In 2009, the U.S. Children’s Bureau named the University of Michigan Law School as the site for the National Quality Improvement Center on the Representation of Children in the Child Welfare System (QIC-ChildRep). The QIC-ChildRep was tasked with a six-year, multimillion-dollar project to gather, develop, and communicate knowledge on child representation, promote consensus on the role of legal representatives, and provide some of the first empirically based analyses of how representation might best be delivered.

“All children subject to court proceedings involving allegations of child abuse and neglect should have legal representation as long as the court’s jurisdiction continues.”

ABA 1996 Standards
DEVELOPMENT OF A BEST PRACTICE MODEL

The QIC’s first-year literature review and needs assessment revealed a general consensus on how children should be represented. QIC-ChildRep used that data and elements of the 1996 ABA Standards of Practice for Lawyers Who Represent Children in Abuse and Neglect Cases to develop a best practice model.

The QIC Best Practice Model sets out the duties of the individual child representative as well as the important organizational and administrative supports required to enable the representative to adequately perform his/her duties. (For a full description of the model, see improvechildrep.org/DemonstrationProjects/QICChildRepBestPracticeModel.aspx.)

RESEARCH & DEMONSTRATION PROJECTS

WASHINGTON AND GEORGIA EXPERIMENTS FOCUSED ON ATTORNEY TRAINING

From 2012-2015, the QIC-ChildRep evaluated two real-world implementations of the QIC Best Practice Model using a rigorous, experimental design.

The intervention began with two full days of training. In each succeeding quarter, treatment attorneys were provided supplemental training in the form of pod (group) meetings with a lead attorney trainer and individual discussions with a resource attorney (coach). These two elements of support were intended to reinforce the attorneys’ retention of the six core skills and to ensure adherence to the intervention model. (Read the full evaluation report at chapinhall.org/qicreport)

Data Sources

- State court and child welfare administrative resources
- Surveys regarding attorney characteristics, approaches to representation, and activities near the time of the assignment and at six-month intervals
- Quarterly pod meeting and coaching session notes

2009-2016 ACTIVITIES REPORT • National Quality Improvement Center on the Representation of Children in Child Welfare (QIC-ChildRep)

Find out more about QIC-ChildRep activities and accomplishments at ImproveChildRep.org

SIX CORE SKILLS OF THE BEST PRACTICE MODEL

1. **Enter the Child’s World:** Engage with children, learn their needs, guide them, counsel them, and advocate for their needs while accommodating their stated interests consistent with state law.

2. **Assess Child Safety:** “Remove the danger, not the child,” whenever that can be done in concert with child safety. Distinguish between a case plan and a safety plan.

3. **Actively Evaluate Needs:** Facilitate an appropriate assessment of the needs of the child and his/her family. Diagnose the problem.

4. **Advance Case Planning:** Facilitate development of an appropriate case plan.

5. **Develop Case Theory:** Develop an active and forward-looking theory of the case. Consider alternative and tentative theories. Provide force and direction to the advocacy.

6. **Advocate Effectively:** Use advocacy corollaries that stress problem-solving and non-adversarial approaches, but which include traditional adversarial modes when required.

In Washington, attorney training increased the likelihood of permanency within six months by **40%**
Experimental Evaluation Findings

- Attorneys showed an interest in learning from experts and from each other.
- QIC-trained lawyers initiated more contact with the children they represented, increased communications with others involved in their cases, and were more actively involved in conflict resolution and negotiation activities.
- This resulted in measurable improvement in case outcomes for at least some children.
- Children represented by QIC treatment attorneys in Washington were 40% more likely to experience permanency within six months of placement.

Profile of Child Representatives

- Child representation practice constituted less than 20 percent of the legal work and income for most attorneys.
- In the six months prior to the study, attorneys had represented an average of between six and ten children; one-third of the attorneys had represented five or fewer child welfare cases.
- Attorneys were experienced, with an average of 13.5 years of practice and were active in a number of different fields of law, including divorce and paternity, private adoption, truancy, and juvenile justice.
- Almost two-thirds of the attorneys found their job as child representatives rewarding, and most thought they had a significant impact on child outcomes.
- A majority thought compensation was somewhat or very inadequate.
- Two-thirds of the attorneys did not have psychologists or psychiatrists with whom they could consult.

Activities of Child Representatives

- Older children experienced more frequent contact with attorneys than their younger counterparts.
- Attorneys reported higher levels of activity with female clients compared to male clients.
- Client race and ethnicity were not associated with differences in the rates of contact with children, children’s family members, or others involved in their cases.
- Attorneys with a higher proportion of child welfare cases spent more time on each case.
- An attorney’s professed level of responsibility for case-related tasks was found to be positively associated with the rates of contact with child clients and children’s family members.
- Attorneys’ opinions about the degree to which they considered their work in child welfare to be rewarding were found to be positively associated with the rates of best practice activities.

Profile of Child Representatives

- Older children experienced more frequent contact with attorneys than their younger counterparts.
- Attorneys reported higher levels of activity with female clients compared to male clients.
- Client race and ethnicity were not associated with differences in the rates of contact with children, children’s family members, or others involved in their cases.
- Attorneys with a higher proportion of child welfare cases spent more time on each case.
- An attorney’s professed level of responsibility for case-related tasks was found to be positively associated with the rates of contact with child clients and children’s family members.
- Attorneys’ opinions about the degree to which they considered their work in child welfare to be rewarding were found to be positively associated with the rates of best practice activities.

Find out more about QIC-ChildRep activities and accomplishments at ImproveChildRep.org
From 2014-2016, the QIC-ChildRep also studied the effects of a multidisciplinary team (MDT) approach to representing children. The project partnered a group of five lawyer-guardians ad litem with two social workers. Cases were randomly assigned to be represented by an attorney/social worker team or by an attorney alone. This study provides both a description of the functioning of these teams and a rigorous evaluation of outcomes compared to a control group.

Study Site
In Genesee County, Michigan, all court-involved children are represented by five attorneys, and this group served as both treatment and control subjects. From March 17, 2014 to October 30, 2015, 60 percent (243) of their cases were assigned to the intervention group and 40% (166) were assigned to the control group. The sample of children included 409 individuals involved in 216 child abuse and neglect petitions.

Findings
- The MDT resulted in quicker resolution of more cases. MDT cases were more likely to be resolved and therefore dismissed at or prior to adjudication. [Dismissal rate for intervention group was 31% versus 11% for the control group.]
- The MDT was better at preserving family connections.
  - Children represented by the MDT were more likely to be ever placed with relatives [61% versus 46%]
  - Less likely to be ever placed in non-relative foster care. [46% versus 64%]
  - Both mothers and fathers of children served by the MDT had fewer petitions for termination of parental rights filed. [Mothers were 16% versus 30%, Fathers 20% versus 30%]
- Attorneys’ respect for the social work skillset, the social workers’ ability to effectively collaborate with the child welfare agency as well as their intensive advocacy early in the case, and positive interprofessional relationships and protections for client confidentiality are keys to successful multidisciplinary teams.

QIC-CHILDREP OVERALL RECOMMENDATIONS
- A voluntary public health model of addressing child maltreatment would improve child representation and the functioning of the courts. Such an approach would divert cases from the courts and enable society to respond to the millions of children facing mild harms more effectively. It would also enable child protection authorities to respond to the more serious cases more effectively.
- Federal leadership should ensure that all court-involved children are represented by an attorney in child protection proceedings.
- States should adopt the ABA 2011 Model Act as the legal foundation for child representation and the QIC Six Core Skills Best Practice Model.
- States should adopt a statewide organization for delivery of child representation.
- Attorneys who concentrate their practice on child representation and have reasonable caseloads get the best results.
- Multidisciplinary team representation would prevent unnecessary ongoing court involvement and better protect children’s connections to their families.
- The certification of lawyers as experts in child welfare law identifies leaders and role models for the field and raises the level of practice.
- Communities of learning among the lawyers should be developed to provide ongoing training and support.
- More research is required on which practices, under what circumstances, constitute impactful child representation.

This product was created by the National Quality Improvement Center on the Representation of Children in the Child Welfare System, Cooperative Agreement No. 90CO1047, funded by the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The views expressed in this document do not necessarily reflect the position of the Children’s Bureau.

Find out more about QIC-ChildRep activities and accomplishments at ImproveChildRep.org