

RESEARCH BRIEF

The Parent Representation Clinic: A mixed method evaluation of parent representation and law student education

PURPOSE OF THE STUDY

The purpose of this study was to evaluate a law school clinic that provides free legal representation to parents who have had their children removed from their care. Specifically, we examined the quality of (1) legal representation provided by a student- and faculty-run law clinic to parents involved in the foster care system, and (2) education received by student attorneys.

BACKGROUND & PURPOSE

Providing parents with low incomes accused of child maltreatment with legal representation is a basic social justice issue. The Minnesota state public defender's office ceased representation of parents in child protection cases in 2008. The Child Protection Clinic was established in 2011 at William Mitchell College of Law to help fill this gap and develop standards for representing parents involved in the foster care system. The Clinic provides legal representation to parents with low incomes involved in child protection cases by law students supervised by experienced attorneys, as well as parent mentoring by African American mothers who have successfully navigated the child protection system.

Law school clinics have existed in the U.S. for over 100 years to provide representation to vulnerable clients typically with low incomes, and allow law students to develop practical lawyering skills (see Joy, 2004). Such clinics must balance the educational needs of students with the provision of competent representation to clients involved in complex and high stakes parental rights cases. Yet relatively little empirical research has examined the effectiveness of such clinics, including parent representation clinics (see Courtney & Hook, 2012). This study addressed the following research questions:

1. *How successful is the Clinic in achieving outcomes desired by participants? Specifically, how successful is the Clinic in achieving:*
 - Reunification within 12 months,
 - Case closure within 12 months, and
 - Placement with relatives within 12 months of the child's removal from home
2. *What are the strengths and challenges of the Clinic's parent representation from the perspectives of parent clients, clinic staff, and court professionals?*
3. *What are the strengths and challenges of the Clinic's legal education from the perspectives of students, clinic staff and court professionals?*



LAW CLINICS MUST BALANCE THE EDUCATIONAL NEEDS OF STUDENTS WITH THE PROVISION OF COMPETENT REPRESENTATION TO CLIENTS INVOLVED IN COMPLEX AND HIGH STAKES PARENTAL RIGHTS CASES. LITTLE EMPIRICAL RESEARCH HAS EXAMINED THE EFFECTIVENESS OF PARENT REPRESENTATION CLINICS ON IMPROVING FOSTER CARE OUTCOMES.

METHODS

A mixed methods design was used to evaluate the Clinic. Qualitative analyses of interviews with clinic staff, court professionals, and clients described strengths and challenges of the Clinic. Quantitative analyses using administrative databases compared the foster care outcomes of children whose parents used the Clinic's services with a propensity score matched control group of children whose parents were assigned other representation by the court.

A mixed methods design was used to evaluate the Clinic. We conducted in-depth interviews with clinic staff (5 faculty, 11 students and 2 parent mentors), court professionals (6 attorneys, 3 judges, and 3 guardian ad litem) and clients (9 parents). During face-to-face, audio-recorded interviews we probed participants' perceptions of the strengths and challenges of the clinic's representation and student education, and perspectives on positive case outcomes. Interviews were transcribed verbatim, and coding schemes were induced through repeated readings and discussion by two independent researchers.

Through Minn-LInK data from Minnesota Department of Education (demographic data from the Minnesota Automated Reporting Student System), Minnesota Department of Human Services (Social Service Information System), and the Clinic were linked. The Clinic sample was restricted to those children whose families were receiving Clinic representation due to a current or previous substantiated case of child maltreatment. The sample was further restricted to those children who entered foster care between September 2011 and December 2013. Linking resulted in a total of 42 children (from 19 families); one child was then randomly selected from each family for analysis purposes, resulting in a final Clinic sample size of n=19. A comparison group was created from a sample of children whose families received court-assigned representation outside of the Clinic (n=139 children from 85 families). Inclusion criteria and random sampling of one child per family for the comparison group matched that of the Clinic sample; all cases were served by the same county. Propensity score matching methods were used to further refine the comparison group; children's prior foster care experience, race, allegations of physical abuse in the case being represented, and age at removal were used to match comparison group children to children in the Clinic sample. The final sample size for the comparison group after matching was n=19. Chi-square analysis revealed no significant differences between the Clinic sample and comparison group with respect to variables used for propensity score matching.

Both qualitative and quantitative data were analyzed using Fisher's exact tests.

FINDINGS

The Child Protection Clinic is a promising model for providing quality legal representation to impoverished parents involved with child protection, and for delivering critical lessons in practical lawyering and life to law students.

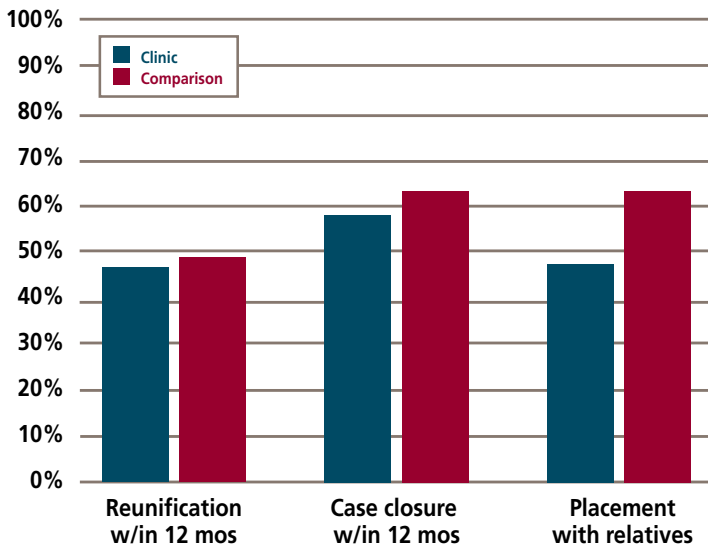
QUALITY OF LEGAL REPRESENTATION

Integrated quantitative and qualitative analyses did not support our hypotheses that fully licensed attorneys are more likely than student attorneys to achieve outcomes desired by participants. Fisher's exact tests revealed that cases handled by fully licensed attorneys were not statistically more likely to be reunified or close within 12 months, or have children placed with relatives than cases handled by the Clinic. (See Figure 1 for quantitative analysis results.)

Participants described important strengths the Clinic may build upon, and those implementing new clinics may emulate. For example, the legal representation of the Clinic was described as holistic and humanistic. When describing their experiences with the Clinic most participants characterized the legal analysis and client advocacy as strong. Nearly all participants described the Clinic staff as successful in building strong relationships with their clients. Many of these positive relationship characteristics, such as being trusting and respectful, were described significantly more by clients than by clinic staff or court professionals. Most also described Clinic staff as possessing positive personal characteristics such as kind, caring, open, honest, energetic, and creative. Court professionals, who might be expected to take a more skeptical stance, were more likely than clinic staff to describe student strengths, such as preparedness and professionalism. Participants also noted a variety of strengths specific to students such as their

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"I WAS IN GOOD, CAPABLE HANDS... THEY SPENT A LOT OF TIME WITH ME, AS MUCH TIME AS THEY NEEDED TO... THEY WERE ALWAYS LETTING ME KNOW... WHEN THINGS NEEDED TO BE FILED, MAKING THEMSELVES AVAILABLE... WHAT TO EXPECT AT EACH COURT HEARING AND GIVING ME THE TIME THAT I NEEDED....THE SERVICES ARE AMAZING... I'M JUST GRATEFUL." —PARENT
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Figure 1. Permanency, case, and placement outcomes of Clinic (n=19) and comparison group (n=19) children



enthusiasm and willingness to work hard, parent mentors including their understanding of the clients' experiences, and supervising attorneys including their professional competences. Many also recognized contributions made by the Clinic to the larger community by providing a needed service to a vulnerable group, and a model of effective parent representation to the field.

Some challenges also were noted that suggest areas the Clinic can improve, and that those implementing new clinics should take note:

1. Although most parents were pleased with the quality of legal analysis and advocacy they received, some had concerns. Thus an area to strengthen is more education to parents about legal system procedures and constraints, and more communication with them around their desires for advocacy.
2. Although relationships were generally positive, developing and sustaining relationships with parents in crisis and students with very different life experiences was recognized as challenging by many participants including most parents and clinic staff. The Clinic might consider providing resources for students and clients in addressing such predictable relationship challenges. A clinic social worker may be well positioned to provide such support.
3. Participants also noted challenges specific to supervising attorneys including managing communications with multiple parties. The Clinic might consider providing additional secretarial/clerical support to supervising attorneys to ease their workloads thereby freeing them to spend more time with students.

4. Participants also noted challenges to effective Clinic representation from the macro system primarily with the quality and availability of social services, especially those offered by CPS. Effective representation of clients is hampered when services are not helpful or adequate. The Clinic might plan to engage in additional advocacy around services to clients.
5. Finally, parents can feel overwhelmed, disempowered and de-humanized by their experiences. The Clinic might consider referring interested parents to community organizations and advocacy groups that might guide them in exploring what they can do to reduce the macro system barriers for others.

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 "LAW SCHOOL TEACHES YOU HOW TO THINK LIKE A LAWYER AND HOW TO RESEARCH... AND WRITE ABOUT THE LAW ... ALL IN VERY HYPOTHETICAL SITUATIONS. ... WHEREAS YOU GO TO THE CLINIC AND WE'RE EXPECTED TO READ THE LAW AND WE'RE EXPECTED TO WORK THROUGH PROVISIONS OF CHILD PROTECTION LAW... WE OBSERVE IN COURT... AND THEN YOU GO [TO COURT]... BUT YOU GO WITH [SUPERVISING ATTORNEY] AS CLOSE AS YOU NEED HER TO BE AND AS FAR AS YOU WANT HER TO BE... ALONG THE WAY YOU ARE LEARNING HOW TO NEGOTIATE WITH COUNTY ATTORNEYS... [AND] GUARDIAN AD LITEM[S]. YOU LEARN REALLY QUICKLY HOW TO ADVOCATE FOR YOUR CLIENT ...

LEGAL EDUCATION

Qualitative interviews also suggested a number of strengths of legal education provided by the Clinic, and areas for improvement. Most participants recognized that the Clinic provides important opportunities for students to gain practical, hands-on courtroom experience, and to develop client counseling skills while supported by strong educators. Clinic staff and students also discussed significantly more than court professionals the value of their participation in the clinic to their career development and to their social/emotional development.

Participants also described a number of related challenges to students and educators that suggest areas the Clinic might strengthen.

1. Students and educators are required to teach and learn a great deal of law in a short period of time while students are managing complex cases. This suggests that more preparation of students is needed prior to case assignment. Preparation for assuming responsibility for a case, however, must be balanced with the challenge of teaching and learning about the later stages of the case. Students' academic calendars do not necessarily coincide with the life of the case, so if case assignment is delayed, then opportunities for teaching/ learning, for example, about

terminating with a client, may be even less. To address these challenges, students might be required to take pre-requisite coursework that would include relevant law as well as more opportunities for observations of meetings (e.g., between attorneys and opposing counsel) and in court.

2. In addition, some students described responses suggestive of secondary trauma as a result of exposure to their clients' trauma. A related challenge was maintaining professional boundaries when working with clients with many complex needs. Providing support and intervention for those experiencing secondary trauma as well as

maintaining professional boundaries are areas of professional competence for social workers who might provide support for students in these areas.

3. In addition, note that clinic staff and students also discuss significantly more than court professionals the value of students' participation in the clinic to their career development and to their social/emotional development. Increasing the awareness of court professionals to the significance of the Clinic in educating the next generation of highly competent, empathetic attorneys could increase their enthusiasm, buy-in and support for student attorneys.

Conclusion

The Child Protection Clinic is a promising model for providing quality legal representation to impoverished parents involved with child protection, and for delivering critical lessons in practical lawyering and life to law students.

In-depth interviews with clinic staff (supervising attorneys, faculty, parent mentors and student attorneys), court professionals (judges, attorneys, GALs) and parent clients indicated that most participants viewed Clinic staff as providing strong legal counsel to parents, building positive attorney-client relationships, possessing positive personal characteristics, and providing a needed service to the broader community. Participants also viewed the quality of education the Clinic provides to students as unique and invaluable in terms of practical courtroom experience, client counseling skills, and personal and career development. Participants' responses also suggest areas for improvement including providing more education to parents, more preparation for students prior to assignment of their first case; and more support to students and parents in addressing common relationship challenges, to parents in minimizing feelings of dehumanization and to students in responding to secondary trauma.

Analyses of administrative data support these generally positive findings: case outcomes achieved by student attorneys supported by supervising attorneys did not differ significantly from those obtained by fully licensed attorneys.

It will be important, however, to continue tracking administrative data outcomes. A larger sample would allow more powerful and sensitive statistical analyses, and analysis of longer term outcomes is important. More research also is needed to fully explore the experiences and impacts of parent mentors and supervising attorneys.

References

Courtney, M. E., & Hook, J. L. (2012). Evaluation of the impact of enhanced parental legal representation on the timing of permanency outcomes for children in foster care. *Children and Youth Services Review*, 34(7), 1337-1343.

Joy, P. A. (2004). Ethics of Law School Clinic Students as Student-Lawyers. *The S. Tex. L. Rev.*, 45, 815.

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LIMITATIONS

Limitations include small sample sizes for the quantitative component of this research. Moreover, it is possible that parents who did not participate in the qualitative portion of this study differ from those who did. Additionally, quantitative longitudinal analyses were limited to only 12 months; longer term outcomes such as recurrence of maltreatment and re-entry into foster care are important to track.

The Center for Advanced Studies in Child Welfare (CASCW) is a resource for child welfare professionals, students, faculty, policy-makers, and other key stakeholders concerned about child welfare in Minnesota. **Minn-LInK** is a unique collaborative, university-based research environment with the express purpose of studying child and family well being in Minnesota using state administrative data from multiple agencies.

For more information, contact **Kristine Piescher** at **612-625-8169** or email at kpiesche@umn.edu