sector, perinatal and early childhood systems, programs and teams can more effectively meet their mission of supporting families to flourish.

A 2021-22 LEARNING COMMUNITY: BUILDING LEGAL PROBLEM-SOLVING CAPACITY IN THE EARLY CHILDHOOD SECTOR

Over the course of 18 months, as a diverse group of 46 local and national stakeholders, we participated in a Learning Community process sponsored by The JPB Foundation. A roster of *Learning Community Members & Handbook Co-Authors* is found at **Appendix A**. An *Overview of the Learning Community* is found at **Appendix B**.

We as a group shared the following convictions:

1. **Barriers to legal information and rights enforcement** amplify structural inequities and injustice; and pose barriers to health, wellness and flourishing for families with young children.
2. Perinatal- and early childhood-based teams increasingly are **'first responders'** to people's social health needs/goals and seek a **bigger toolbox**.
3. There is a growing **evidence base** for the power of legal information and problem-solving to advance **prevention**.

4. **Systems** can take concrete steps to learn more about people's legal rights, risks and remedies; and to **integrate this knowledge within care** planning, delivery, and strengths-based communication with families.

A recent report confirms that—in the civil (non-criminal) context alone—lower-income Americans went without any (or sufficient) support for 92% of their legal needs. Given this access to justice *gulf* in the United States, growing the pool of trusted messengers and problem-solving partners available to families is urgent. Lawyers are very important—especially in complex, high-stakes court proceedings—but on their own insufficient to meet the legal support



Tool A

What Evidence Links Health in Early Childhood and Access to Justice?

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- Sege R., Preer G., Morton S.J., Cabral, H., Morakinyo, O., Lee, V., Abreu, C., De Vos, E., Kaplan-Sanoff, M., "Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial." *Pediatrics*. July 2015; 136 (1): 97–106.

supply/demand gap in our country. Against this backdrop—which calls for strategies that are both creative and professionally responsible—this handbook invites system-builders to build legal problem-solving capacity through both *internal innovation* **and** *external partnerships*.

Evidence suggests that perinatal and early childhood care planning and delivery should more systematically account for families’ legal environments. For many communities, this is a new and intimidating idea. This handbook is intentionally introductory and geared to a broad set of system-builders—ranging from perinatal/early childhood sector-based program administrators to front-line workforce members to parent-leaders, and more.

The handbook includes **new tools** for interested communities to use when planning and piloting legal problem-solving strategies as an element of care, including strategies that help:

- Fill the toolbox (activate legal problem-solving as part of existing system infrastructure);
- Avoid the wrong tools (recognize key boundaries in any legal problem-solving work); and
- Expand the toolbox (develop strategic collaborations to advance civil rights).

It also spotlights two key themes throughout, each of which surfaced robustly in our Learning Community’s dialogue: **language access rights** and the centrality of **trust-building**.

This *is not* a “legal how-to” manual; instead, this is a resource intended to support stakeholders who share the convictions described on the previous page and want to explore legal problem-solving as an element of care.

OUR WORKING DEFINITION OF LEGAL PROBLEM-SOLVING

Access to resources is impacted in significant ways by law and policy. **Legal problem-solving** encompasses a range of relationships, processes and collaborations geared to supporting people and communities to secure the resources they seek. It can include, among other things:

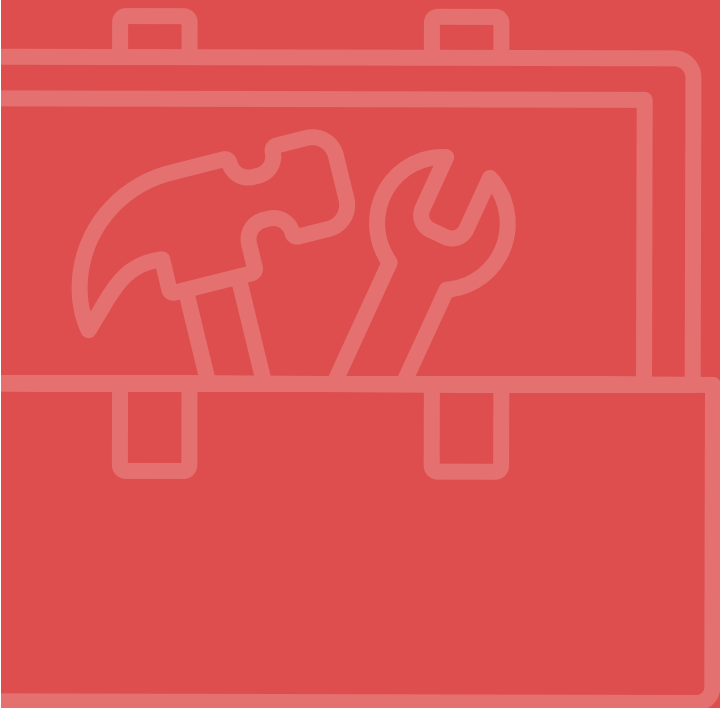
- Policymaking
- Direct legal services (representation) that takes different forms/intensities
- Rights education that supports people to assert their power
- Coaching on system navigation and strategies to reduce barriers to resources and legal protections
- Facilitating coordinated hand-offs to responsive resources
- Clear expectation management about the responsiveness of specific resources, and how a particular decision could generate trade-offs or unintended consequences
- Community organizing

Potentially, anyone who communicates with families in the perinatal context or delivers early education and care services can operate as a legal problem-solving partner in some way!

Filling the Toolbox:

What Systems Can Do

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Access to Justice v. Access to Lawyers

Access to justice in the United States is not equitable; most people get the justice they can afford. For many decades, efforts to expand access to justice have focused primarily on growing the number of attorneys available to represent people in formal proceedings like a court hearing. While this is a logical and important strategy, it often means a supportive resource only becomes available *after* a family experiences a legal — and health — crisis.

Systems that offer care to pregnant, post-partum and parenting people generally focus on equipping families with all the relationships, connections, and resources they would like to thrive. The field is invested in prevention and in identifying concerns before they evolve into emergencies. In fact, most perinatal and early childhood workforce members are expected to cultivate and maintain relationships of trust with the people they serve over long periods of time — it's a core part of the job description!

When thinking about early childhood system-building and legal problem-solving as an element of care, we asked this question: are there strategies to be tapped *inside* early childhood systems as well as strategies *outside* those systems (like the legal community)? The resounding answer from our Learning Community is: "Yes!"

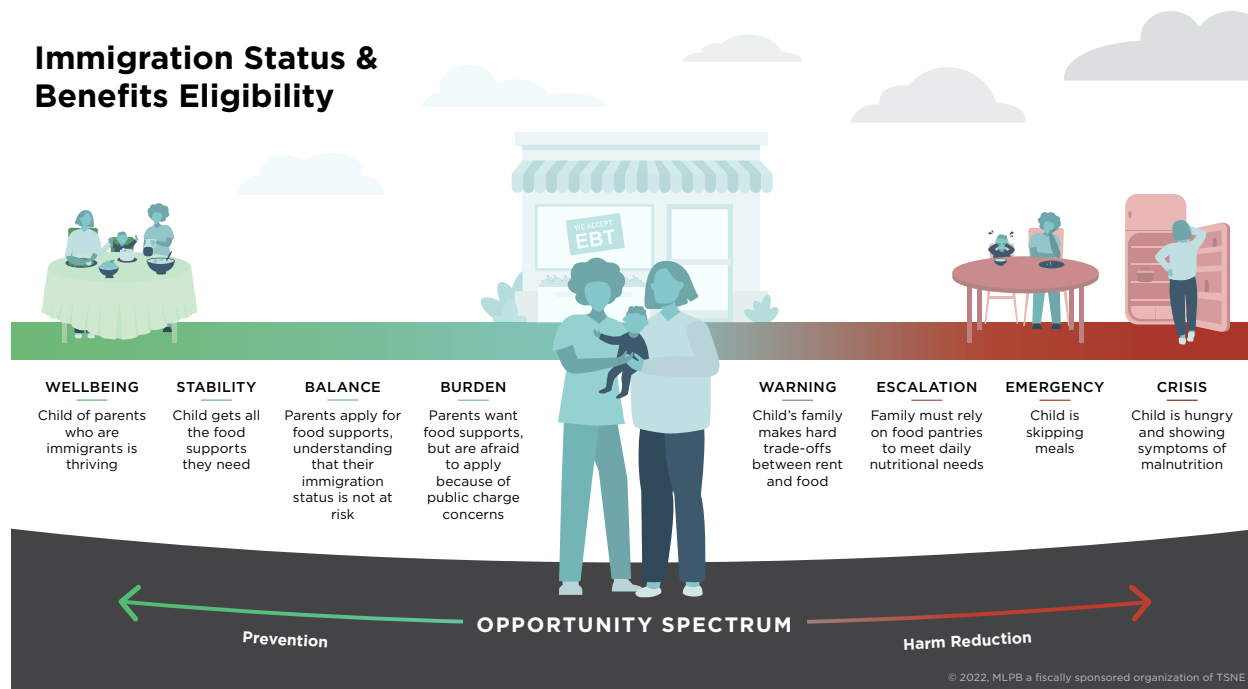
Whether you are an administrator of a home visiting program or a family support worker partnering directly with caregivers, you can engage in legal problem-solving in the course of your work. In fact, you likely already are!

Let's walk through some examples of how early childhood program team members can contribute to legal problem-solving partnerships with families. These examples are drawn from the three topics prioritized by the Learning Community through a survey and [multi-voting](#) process:

- Immigration Status
- Family Court Involvement
- Educational Access

What Systems Can Do — Immigration Status

Like income level, a family's immigration status matters a lot when seeking resources essential to health and well-being. The laws and rules relating to eligibility are very confusing, and the stakes are very high. The following infographic depicts one family's evolution from having enough food (*to the left*) to the child experiencing clinical malnutrition (*to the right*) — a prevention failure.



Infographic reproduced here with permission from MLPB

Team Member:

“I’m working with a family in this exact situation.”

System: “We’re actually serving many immigrant families — and communities — experiencing these challenges.”

WHAT CAN WE DO?

Plenty! Here are some examples our Learning Community confirmed, mapped to some legal problem-solving activities* from our working definition found in the Background section of this handbook:

**Tool B****Legal Problem-Solving & Immigration Status: Examples of What Systems Can Do*****IMMIGRATION STATUS**

	What a Team Member Can Do:	What a System Can Do:
Policymaking	<ul style="list-style-type: none"> • Help your team and organization “connect the dots” between people and policy. • Talk with your teammates and start documenting when and how often families are impacted by these barriers. If you’re seeing a barrier to food benefits impact many families, that’s a population health problem and opportunity! 	<ul style="list-style-type: none"> • Engage with <u>in-house government relations colleagues</u> to explore whether immigrant access to benefits could become a policy change priority. • Engage with external stakeholders to share de-identified data that can inform health disparity/inequity analyses. RI example: <u>Rhode Island KidsCount</u>
Rights Education	<ul style="list-style-type: none"> • Incorporate basic <i>Know Your Rights</i> information into your screening dialogues with families, like “Did you know that <u>you may be entitled to an interpreter when communicating with the California Department of Social Services?</u>” 	<ul style="list-style-type: none"> • Equip teams with <u>continuous law and policy education</u> to enable legal information transfer to families. • Design and implement team meetings that foster holistic, family-centered care. • Sponsor <i>Know Your Rights</i> events for your community.

**Language Access Spotlight**

Wondering about language access rights in your neighborhood? Check out:

- [\[FAQs\] on Legal Requirements to Provide Language Access Services](#) (Migration Policy Institute/MPI)
- [Key Features of U.S. State and Local Language Access Laws and Policies](#) (MPI—Oct. 2021) (esp. pp. 5–6, 10, and 23–25)

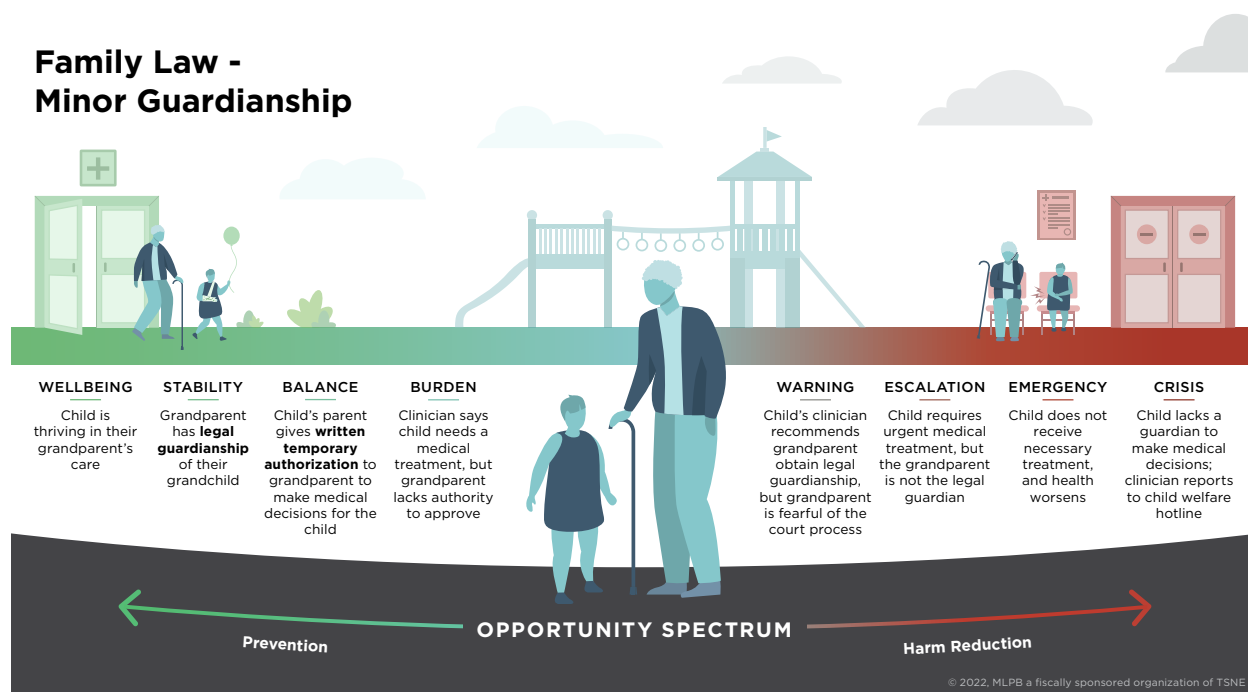


Tool B (continued)

	What a Team Member Can Do:	What a System Can Do:
Coaching on System Navigation	<ul style="list-style-type: none">• Confirm with the family key deadlines (like for <u>appealing the wrongful denial of a SNAP application in Massachusetts</u>) and paperwork requirements.• If authorized, offer to accompany the family to a meeting/appointment with the agency administering the food benefits.	<ul style="list-style-type: none">• Clarify the scope of team members' advocacy roles via job descriptions, onboarding processes, and ongoing supervision and professional development infrastructure.
Facilitating Coordinated Hand-Offs	<ul style="list-style-type: none">• Make sure families can get to where they want to go. And if they can't, explore any barriers that exist so they might be reduced or eliminated in the future!• Evaluate the resource landscape with the family. Did you know that the <u>U.S. Dep't of Justice's Executive Office of Immigration Review (EOIR) recognizes specific non-profits</u> as approved sources of support on many immigration matters?	<ul style="list-style-type: none">• Communicate systematically with supervisors and staff about documented barriers to responsive resources impacting constituents.• Integrate this data and learning into system-building efforts.
Expectation Management	<div>Trust-Building Spotlight Level with people about what they may experience when they interact with external decision-makers who manage food benefits, so they can prepare practically and emotionally.</div>	<ul style="list-style-type: none">• Acknowledge—in system training, protocols, policies and other infrastructure—<u>vicarious trauma</u> and <u>moral distress</u> experienced by workforce members.
Community Organizing	<ul style="list-style-type: none">• Tell families about local immigration and food advocacy groups who might welcome new members and collaborators!	<ul style="list-style-type: none">• Connect with local community organizers to learn about constituent concerns and priorities!

What Systems Can Do — Family Court Involvement

Families can encounter a range of challenges to family stability and unity—and the stakes couldn't be higher. The following infographic depicts a grandparent-headed family's evolution from stability (*to the left*) to a report of suspected neglect (*to the right*), all of which impacts medical decision-making and access to care as well as family stability.



Infographic reproduced here with permission from MLPB

Team Member:

"I'm working with a grandparent in this exact situation."

System: "We're actually serving many grandparents who are raising children and experiencing these challenges."

WHAT CAN WE DO?

A lot! Here are some examples our Learning Community confirmed, mapped to some legal problem-solving activities* from our working definition found in the Background section of this handbook:



Tool C

Legal Problem-Solving & Family Court Involvement: Examples of What Systems Can Do*

FAMILY COURT INVOLVEMENT/MINOR GUARDIANSHIP

	What a Team Member Can Do:	What a System Can Do:
Policymaking	<ul style="list-style-type: none">• Help your team and organization “connect the dots” between people and policy.• Talk with your teammates and start documenting when and how often families are impacted by these barriers. If you’re seeing a barrier to timely medical decision-making authority impact many families, that’s a population health problem and opportunity!	<ul style="list-style-type: none">• Engage with <u>in-house government relations colleagues</u> to explore whether barriers to guardianship and/or medical decision-making authority for minors could become a policy change priority.• Engage with <u>external stakeholders</u> to share de-identified data that can inform health disparity/inequity analyses.
Rights Education	<ul style="list-style-type: none">• Incorporate basic <i>Know Your Rights</i> information into your screening dialogues with families, like “Did you know many grandparents are raising grandchildren, and systems aren’t always built to recognize them as the caregivers they are? Would you like some more information about navigating common legal questions raised by caregivers who are grandparents?” Examples: Grandfamilies.org Raising Grandkids: Legal Issues (AARP).	<ul style="list-style-type: none">• Equip teams with <u>continuous law and policy education</u> to enable sharing of legal information with families.• Design and implement team meetings that foster holistic, family-centered care.• Sponsor <i>Know Your Rights</i> events for your community.

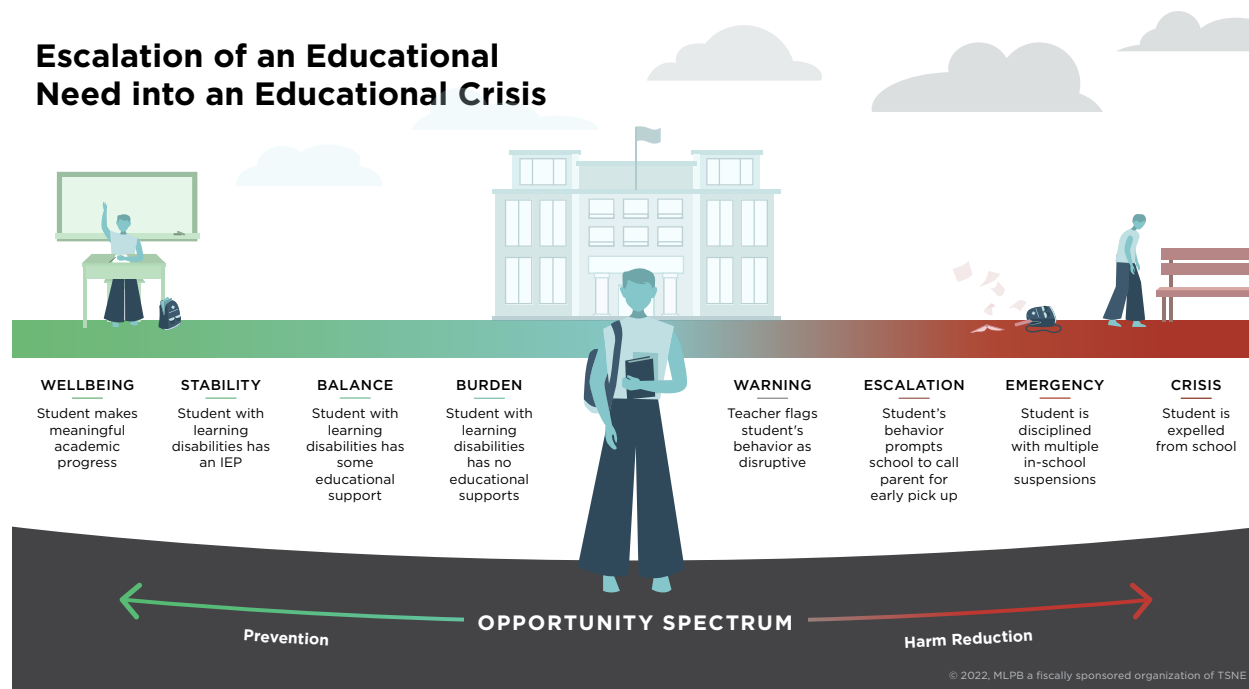


Tool C (continued)

	What a Team Member Can Do:	What a System Can Do:
Coaching on System Navigation	<ul style="list-style-type: none"> Confirm with the family key timelines and paperwork requirements — e.g., <i>when a child has a lifelong disability, it's best practice to start planning around decision-making authority no later than age 16, since once a minor turns 18 the court will presume that the "new adult" has capacity to make their own decisions!</i> If authorized, offer to accompany the family to guardianship planning meetings and court hearings. 	<ul style="list-style-type: none"> Clarify the scope of team members' legal problem-solving roles via job descriptions, onboarding processes, and ongoing supervision and professional development infrastructure.
Facilitating Coordinated Hand-Offs	<ul style="list-style-type: none"> Evaluate the resource landscape with the family. MA and RI examples: Disability Law Center; Disability Rights RI; Honoring Choices; PLAN of MA and RI. Make sure families can get to where they want to go. And if they can't, explore the barriers so they might be reduced or eliminated in the future! 	<ul style="list-style-type: none"> Communicate systematically with supervisors and staff about documented barriers to responsive resources impacting constituents. Integrate this data and learning into system-building efforts.
Expectation Management	<ul style="list-style-type: none"> Level with people about what they may experience when they interact with external actors who influence guardianship outcomes, so they can prepare practically and emotionally. 	<ul style="list-style-type: none"> Acknowledge — in system training, protocols, policies and other infrastructure — vicarious trauma and moral distress experienced by workforce members.
Community Organizing	<ul style="list-style-type: none"> Tell families about local advocacy groups who are invested in safe and healthy transitions to adulthood as well as support for grandparents raising minors, and might welcome new members and collaborators! Example: Vital Village Networks. 	<ul style="list-style-type: none"> Connect with local community organizers on this topic to learn about constituent concerns and priorities! MA example: Ask the Comm. on the Status of Grandparents Raising Grandchildren about organizers they know!

What Systems Can Do — Educational Access

Access to public education is a right in the United States, yet many families raising learners with medical conditions or disabilities encounter barriers to educational opportunity and progress. The following infographic depicts one student's evolution from thriving at school (*to the left*) to expulsion (*to the right*) — another prevention failure.



Infographic reproduced here with permission from MLPB

Team Member:

"I'm working with a family whose older child is dealing with this."

System: "We're actually serving many families with students who are not getting the customized education supports to which they are entitled."

WHAT CAN WE DO?

Tons! Here are some examples our Learning Community confirmed, mapped to core legal problem-solving activities* from our working definition found in the Background section of this handbook:



Tool D

Legal Problem-Solving and Educational Access: Examples of What Systems Can Do*

EDUCATIONAL ACCESS

	What a Team Member Can Do:	What a System Can Do:
Policymaking	<ul style="list-style-type: none">• Help your team and organization “connect the dots” between people and policy.• Talk with your teammates and start documenting when and how often families are impacted by these barriers. If you’re seeing a barrier to timely medical decision-making authority impact many families, that’s a population health problem and opportunity!	<ul style="list-style-type: none">• Engage with <u>in-house government relations colleagues</u> to explore whether equitable educational access could become a policy change priority.• Engage with external stakeholders (like <u>Rhode Island KidsCount</u>) to share de-identified data that can inform health disparity/inequity analyses.
Rights Education	<ul style="list-style-type: none">• Incorporate basic <i>Know Your Rights</i> information into your screening dialogues with families and share companion tools. CA examples: <u>Parents’ Rights (California Department of Education)</u>; <u>17 Special Education Advocacy Tips (Disability Rights California)</u>.	<ul style="list-style-type: none">• Equip teams with <u>continuous law and policy education</u> to enable this supportive communication with families.• Assure that team meetings are designed and implemented in ways that enable holistic, family-centered care.• Sponsor <i>Know Your Rights</i> events for your community.
Coaching on System Navigation	<ul style="list-style-type: none">• Confirm with the family key deadlines and paperwork requirements.• If authorized, offer to accompany the family to meetings with school representatives and IEP teams.	<ul style="list-style-type: none">• Clarify the scope of team members’ legal problem-solving roles via job descriptions, onboarding processes, and ongoing supervision and professional development infrastructure.



Tool D (continued)

	What a Team Member Can Do:	What a System Can Do:
Facilitating Coordinated Hand-Offs	<ul style="list-style-type: none"> Evaluate the resource landscape with the family. CA examples: Alliance for Children's Rights; Disability Rights CA. MA examples: Children's Law Center of MA; EdLaw Project; Federation for Children with Special Needs; Mass Appleseed. RI examples: RIPIN; Disability Rights RI; RI Advocacy for Children. Make sure families can get to where they want to go. And if they can't, explore the barriers so they might be eliminated or reduced in the future! 	<ul style="list-style-type: none"> Communicate systematically with supervisors and staff about documented barriers to responsive resources impacting constituents. Integrate this data and learning into system-building efforts.
Expectation Management	<ul style="list-style-type: none"> Level with people about what they may experience when they interact with some school representatives, so they can prepare practically and emotionally. 	<ul style="list-style-type: none"> Acknowledge—in system training, protocols, policies and other infrastructure—vicarious trauma and moral distress experienced by workforce members.
Community Organizing	<ul style="list-style-type: none"> Tell families about educational access advocacy groups who might welcome new members and collaborators. 	<ul style="list-style-type: none"> Connect with local community organizers to learn about constituent concerns and priorities .

*** Tools B, C, and D do not outline system-based activities involving “direct legal services (representation)” because legal services are highly regulated and subject to important professional responsibility and consumer protection standards. Generally speaking, workforce members sited within perinatal or early childhood systems/ programs/teams should not be providing, or attempting to provide, direct legal services (legal representation) to the people they serve.**

Avoiding the Wrong Tools: What Systems Cannot Do

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So far, the notion of trust has come up a lot in this handbook. Now let's turn to two complex laws that impact system-building and can jeopardize relationships of trust with families: mandated reporting requirements and the prohibition against the Unauthorized Practice of Law.

When a system contemplates integrating legal problem-solving, it's critical to identify areas where the interests of the system (or organization or program) may be different from the interest of a family — so that those tensions are recognized — not avoided — in design and implementation.



Mandated Reporting

Here's a question for you, reader: Are you a mandated reporter? Do you know if your state government considers you one?

WHAT IS MANDATED REPORTING?

Mandated reporting is a legal obligation to report suspected abuse or neglect of children (and other vulnerable populations, like older adults and people living with disabilities) to government authorities.

This legal obligation clarifies who is required to contact the government with a suspicion or concern; in most states, *anyone* can initiate a *voluntary* report to the authorities.

Policymakers decide who exactly in their state has this legal obligation. In our Learning Community alone, state-by-state differences are dramatic:

- **California:** The [list of roles with mandated reporting obligations](#) is 40+ long, including “any person providing services to a minor child.”
- **Massachusetts:** The [list of roles with mandated reporting obligations](#) is 20+ long, including “child care workers” and a range of early childhood-aligned roles.
- **Rhode Island:** [All people in Rhode Island](#) are treated by law as mandated reporters.

The language describing what conditions trigger the mandated reporting obligation varies widely. Much language centers around conditions of “abuse” or “neglect.” Regulations define “neglect” quite differently across our three partner community states:

- **California:** “[N]eglect’ means the negligent treatment or the maltreatment of a child by a person responsible for the child’s welfare under circumstances indicating harm or threatened harm to the child’s health or welfare. The term includes both acts and omissions on the part of the responsible person. (a) ‘Severe neglect’ means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. “Severe neglect” also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, as proscribed by Section 11165.3, including the intentional failure to provide adequate food, clothing, shelter, or medical care. (b) ‘General neglect’ means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the

child has occurred. . . .” ([CA Penal Code Section 11165.2](#))

- **Massachusetts:** “Neglect means failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting.)” ([Title 110 CMR 2.00](#))
- **Rhode Island:** “‘Abused or neglected child’ means a child whose physical or mental health or welfare is harmed, or threatened with harm, when his or her parent or other person responsible for his or her welfare: [lists 10 circumstances including, e.g.,] (iv) Fails to supply the child with adequate food, clothing, shelter, or medical care, though financially able to do so or offered financial or other reasonable means to do so.” ([R.I. Gen. Laws § 40-11-2](#))

Notably, in each state, knowingly failing to report child neglect or abuse subjects the mandated reporter to potential criminal liability.

WHAT ARE THE STAKES FOR FAMILIES?

Reporting a family to state authorities launches a high-stakes process that—for a family—can involve new, confusing, and scary relationships and potentially traumatic experiences and outcomes. The government authority receiving the report—often referred to as a “child welfare agency”—will start a process that often includes:

- “Screening in/out” for further investigation
- Investigating to assess whether the claims are supported or unsupported (substantiated or unsubstantiated)
- Possible voluntary family support engagement (e.g., support offered by the Orange County Family Resource Centers through the [California Department of Social Services’ Differential Response strategy](#))
- Possible enforcement actions ranging from temporary removal of the child to permanent termination of parental rights

Mandated reporting is inherently connected to “child welfare” systems that are viewed by many as “family surveillance” systems. Some have [called for the abolition](#) of these agencies, whose roots and design are

inextricably linked to American slavery and racism. Historically and currently, these systems have disproportionately impacted families of color and families living with lower incomes. Because of this, distrust levels can be understandably high. All of this creates complexity and even “moral distress” for team members and families. On the one hand, a child or family’s safety maybe at risk. On the other hand, initiating a child welfare system investigation can trigger a range of harmful outcomes for the family, even when the child is not removed from a caregiver’s custody. Interacting with a child welfare agency can feel like an impossible situation.

HOW ARE TEAM MEMBERS SUPPORTED TO UNDERSTAND AND NAVIGATE MANDATED REPORTING OBLIGATIONS?

Workforce training around mandated reporting varies by state and by organization/employer. Some staff—particularly those licensed by the state—have systematic access to:

- Annual trainings on this topic, often generated and delivered by the state’s child welfare agency;
- Expert supervisory or consultative infrastructure in place, available to the workforce/program if they have questions about whether to file a report.

Despite these resources, many find mandated reporter obligations vague and rarely share the same interpretation of their responsibility. That’s one reason why making staff’s mandated reporting requirements clear to families is critical.

Some programs incorporate “disclosures” of their mandated reporting obligation into their initial enrollment communication with families—both verbally and in writing. **A Learning Community member observed it is crucial for that important information to not “get buried in the forms” or in the broader enrollment process.**



Language Access Spotlight

Enrollment forms should be fully accessible to all families, whether the content is conveyed verbally or in writing. Inaccurate translation and interpretation of these forms is common, and this means families are not getting the full message, including about mandated reporting!

The kinds of tools that front-line workforce members might lean on for guidance—organizational policies, job description expectations, team workflows, and supervisory norms—vary. Team members can ask

their employer to share all policies and guidance relating to mandated reporting with them if they’re not a standard part of the onboarding process.

One key ingredient for trust-building is transparency. When a team member is preparing to initiate a report of suspected neglect or abuse, they can approach that process as a collaboration with the family.



Trust-Building Spotlight

One Learning Community member shared that when she was a mandated reporter, she tried to extend existing trust and rapport with families through strengths-based communication:

“We have to report, so let’s do this report together and make sure that you get all of the positive resources that might be offered through this really difficult process.”

Wondering how team members and systems can develop protocols that foster transparency? Check out Tool E.

Scope of Practice and the Unauthorized Practice of Law

Another important question: What’s my role in legal problem-solving? Are there any guardrails I should be mindful of?

WHAT DOES SCOPE OF PRACTICE MEAN?

“Scope of practice” refers to the boundaries of a specific job in relation to the job-holder’s training and expertise, and certification or licensure. Each state has laws, licensing bodies, and regulations that define scope of practice for certain professions including medicine and law, and determine education and training requirements. Policymakers in each state decide whether scope of practice boundaries should be expanded or reduced. Some people who deliver services to people outside of their scope of practice risk punishment either by professional licensing bodies and/or through criminal prosecution.

- In the **healthcare field**, many workforce roles require demonstration of certification/licensure and ongoing training in connection with a range of “competencies.” The worker’s scope of practice is limited to what the law says a person with that kind of licensure (and ongoing training) can do.



Tool E

Fostering Transparency with Families About Mandated Reporting Requirements

	Should:	Should Not:
Staff	<ul style="list-style-type: none"> Assure that “enrollment” dialogues with families: <ol style="list-style-type: none"> are transparent with families about workforce member mandated reporting obligations; and create space for families to ask questions about this. 	<ul style="list-style-type: none"> Promise a family — explicitly or implicitly — that whatever they share with the worker/org will be treated as confidential, since (depending on whether the worker is covered by the state’s mandated reporter law) that may not be true.
Employers	<ul style="list-style-type: none"> Proactively communicate with staff about individual and organizational mandated reporting obligations. Support staff through supervision and other mechanisms to communicate with families about this role in ways that mitigate risks of harm/erosion of trust. Identify who a team member should contact if they have questions about mandated reporting obligations, in general or relating to a specific family. 	<ul style="list-style-type: none"> Generate internal policies, or foster informal practices, that encourage staff — explicitly or implicitly — to hide their mandated reporting obligations from families. Worry they must start from scratch in generating strengths-based protocols relating to mandated reporting obligations! Check out this useful reference released by the Camden Coalition earlier in 2022: Tools for Creating Safe Care — Reporting — Considerations When Reporting to Child Welfare (pp. 55–65).

- In the **perinatal and early childhood field**, some teams serving families have members whose jobs are subject to scope of practice laws; while other teams have members whose jobs are less “regulated.” So for many people in the perinatal and early childhood field, it’s only their job description that sets their “scope of practice.”

What is the “Unauthorized Practice of Law”?

The unauthorized practice of law (UPL) is a complex idea. At a high level it refers to “the practice of law” by someone, typically a ‘non-lawyer,’ who is not licensed or “admitted” to practice law in a particular state.

In most states, the unauthorized practice of law is a crime. Historically, this crime has not been enforced

or litigated with same frequency as more familiar crimes (think “Law & Order” episodes you may have seen!). However, you may be familiar with the phenomenon of *notarios* who have been prosecuted for providing unauthorized legal services, especially related to immigration and taxes, to unsuspecting customers.

In general, scope of practice and UPL laws are intended to protect consumers of professional services from harm, such as bad legal advice from an incompetent (or fake) lawyer. And consumer protection often is a good thing. However, these frameworks also can be used to protect the economic interests of the professions — meaning they can be used to “gate-keep” other problem-solvers who would compete with lawyers in the industry. For example, while some administrative agencies do welcome “lay advocates,” it took a long time for courts [in some states to authorize domestic violence advocates](#)

to accompany survivors at high-stakes restraining order hearings. In the healthcare domain, midwives and doulas have had to fight for legitimized space in labor and delivery rooms for decades — and they still do today.

Talking about UPL might feel scary. But doing so actually is an opportunity to explore some boundaries and relieve some tensions that may currently be “invisible” or uncomfortable for the field. And since we know that *Filling the Toolbox* sometimes involves helping families to complete paperwork that relates to health-promoting benefits and services, this topic matters.



Tool F

Key Boundaries for Legal Problem-Solvers Who are Not Licensed Lawyers*

Staff Generally Can:

- Relay general legal information to families
- Facilitate family connections to resources
- Support people to apply for basic benefits e.g. (SNAP, Social Security disability benefits)
- Support people to better understand legal problem-solving steps they might take, and/or connect them to resources that can provide this context

Staff Generally Should Not:

- Relay legal advice to families, e.g., applying the facts of the family’s specific situation to a particular legal framework. (This is particularly serious when the family is navigating a current or potential court case, like eviction proceedings in housing court, divorce case in family court, deportation hearing in immigration court.)
- Tell people what they “should” do

*** The above information in Tool F is not legal advice for readers of this handbook. It is general information. If readers have questions about whether their activities constitute the unauthorized practice of law, they should consult a qualified legal resource at their organization and/or in their state.**

While we are leaning into this challenging subject, we also must acknowledge that this is the limit of information this handbook ethically can supply. We would like to provide ‘simple’ answers to questions about UPL, but the answers are frustratingly nuanced and differ both by state and the specific case-by-case circumstances. Factors that drive risk assessment around UPL are numerous and complex. However, knowing your limits helps to ensure you know when to connect the people you are supporting to the right resources, like legal experts. We hope that brave system-builders will dive more deeply into these thorny questions over the next few years.

If you are a system administrator who wants to dive deeper into this topic, your first stop should be your organization’s in-house legal counsel, risk management team, and/or compliance staff. If your organization doesn’t have that kind of infrastructure, or if you want to consult with an external resource, you can contact a local or regional bar association and seek someone with subject matter expertise.



Tool G

Examples of Legal Ethics Resources from Learning Community States

	Local	State
Orange County, CA	Orange County Bar Association	State Bar of California
Boston, MA	Boston Bar Association Lawyers Clearinghouse	Massachusetts Bar Association
Rhode Island	N/A	Rhode Island Bar Association

Expanding the Toolbox:

Identifying External Assets

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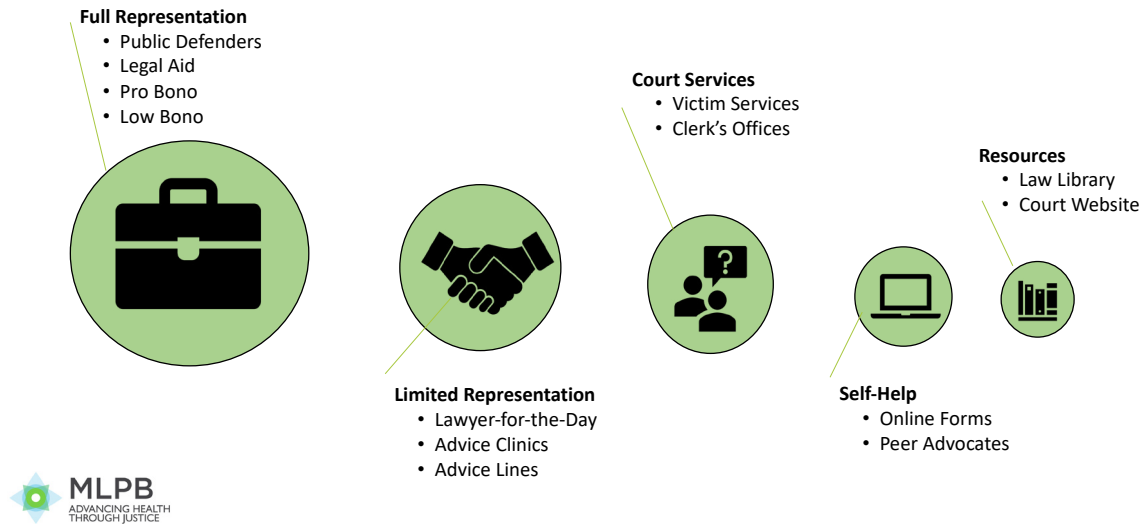
We've identified many ways in which early childhood systems can tap internal assets to advance legal problem-solving with families. We've also noted several boundary lines that must be respected in those efforts — both in terms of not operating outside one's zone of expertise and making sure families are fully aware of one's role as a mandated reporter.

Sometimes the goals identified by families — or by groups of families — require tools that sit outside the early childhood sector altogether. The legal community is a large and complicated ecosystem. And at the same time, there aren't enough affordable legal resources to go around. When exploring external assets in the legal community with families, expectation management is especially important in order to maintain trust and minimize surprises.

Want to learn more about what the legal community and judicial system are doing to promote access to justice in your state? Check out the [Justice Index](#) curated by National Center for Access to Justice based at Fordham Law School. Meanwhile, here's a snapshot of key legal community resources to explore.



Understanding the Legal Resource Landscape



Excerpt from *A Legal Partnering Roadmap: Evaluation of Need to Successful Intervention* (Joint presentation of MLPB and The Children's Trust during the 2021 Start Early National Home Visiting Summit — Feb. 26, 2021)

How can I track down these kinds of resources in my own community? Let's take a peek at some examples from our Learning Community's geography:



Tool H

Legal Asset-Mapping — Part 1

IDENTIFYING LEGAL COMMUNITY RESOURCES*

*The following resources are examples, not an exhaustive list

		Orange County, California	Boston, Massachusetts	Rhode Island
Full Representation	Lawyers in General	<ul style="list-style-type: none"> • Orange County Bar Association Lawyer Referral & Information Service (LRIS) • Find a Lawyer Referral Service (scroll down to <i>Orange County</i>) 	<ul style="list-style-type: none"> • Boston Bar Association Lawyer Referral Service 	<ul style="list-style-type: none"> • RI Bar Association Lawyer Referral Service



Tool H (continued)

		Orange County, California	Boston, Massachusetts	Rhode Island
Full Representation	Public Defenders	<ul style="list-style-type: none"> • Orange County Public Defender 	<ul style="list-style-type: none"> • Committee for Public Counsel Services 	<ul style="list-style-type: none"> • Rhode Island Public Defender
	Legal Aid	<ul style="list-style-type: none"> • Orange County Legal Aid & Pro Bono Services 	<ul style="list-style-type: none"> • Greater Boston Legal Services (GBLS) 	<ul style="list-style-type: none"> • Rhode Island Legal Services
	Pro Bono	<ul style="list-style-type: none"> • Los Angeles Area Pro Bono Directory 	<ul style="list-style-type: none"> • Volunteer Lawyers Project 	<ul style="list-style-type: none"> • Rhode Island Bar Association Pro Bono Program
	Low Bono	<ul style="list-style-type: none"> • Orange County Bar Association Lawyer Referral & Information Service (LRIS) <p>(ask about the <i>Modest Means</i> program)</p>	<ul style="list-style-type: none"> • Justice Bridge 	<ul style="list-style-type: none"> • Rhode Island Lawyer Referral Service
Limited Representation	Lawyer-for-the-Day	<ul style="list-style-type: none"> • Orange County Bar Association Lawyer Referral & Information Service (LRIS) • Learn more about Limited-Scope Representation 	<ul style="list-style-type: none"> • MA Courts Lawyer-for-the-Day 	<ul style="list-style-type: none"> • Eviction Help Desk
	Advice Clinics	<ul style="list-style-type: none"> • Law School Legal Clinics 	<ul style="list-style-type: none"> • City of Boston — Free Immigration Consultations 	<ul style="list-style-type: none"> • RI Coalition to End Homelessness Free Legal Clinics
	Advice Lines	<ul style="list-style-type: none"> • Small Claims Advisor 	<ul style="list-style-type: none"> • De Novo Immigration Hotline 	<ul style="list-style-type: none"> • George Wiley Center (for utility terminations/shutoffs)



Tool H (continued)

		Orange County, California	Boston, Massachusetts	Rhode Island
Court Services	Victim Services	<ul style="list-style-type: none"> • Victims of Crimes • Victims' Services Resources 	<ul style="list-style-type: none"> • Suffolk County Victim Assistance 	<ul style="list-style-type: none"> • Victim Services
	Clerk's Offices	<ul style="list-style-type: none"> • Orange County Superior Court 	<ul style="list-style-type: none"> • Suffolk County Superior Court 	<ul style="list-style-type: none"> • Virtual Clerk's Office (Family Court)
	Other	<ul style="list-style-type: none"> • Family Law Facilitators (child and spousal support matters) • Family Court Services (mediation for families navigating child custody matters) 	<ul style="list-style-type: none"> • Court Service Centers 	<ul style="list-style-type: none"> • Family Court Mediation Program
Self-Help	Online Forms	<ul style="list-style-type: none"> • Orange County Superior Court: Self-Help • Self-Help Court Forms Packets 	<ul style="list-style-type: none"> • Court Self-Help • Self Help Forms and Letters • MADE Self-Guided Eviction Forms (GBLS) 	<ul style="list-style-type: none"> • Self-Help Center
	Peer Advocates	<ul style="list-style-type: none"> • Disability Rights California Peer Self-Advocacy (PSA) 	<ul style="list-style-type: none"> • Federal for Children with Special Needs Family TIES 	<ul style="list-style-type: none"> • Rhode Island Parent Information Network (RIPIN)
	General Legal Information	<ul style="list-style-type: none"> • LawHelpCA 	<ul style="list-style-type: none"> • MassLegalHelp 	<ul style="list-style-type: none"> • Help RI Law



Trust-Building Spotlight

The accuracy of legal information matters, whether the information is being transmitted by a human or by a website. Web-based collections of legal information are only valuable to families to the extent they are up to date.

If you are partnering with a family who has an acute legal need — e.g., they have a court date or administrative hearing scheduled — you may support them to identify a lawyer to represent them in that setting. The next phase of legal asset-mapping involves assuring “fit” with the family and its goals.



Tool I

Legal Asset-Mapping — Part 2

EVALUATING RESOURCES THAT OFFER DIRECT LEGAL SERVICES (REPRESENTATION)

Key factors to consider when evaluating a resource to potentially provide direct legal representation to individuals, families or households OR populations of people

Legal Expertise

- Does the resource have specialized expertise in the specific area(s) of law?
- Many families experience more than one legal need at once. Are they able to provide services in multiple areas of law?

Eligibility & Supply

Funding relationships — and funding levels — can limit who is served, the type of legal services offered, and the timeline on which legal services are available.

- Who can the resource serve? Do they operate under geographic or income-tied restrictions?
- If they are not allowed to serve certain populations, what is the barrier? (E.g., funding sources that prohibit legal services to some groups of immigrants)
- If legal services are available, are they available *now* or is it a *wait-list opportunity*?
- If legal services are available through a law school clinical program, what does that mean for access/communication during summers and school breaks?

Accessibility

Can all people engage with this resource, regardless of first **language** and any disabilities?



Language Access Spotlight

Does this resource offer its services in a family’s preferred language? If so, do they use a telephonic language line, in-person interpreters, or do they deploy staff members with fluency? And does interpretation account for regional and cultural dialects?

- Does the organization communicate in ways that account for literacy level and any visual or aural disabilities?
- Is the resource available to communicate at times of day that are convenient for the client?



Tool I (continued)

Key factors to consider when evaluating a resource to potentially provide direct legal representation to individuals, families or households OR populations of people

Capacity to Undertake Family-Centered and Community-Responsive Advocacy

- How does the resource determine what legal services they offer? How independent is their advocacy agenda?
- Are those decisions made by staff, by funders, by community-based constituents, by others, or a combination?
- Do they receive funding from any interests that might limit their independence?
- Are they able to represent people who have been harmed by federal, state, or county agencies, if necessary? (E.g., LSC-funded organizations cannot sue the federal government; organizations that receive state funding may be “chilled” in challenging state actors; etc.)
- Are they able to represent people who have been harmed by healthcare organizations, if necessary?
- If legal services are available through a law school clinical program, who will be the consistent point of contact as students move on?

Cost

What would connecting with this resource cost the family? Cost takes many forms, including but not limited to **money, time, and stress.**

- Are the legal services free, sliding scale, or market rate?
- Even if you’re not paying anything up front or along the way, does the legal work involve a potential payment to the lawyer/firm that comes out of what you might “win”? For example, in some disability benefit appeal cases, lawyers are entitled to take a “statutory fee” out of their client’s final financial outcome. In other contexts (like some non-discrimination cases), the lawyer takes a “contingency fee” (if you win, they take a percentage of the total financial settlement/award; if you lose, they get \$0.)
- How much time will engaging with this resource require of someone? Is it a feasible expectation?



Trust-Building Spotlight

Among families and communities, does the resource have a track record of treating all clients (and prospective clients) with respect?

- Do they actively and systematically seek feedback from their clients?

Notes on Measurement

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In looking ahead to potential legal-problem solving measurement strategies, our Learning Community observed that dominant system performance measures are often (a) directly tied to funder expectations, and (b) rooted in institutional interests as opposed to families' interests. Moreover, many existing measures reflect both explicit and implicit racial and cultural bias. For example, one standard federal home visiting measure assesses the number of times the parent/caregiver reads to their child. This measure does not consider other ways that a parent may be enriching their child's life such as singing to them or creating stories in real time. The narrow standard of reading reinforces racial and cultural biases about what is "appropriate" or "correct" for families to do.

What systems and organizations choose to measure is inherently tied to goals and values. When perinatal and early childhood systems integrate legal problem-solving tools and seek to measure their outcomes and impact, the first step is to confirm what those specific goals and values are. Another key step is to consider whether the goals can be achieved by one actor or "intervention" alone, or whether the measurement strategy is necessarily evaluating a team-based, multi-level approach.

When exploring a measurement strategy—in general and relating to legal problem-solving—key questions include:

Do our goals and proposed measures:

1. Clearly center the goals of the caregiver/parent or family who is the intended beneficiary of the effort?
2. Align with interventions that operate at the family/household level, the system/organization level, or at the population/community level? Or a combination of these levels?
3. Include definitions and descriptions that are sufficiently specific so that constituents can examine them for racial or cultural bias before they are implemented?
4. Account for relationship- and trust-building that generally must happen before most effective problem-solving can start, let alone be successful? (E.g., what needs to be in place before we can expect that a parent/caregiver will feel comfortable answering social need/concrete support screening questions openly and fully?)

When exploring measurement strategies in your community, we recommend checking out these materials:

- [Centers for Medicare and Medicaid Studies \(CMS\)—Patient-Reported Outcome Measures brief](#) (May 2022)
- [Help Me Grow—A Framework for Advancing Goal Concordant Care](#) (Apr. 2022)
- Rojas Perez, O. F., Heppner, P. P., & Flores, L. Y. (2022). [Tu bienestar es mi bienestar: A psychosociocultural understanding of Latinx immigrant well-being through a qualitative lens](#). *Journal of Latinx Psychology*
- [Striving to thrive: Community cultural wealth and legal immigration status](#). *Journal of Latinx Psychology*. (July 2021)
- [Measuring Goal-Concordant Care](#) (Nov. 1, 2020)
- [Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health](#) (Jan. 2019)
- [Healthy People 2030 Objectives](#)
- [Well-being In the Nation \(WIN\) measures](#)

Notes on Sustainability

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Sustainability is the capacity for something to be maintained at a particular rate or level. In public and non-profit contexts, it's common for a temporary, grant-enabled innovation to go away as soon as the grant term expires. This “roller-coaster” can be very frustrating and depleting for organizations, teams, and the constituents they serve.

This means that when we think about sustainability, we also are thinking about conditions that enable the building and growing of trust with families.

This Handbook reinforces that legal problem-solving is broader than “lawyering.” Lawyers often are critical partners in legal problem-solving, but many people occupying many roles can engage with legal problem-solving, too! That’s why we’ve distinguished between *Filling the Toolbox* and *Expanding the Toolbox*. So, when system-builders consider sustainability, it’s important to start by asking:

- Is there a target population (or sub-population) and/or specific problem we want to solve?
- Can our legal problem-solving goals be accomplished through internal resources? (E.g., current or new staff, protocols, systems, etc.)
 - If yes, does deploying these resources toward legal problem-solving require job description modification, supervisory adjustments, professional development/continuing education enhancement, new financing, or anything else to be successful?
- Do our legal problem-solving goals require external collaborators to be successful?
 - If yes, are any external resources poised to partner with us leveraging current resources that align with this partnership? Or do we need to explore sustainability strategies in order to make this collaboration a reality?
 - Are there boundaries around the kind of legal support that can be financed/provided?

- Are there other constraints, geographic or temporal or otherwise, within the funding stream that impact how the resources can be deployed?

Tool J lists examples of federal funding streams that may align with legal problem-solving efforts in the perinatal and early childhood field. Some of these resources only apply to external collaborations, but many could be tapped to support internal infrastructure.

Caution: Many of the programs and funding streams identified in Tool J are only accessible to qualified families in narrow circumstances. They won’t all match your goals, and therefore creativity is called for!

Tip: The early childhood sector is a field that fundamentally takes a population health lens on its work. Many of the sustainability sources noted are aligned with fields structured by geography or with a specific domain of law and policy — not population health lenses *per se*. In order for resources to be aligned, braided, or combined to advance early childhood flourishing, early childhood system-builders should initiate collaborative conversations with system-builders in other related domains, such as housing, income supports, violence prevention and crime victim assistance, and more.

**The following listed resources are examples, not an exhaustive list*

***Much of the information in this Tool is drawn from this important [2021 Children’s Bureau Information Memorandum](#) entitled “Civil Legal Advocacy to Promote Child and Family Well-being; Address the [SDOH]; and Enhance Community Resilience.*



Tool J

Federal Sources of Support for Legal Problem-Solving* **

Specific Resource	Who Controls It?	Headline
HRSA's Early Childhood Programs	U.S. Dep't of Health and Human Services (HHS) <i>Executive (Cabinet-level) Department</i>	Potential opportunities include ECCS, MEICVH, etc.
HRSA Health Center Program	HHS/HRSA (Health Resources and Services Administration)	"Legal services/legal aid" are <u>referenced several times as potential "additional health services"</u>
HRSA Title V Maternal and Child Health (MCH) Services Block Grant	HHS/HRSA	Much discretion to align goals with legal problem-solving strategies/solutions
HRSA's Ryan White HIV/AIDS Program (RWHAP)	HHS/HRSA	Some legal services are considered "essential support services"
Medicaid	HHS/Centers for Medicare and Medicaid Studies (CMS)	Three general categories of Medicaid innovation: <ul style="list-style-type: none"> • Section 1115 waivers; Flexible Services Programs (MA, NC, CA) • Medicaid Special Funds levers • Medicaid Managed Care levers
SAMHSA Block Grants	HHS	Increased attention to SDOH and health equity; MLP programs have been accessed these funds
Title IV-B of the Social Security Act (SSA)	HHS/Administration for Children and Families/Children's Bureau	Kinship navigator funds may be used to fund some legal problem-solving activities
TANF (Temporary Assistance for Needy Families)	HHS/Administration for Children and Families/Office of Family Assistance	In specific circumstances, funds may be leveraged by state to support legal representation in SSI cases
Title IV-E Foster Care	HHS/Administration for Children and Families/Children's Bureau	Reimbursement mechanisms for a range of services, including <u>some qualifying legal services</u>
Community Development Block Grants (CDBG)	U.S. Dep't of Housing & Urban Development (HUD) <i>Executive (Cabinet-level) Department</i>	Grant recipients have integrated legal services into eligible activities
Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program	U.S. Dep't of Justice (DOJ) <i>Executive (Cabinet-level) Department</i>	Explicit recognition of legal services as related activity
Legal Aid Agencies Receiving LSC Funding	Legal Services Corporation (LSC) <i>Quasi-Official Agency</i>	Operate in <u>every jurisdiction in the U.S.</u> ; demand for legal services vastly outstrips supply <u>Prohibitions on how LSC funds may be used</u>

Appendix A:

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Appendix B: Overview of the Learning Community

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This Learning Community came together — with generous support from [The JPB Foundation](#) — on the heels of roughly a decade of early innovation and learning at the intersection of early childhood, health and flourishing, and access to justice. This includes [DULCE](#) and other innovations noted in Tool A.

MLPB invited **three partners** to join the Learning Community with us, alongside **national stakeholders** invested in innovative early childhood field-building. These three communities collectively reflect **structural and geographic diversity** as well as “**early adopter**” **cultures** relating to legal-problem-solving. Local liaison teams assembled ambassadors to the Learning Community’s two active bodies, a **Planning Advisory Committee** and a **Content Advisory Committee**. Each Committee member was asked to attend at least 4 out of 5 meetings (at least 8 out of 10 hours total) and was offered a stipend of \$500 (or \$1,000 if serving on both Committees).



First 5 Orange County envisions an Orange County in which all children reach their full potential. The groundwork for this vision is set during a child's earliest years. First 5 Orange County partners with many organizations working towards creating and maintaining an early childhood system that families experience as a seamless network of care. The agency has been a DULCE early childhood system anchor since 2016, and launched Engaged Neighborhoods—a collaborative group of parents and community organizations focused on early childhood—in 2018.



The Rhode Island Department of Health (RIDOH) Office of Family Visiting provides evidence-based home visiting to mitigate or prevent poor health and developmental outcomes. RIDOH launched Health Equity Zones in 2015, leveraging place-based, community-led solutions to address social determinants of health. It also is leading a Healthy Tomorrows Project with CTC-RI/PCMH Kids from 2020–25 (*connecting Family Home Visitors and Pediatric Medical Homes*), and supporting the launch of DULCE at two pilot sites in 2022.



Smart from the Start is a trauma-informed, multi-generational family support and community engagement organization with a mission to promote the healthy development of young children and families living in the most underserved communities of Boston and Washington, DC. Our strengths-based, culturally reflective approach reaches out to families and empowers them with the tools, resources, and support they need to thrive. Smart launched its Justice 4 All initiative in 2020 with a focus on “lifting the voices of young leaders and mobilizing the collective power of the youth in our communities.” It also partnered with MLPB and the Children's Trust in a three-part legal problem-solving training series in Spring 2021.



MLPB equips communities of care with legal education and problem-solving insight that fosters prevention, health equity and human-centered system change. Through training, consultation, and technical assistance—our *team-facing legal partnering* framework—we help teams and organizations better connect people and populations to the resources and legal protections they seek.

Each partner community participated in a **first-ever multi-state survey** on early childhood sector perspectives on legal problem-solving. More than 140 individuals representing workforce and family/parent leader perspectives responded. The data from this survey informed:

- The Learning Community's prioritization of three topics for a pilot *Unlocking Access* training series: **Immigration Status, Family Court Involvement and Educational Access**.
- MLPB's delivery of that three-part training series to learners in each of the three partner communities between May and July 2022. Learners included Committee members as well as many other local constituents. (While the trainings were offered only in English, companion tools were made accessible in two additional languages per partner community, selected by those communities.)

- The vision for this **handbook**, geared to early childhood system-builders and other perinatal and child health stakeholders.

The Learning Community co-developed a **working definition of legal problem-solving** as well as **this handbook's** content, unless otherwise indicated. All Planning Advisory Committee and Content Advisory Committee members are credited as co-authors.

A NOTE ON RESEARCH:

The Learning Community operated as a laboratory of ideas, continuously generating insight that could advance the field through preliminary, formative research that was subject to Institutional Review Board oversight. With support from an external Learning & Evaluation expert, MLPB currently is concluding mixed methods data analysis and synthesis relating to two questions:

- 1. If and how does this Learning Community dialogue help to demonstrate the centrality of families' legal rights, risks and remedies for early childhood sector effectiveness?*
- 2. Do legal problem-solving knowledge and skills operate to strengthen early childhood workforce member and parent-leader capacity? If so, how?*

We expect to submit research findings to a range of journals soon.

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*This roster excludes reference material contained in Tool A and Tool H.

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ACKNOWLEDGMENTS

As convener of the Learning Community, MLPB is grateful to the following additional colleagues for their thought partnership over the last 18 months and beyond:

- Center for the Study of Social Policy
- DULCE Learning Network
- EC-LINC (Early Childhood Learning and Innovation Network for Communities)
- HOPE Innovation Network
- Strengthening Families National Network
- The Children's Trust (Massachusetts)
- Keri-Nicole Dillman (Learning & Evaluation Consultant to MLPB — 2022)
- Stephanie Doyle (CSSP-based collaborator to MLPB — 2016–22)
- JoHanna Flacks (MLPB Law & Policy Director — 2012–20)
- Griffin Jones (MLPB Public Health Doctoral Fellow — 2021–22)

