



The Child Protection Clinic: A mixed method evaluation of parent legal representation☆☆☆



Wendy Haight^{a,*}, Jane Marshall^a, Joanna Woolman^b

^a School of Social Work, University of Minnesota, Twin Cities Campus, 1404 Gortner Ave, St Paul, MN 55108, USA

^b William Mitchell College of Law, 875 Summit Avenue, St Paul, MN 55104, USA

ARTICLE INFO

Article history:

Received 15 April 2015

Received in revised form 23 June 2015

Accepted 23 June 2015

Available online 30 June 2015

Keywords:

Parent legal representation

Parent rights

Law clinic

Mixed methods

ABSTRACT

Providing parents with low incomes accused of child maltreatment access to quality legal representation is both a social justice issue and potential resource for improving their children's well-being. This mixed methods research evaluates a law school clinic which provides indigent parents with legal representation by law students supervised by experienced attorneys. Thirty-nine individuals knowledgeable about the clinic (12 court professionals, 5 law school faculty, 2 parent mentors, 11 students, and 9 parent clients) participated in in-depth, semi-structured, audiotaped interviews focusing on the quality of parent representation. Interviews were contextualized by extensive participant observation and document reviews. Quantitative analyses of administrative data focused on case outcomes identified by participants as desired during qualitative interviews: family reunification, timely case closure and children's placement with relatives. Outcomes for 19 children whose parents were represented by student attorneys did not differ significantly from those of a propensity score matched comparison group of 19 children whose parents were represented by fully licensed attorneys. Participants described 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 identified areas for improvement including: educating parents around court procedures, and better cross system collaboration between child welfare and legal professionals. The Child Protection Clinic is a promising model for providing quality legal representation to parents involved with child protection in order to support child well-being.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

This mixed methods study evaluates an innovative “Child Protection Clinic” (Clinic) at a Midwestern law school. The Clinic provides free legal counsel to parents with low incomes involved in child protection cases by law students supervised by experienced attorneys. Parent mentors, former child protective services (CPS) clients, provide additional emotional, social and practical support to clients. Providing parents with low incomes accused of child maltreatment with access to quality legal representation is a basic social justice issue. In addition, the role of attorneys in facilitating positive child outcomes through their direct

practice with parents is a relatively unexplored resource in child welfare.

Law clinics representing parents involved in CPS are emerging across the country, but little empirical research has examined their effectiveness. Traditionally, law school clinics in the U.S. have the dual purpose of providing legal services to clients with low incomes and practical legal education to students. Clinic faculty members must balance the educational needs of student attorneys to fully experience representing clients with their obligation to provide the highest quality legal services to clients involved in complex, high stakes cases (Joy & Kuehn, 2002). Yet relatively little empirical research has examined: 1) the role of clinics in achieving positive case outcomes for children, and 2) the strengths and challenges of such clinics in providing quality client representation to parents. Answers to these questions are fundamental to any future efforts to establish the law school clinic model of parent representation as a widespread resource for children and families involved in CPS.

1.1. Representation of parents involved in child welfare cases

Although defendants in criminal proceedings have the right to legal counsel under the 6th Amendment, there are no such mandates under juvenile law. The U.S. legal system is based on the assumption that

* This report was made possible through collaboration with Casey Family Programs, and funding from the Gamble-Skogmo endowment of the University of Minnesota, School of Social Work.

☆☆ Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America. Founded in 1966, Casey works in 50 states, the District of Columbia and Puerto Rico to influence long-lasting improvements to the safety and success of children, families and the communities where they live. For more information see <http://www.casey.org/about/>.

* Corresponding author.

E-mail addresses: whaight@umn.edu (W. Haight), jmmarsha@umn.edu (J. Marshall), Joanna.woolman@wmitchell.edu (J. Woolman).

justice is most likely to result from an equal contest of opposed interests. Yet when parents already stigmatized by child welfare involvement enter into this contest without competent counsel and handicapped by a lack of economic resources and knowledge of the judicial system, the contest is grossly unequal. In *Lassiter v. Department of Social Services*, 452 U.S. 18 (1981), the U.S. Supreme Court held that the Due Process Clause of the 14th Amendment does not automatically confer the right to counsel to indigent parents facing termination of their parental rights. Instead, the Court determined that trial courts have the responsibility to determine on a case-by-case basis whether or not the facts of a particular case create a federal constitutional right to counsel (see *Duffy, 1982; Sankaran, 2010*). Furthermore, not all states provide a statutory right to counsel after child protection proceedings have been initiated or in termination proceedings. States that do provide a statutory right to counsel vary widely in when this right may be exercised: when the child is removed, at the shelter hearing, at the adjudication hearing, or only upon request (*Melonakis, 2006*, as cited in *Wood & Russell, 2011*).

Even when parents are appointed legal counsel, there is no guarantee that the attorney has the specialized knowledge of relevant law and the child welfare system to effectively represent them. The American Bar Association (*ABA, 2009*) has concluded that although quality representation and due process for all parties involved in the child welfare system are essential, they are not always achieved. Inadequate parent representation can exact significant costs for children and families, and the state. Children can be unnecessarily separated from their families for extended periods of time, if not permanently. The state has to provide foster care support payments, caseworker and court time, and resources to children and families, who may not have needed to be separated, or separated for so long, had parents had an effective voice in the process. “A national consensus is emerging that quality legal representation for parents is necessary to ensure the most appropriate outcomes for families and children involved in the child welfare system” (*ABA, 2009, p. 1*).

Empirical research on the role of parent representation in ensuring the safety, permanency and well-being of children in foster care is relatively rare. *Courtney and Hook (2012)* evaluated the impact of a program of enhanced parental legal representation on the timing of permanency outcomes for 12,104 children who entered court-supervised out-of-home care in Washington State for the first time between 2004 and 2007. In 2000, the Washington State Office of Public Defense created a Parent Representation Program to enhance the quality of defense representation in dependency and termination hearings. Attorneys were selected and trained, and provided with access to expert investigative resources (e.g., expert testimony) and social work staff. The availability of legal representation sped children’s reunification with their parents, and for those children who were not reunified with their parents, the achievement of permanency through adoption or permanent legal guardianship.

1.2. Law school clinics and parent representation

Another model for providing quality representation to parents with low incomes involved with CPS is the law school clinic. U.S. law schools have a tradition of closing the “justice gap” for people with low incomes by training law students to represent vulnerable client populations (*Wildman & Moss-West, 2014*). Indeed, law school clinics have existed in the U.S. for over 100 years (*Joy, 2004*). They serve the dual purpose of providing legal aid to people with low incomes, and legal education (*Land, 2011*). In-house clinical programs expanded greatly in the 1960s, based on the widely shared belief that conventional classroom methods were not sufficient to inculcate law students with professional standards. Educators argued that real life experiences were better for inspiring student concern, interest, and feelings of responsibility (*Joy, 2004*).

The ABA’s promulgation of a Model Student Practice Rule in 1969 was key to placing students in the role of lawyer. Student practice

rules allow law school clinic students to assume the role of lawyer by representing clients under faculty attorney supervision. Law school clinic students certified under student practice rules become “student-lawyers” and perform all of the tasks for a client that a lawyer may perform. They are held by the ABA to the same professional liability standards as any regularly admitted lawyer.

By 1996 the ABA amended its accreditation standards to provide that every ABA-approved law school must offer live-client or other real-life practice experiences. Today, every state, the District of Columbia and Puerto Rico have student practice rules, and many of these jurisdictions base their rules on the ABA Model Student Practice Rule. Furthermore, more than 90% of APA-approved law schools have in-house clinical programs, and those that do not have externship programs (*Joy, 2004*).

There are a variety of challenges clinic staff members may experience when representing parents involved with CPS including parents’ failure to engage in court ordered services necessary for reunification. Parent mentor programs have emerged in child welfare to help engage parents who may not cooperate with child welfare workers or see any need for change. Parent mentor programs pair veteran parents who have been successfully reunited with their children with parents new to the system. Veteran parents help new parents to navigate the process by providing social, emotional and practical support, and helping them to advocate for themselves. The *ABA Center for Children and the Law (2015)* has identified the availability of parent mentors as an indicator of quality parent representation. Yet relatively little empirical evidence has examined the effectiveness of parent mentors in facilitating positive child welfare case outcomes (but see *Summers, Wood, Russell, & Macgill, 2012* for a description of parent mentoring).

1.3. Research questions and hypotheses

This report is part of a larger program of research evaluating a law school clinic’s representation of indigent parents involved in CPS. In this report we address two related research questions and hypothesis:

1. How successful is the Clinic in achieving child outcomes desired by participants? We hypothesize that cases handled by fully licensed attorneys will achieve more positive outcomes for children than those handled by student attorneys.
2. What are the strengths and challenges of the Clinic’s parent representation from the perspectives of parent clients, clinic staff, and court professionals?

2. Methods

2.1. Design

We approach these research questions and hypothesis using a sequential, primarily qualitative mixed method design (QUAL → quant) for the general purpose of “complementarity” and “expansion” (*Greene, 2007*); that is, we use different social perspectives (e.g., clinic staff, court professionals and clients) and different methods (qualitative interviews and quantitative analysis of administrative data) to more comprehensively study the clinic’s case outcomes, and its strengths and challenges. The qualitative component of our study is ethnographic in design. The quantitative component is a quasi-experimental, posttest only design with multiple posttest observations (*Shadish, Cook, & Campbell, 2002*). We use quantitative analyses of administrative records to test our hypothesis that fully licensed attorneys will achieve more positive outcomes than student attorneys using child outcomes identified by participants as desired during qualitative interviews. To interpret the results from these outcome analyses, as well as to support the further development of the Clinic, we examine Clinic strengths and limitations using qualitative interviews contextualized by participant observation and document reviews.

2.2. Qualitative methods

2.2.1. Ethnographic overview

The Clinic is part of a small, private, independent law school that graduates approximately 300 students per year. It was established in 1900 as a night time school for working people, and continues to enroll a cross section of students coming from established careers and from undergraduate education. Known for its emphasis on practical legal education, it has offered clinical programs since 1973.

Providing parents involved in the public child welfare system access to quality representation had become a significant problem in the Midwestern state in which the law school is located. The state public defender's office ceased representation of parents in child protection cases in 2008. As a result, each county was forced to hire contract attorneys with varying degrees of expertise with child protection cases to represent parents. In 2009, a state Supreme Court Justice, concerned about parents' access to quality legal representation, approached the law school about starting a legal clinic designed to provide representation to parents involved in the child welfare system. Her intent was to create a model that could be replicated around the state and country to provide high quality individual representation to parents and to educate attorneys.

The Clinic opened in May, 2011 funded by private donations and a state grant. We evaluated the Clinic during its third year of operation, the 2013–2014 academic year. The aim of the Clinic is to improve child outcomes through quality representation of parents. By presenting parents' experiences and perspectives of their families in court, the intent is to facilitate better outcomes for children such as timely family reunification, or when reunification is not possible, allowing parents a voice in determining children's placements. In addition, the Clinic aims to provide law students with real world, practical experience necessary for developing professional lawyering skills.

The Clinic serves clients in two, urban counties in the upper Midwest. Oak County¹ has approximately 526,714 residents. Seventy-one percent of the residents are White, and 17% live below the poverty line. The largest ethnic minority groups are Black/African American (12%) and Asian/Asian American (13%). The Clinic more recently expanded to an adjacent county, Elm County which has approximately 1,198,778 residents. Seventy-six percent of the residents are White, and 13% live below the poverty line (U.S. Census Bureau Quick Facts, 2014). In this report we focus on cases from Oak County in order to obtain 12 months longitudinal child outcome data.

The Clinic serves as court appointed counsel for indigent parents. Typically, the court determines "indigence" as those who are below 125% of the poverty line. The court then uses a quasi-random procedure of assigning cases using a list of available lawyers including the Clinic. Rules for the Clinic's refusal of cases are no different from those of other court appointed attorneys (e.g., conflict of interest). At the time of the study the Clinic had not refused any cases.

The Clinic uses certified student attorneys under the close supervision of two fully licensed, experienced attorneys. Students are granted limited authority by the state bar association to practice law as student attorneys. The court rules require that they be supervised by a bar member, be enrolled in law school, have completed at least two semesters of full time study, and be in good academic standing (minimum GPA = 2.0).

Students serving in the Clinic enroll in a semester-long class which meets for 2 h per week. The Clinic can enroll up to 8 students in the class per semester, but typically enrolls 3–4. During its first three years, the Clinic enrolled 35 students. Students may re-enroll in the clinic, and they typically do so. Course readings include child welfare law and practice, state statutes, ABA Standards of Practice, and state Department of Human Services publications. Class sessions focus on child

abuse and neglect law, and court procedures for foster care cases. Guest speakers including experts in child development, intimate partner violence, substance abuse and public assistance address various issues pertaining to youth and families involved with CPS. A major thrust of the pedagogical component is teaching students not only the law and procedures, but ethical and compassionate lawyering. The class also includes court observations. In addition, students meet individually, typically once a week, with their supervising attorney.

Students serve as lead attorneys on 1–3 cases per semester. They assume primary responsibility for the case: they establish a relationship with their clients, appear with them at their emergency protective care hearings, present oral arguments to the court, provide written reports to the court at review hearings, and co-write (with supervising attorneys) appellate briefs. The supervising attorney approves student attorneys' written materials, advises them on verbal exchanges, discusses case strategy and appears with them in court. When cases extend beyond the student's academic enrollment, the supervising attorneys assume responsibility for representing the client.

The primary supervising attorney is an assistant professor with 6 years of prior experience as a public defense attorney. She serves as the Clinic director and instructor for the clinic course. She is widely described by other faculty as an excellent clinic director: knowledgeable, energetic and dedicated. She is described by students as an influential mentor: inspiring, accessible and hardworking. She also spends a significant amount of time communicating with professional colleagues including judges, county attorneys, and guardian ad litem (GALs) about the Clinic. She clearly has a solid reputation among legal professionals.

At the time of this study, the second supervising attorney was relatively new to the Clinic. She is a well-respected practicing public defender with a substantial case load.

The clinic staff includes parent mentors. From fall 2012 through spring 2013, parent mentors worked with 17 clients. At the time of the study there were two mentors employed by the Clinic: both African American mothers previously involved with child protection. They provide emotional support and practical assistance to clients and help them understand and navigate the legal system and child welfare services. Their role is to give hope, realistic advice, and advocacy. Parent mentors also play an important role in helping law students, primarily young and from White, middle- to upper-middle- class families, to understand and communicate with their clients.

From fall 2011 through spring 2013, the clinic represented 53 clients. All but four clients were single mothers. Their children ranged in age from newborn to 16 years. Twenty-six clients were White, 21 were Black, three were Hispanic, two were Hmong and one was Native American. Clients' ages ranged from 14 to 54. They were receiving a variety of services including chemical dependency treatment, therapy, anger management, parenting skills classes and domestic violence counseling.

2.2.2. Participants

Participants in the qualitative portion of the study were purposefully sampled to provide rich information on the Clinic from a variety of perspectives. They consisted of 39 individuals who had direct and sustained contact with the Clinic: court professionals (12), law school faculty (5), parent mentors (2), students (11), and parents (9).

2.2.2.1. Court professionals. Community legal professionals familiar with the clinic through professional contact with student attorneys were nominated by the clinic director and invited to participate through email or telephone correspondence by university researchers. Seventeen were contacted and 12 participated. Three participants were judges, 3 were guardian ad litem (GALs), 1 was a children's attorney, and 5 were county attorneys. They had from 3 to 24 years (mean = 14 years) of experience in their current positions. Seven (64%) were female, 9 (75%) were White, 2 (17%) were Black, and 1 (8%) was Hispanic.

¹ All place and person names are pseudonyms.

2.2.2.2. Law school faculty. All 5 law school faculty involved with the clinic were invited to participate through email or telephone correspondence by university researchers, and all agreed to participate. All were licensed attorneys. Three served on the advisory board to the clinic. Four (80%) were female, and all were White.

2.2.2.3. Student attorneys. The clinic director nominated all of the students and former students for whom contact information was available. Eleven students were invited to participate by university researchers, and all participated. Four were students in their second or third year of law school, and the other 7 students had graduated. Nine (82%) students were female, 10 were White (91%) and 1 (9%) was Latino.

2.2.2.4. Parent mentors. Both parent mentors were invited to participate by university researchers through email or phone, and both agreed to participate. They were African American women who had previous personal involvement with child protection. In addition, both mentors had previously served as parent advocates for the county's Department of Human Services.

2.2.2.5. Parents (clients). Contact information was available for 21 of 53 parents served by the clinic. Clinic staff members mailed recruitment letters provided by the university researchers to parents explaining the purpose and procedures of the study. Parents were asked to return an enclosed postcard to the Clinic within a two-week period if they did not wish to receive a call from a university researcher for further information, and none did so. After two weeks, the clinic staff forwarded contact information for the parents to the university researchers who telephoned them with an invitation to participate. Nine parents, 43% of those who were contacted, participated in the study. All parents who took part were female, 4 (44%) were White, 3 (33%) were black, and 2 (23%) were Hispanic. All parents were qualified to have a court-appointed attorney based on low-incomes. All parents had cases that were open for at least six months. Three parents had cases that were still open at the time of the interview.

2.2.3. Procedures

2.2.3.1. Document reviews. We reviewed all written and electronic materials describing the law school and clinic, including annual reports from the Clinic, course syllabi, and student evaluations.

2.2.3.2. Participant observation. The second author attended 9 of 12 class meetings over one semester, nine hearings in which four different students represented clients before the court in admit/deny hearings, pre-trial hearings, review hearings and a "Permanency Review and Intermediate Dispositional Hearing." She also observed a variety of other hearings in which fully licensed attorneys represented CPS-involved parents.

2.2.3.3. Interviews. Semi-structured, face-to-face interviews were conducted at private locations convenient for participants including their homes, offices, or law school. Interviews lasted 30–120 min and were audio-recorded. Interviews probed participants' experiences and perceptions of the strengths and limitations of the Clinic including the quality of client representation and student education, and perspectives on what constitutes positive case outcomes. Most interviews were individual. Three county attorneys, however, agreed to participate only if they were interviewed together. Thus although there were 39 total participants, the total number of interviews is 37.

2.3. Quantitative methods

Quantitative methods used secondary administrative data to compare outcomes for children whose parents received the Clinic's legal

representation services with a propensity score matched group of children whose parents received representation from other attorneys.

2.3.1. Datasets

Child outcomes were obtained through Minn-LInK. The Minn-LInK Project at the Center for Advanced Studies in Child Welfare in the School of Social Work at the University of Minnesota holds statewide administrative datasets received from the state departments of Health, Education, and Human Services. All data are secondary and are provided under data sharing agreements with each of the agencies. We used the Minnesota Child Protection Administrative Data (the Social Service Information System, or SSIS) to identify children with maltreatment histories and describe child outcomes. We used the Minnesota Automated Report Student System (MARSS) of the Minnesota Department of Education to obtain children's demographic information used as matching variables.

2.3.2. Participants

Children from all families with current or previous clinic cases due to substantiated allegations of abuse or neglect were included if they entered foster care between September 2011 and December 2013. This criterion allowed us to follow cases for a 12 month period. The original treatment sample included 19 parents represented by the Clinic. They had a total of 42 children. One target child was randomly selected from families with more than one child.²

Our comparison group was obtained from Minn-LInK. One hundred and thirty-nine children had parents who were assigned other representation by the court.³ One target child was randomly selected from families with more than one child yielding 85 children.

Although assignment to group by the court appeared random, we did not control this process. Thus, we cannot assume that treatment and comparison cases did not differ prior to the treatment groups' involvement in the Clinic in ways relevant to our outcomes. To minimize any selection bias, we used propensity score matching (PSM).⁴ PSM is a statistical technique used to better equate treatment and comparison groups by "matching" on a composite of participant characteristics. It often is difficult to find individuals who are similar across a variety of key covariates even when there are only a few background covariates of interest (Rubin, 1976). Propensity score matching addresses this issue by using logistic regression to control for several background covariates simultaneously by matching participants on a single scalar variable (each participant's propensity score) (D'Agostino, 1998).

We used propensity score optimal matching method,⁵ using the MatchIT package in R (Ho, Imai, King, & Stuart, 2011) to comprise the comparison group of children. We used matching variables that were significant predictors of reunification and other permanency outcomes (e.g., Akin, 2011; Becker, Jordan, & Larsen, 2007; Connell, Katz, Saunders, & Tebes, 2006; Malm & Zielewski, 2009; Putnam-Hornstein & Shaw, 2011): prior entry into foster care, race, physical abuse and age at removal. *Prior entry* referred to whether or not the child had been placed in foster care prior to the placement of interest for purposes

² Families had varying numbers of children. By randomly selecting one child per family each family was equally weighted in the analyses.

³ Due to missing demographic, allegation, and substitute placement data 549 children were excluded.

⁴ An alternative way to minimize selection bias is the logistic regression approach to control for covariates. Logistic regression analyses on each outcome variable in this study yielded the same results as those presented in this paper, i.e., no significant differences between children whose parents were represented by student versus fully-licensed attorneys. We present here the frequency tables and results of Fisher Exact Tests after PSM because we find them to be more intuitive than the results of logistic regressions including odds ratios. Results of logistic regression analyses including odds ratios, however, are available upon request.

⁵ Optimal matching is known to be "helpful when there are not many appropriate control matches for the treated units" (Ho et al., 2011, p. 7), which this study faced.

of this study. *Race* was coded as White and non-White. The non-White group was composed of Native Americans, Asian Americans, Hispanics, and African Americans. The child's *age at the time of removal* of the out-of-home placement used in this study in years was coded ordinally (0–1, 2–5, 6–9, 10–13, 14–17). *Physical abuse* was coded as present or absent in the maltreatment report.⁶ Table 1 presents the percentages of each of the matching variables including before and after matching for the comparison group, and other unmatched variables. Although chi-square analyses revealed no statistically significant differences across groups on these variables, the balance was improved by 85.4% in the comparison after matching.

2.4. Mixed methods data analyses

Data analyses occurred in three phases. First, we analyzed the qualitative data. Recorded interviews were transcribed verbatim with notes on paralinguistic cues including laughter and sarcastic tone. Through repeated readings of the transcripts and listening to recorded interviews, emic codes⁷ were induced (see Shwandt, 2003) by two independent researchers. A coding scheme was created through discussion, critiqued by a local legal professional, and revised as needed. All interviews were coded by at least two independent researchers and any disagreements were resolved through discussion. To strengthen the credibility of our subsequent interpretations, we conducted member checks with some participants to clarify or elaborate particular responses. Note that qualitative categories are not mutually exclusive and some participants' responses included multiple categories.

Second, to describe the prevalence of various perspectives, we quantified the qualitative data. Specifically, we indicated the presence or absence of each code for each interview for clinic staff, court professionals and parents.⁸

Next, we coded case outcomes desired by participants from qualitative interviews. When possible, we used these case outcomes to identify dependent variables for the quantitative analyses of administrative data. We used Fisher's Exact Tests to compare treatment and comparison groups because some cells of the cross tab tables had 5 or fewer events (Howell, 2007).

3. Results

3.1. How successful is the Clinic in achieving desired outcomes?

During qualitative interviews, many participants (49% of clinic staff, court professionals and parents) described family reunification as a successful child outcome. Fisher's Exact Test indicated that there were no significant differences in clinic cases (47%) and matched comparison group cases (53%) in those resulting in reunification within 12 months (see Table 2).

During qualitative interviews, participants (38%) also described timely completion of the case, especially meeting permanency timelines, as a positive outcome. Fisher's Exact Test indicated that there were no significant differences in clinic cases (58%) and matched cases (63%) achieving permanency within 12 months (see Table 2).

⁶ A number of studies have found that type of maltreatment is associated with reunification (e.g., Cheng, 2010; Kortenkamp, Geen, & Stagner, 2004; Putnam-Hornstein & Shaw, 2011; Wells & Guo, 2003). We considered physical abuse, sexual abuse, and neglect. We used physical abuse as one of the matching variables because only physical abuse yielded a good model fit in combination with prior entry, race, and age at removal. In the process of searching for the best-fit model for data for this study, we omitted gender.

⁷ *Emic* refers to the perspectives of people from the group under study. In contrast, *etic* perspectives are imposed from outside of the group.

⁸ Although the same interview was used for all participants, the interviews were conversation-like and interview probes may have varied across groups of participants (clinic staff, parents, court professionals). Hence, we chose not to conduct formal, statistical comparisons across groups.

Table 1

Percentages of child characteristics on matching and descriptive variables for comparison and treatment groups.

	Comparison (N = 85) prior to matching		Comparison (N = 19) after matching		Treatment (N = 19)	
	%	N	%	N	%	N
Matching variables						
Prior out-of-home placements	24	20	32	6	32	6
Race						
White	29	25	26	5	26	5
Non-white	71	60	74	14	74	14
Physical abuse	27	23	21	4	21	4
Age at removal (years)						
0–1	9	8	16	3	21	4
2–5	18	15	21	4	16	3
6–9	29	25	21	4	21	4
10–13	24	20	32	6	32	6
14–17	20	17	11	2	10	2
Other variables not matched						
Male	50	33	37	7	26	5
Neglect	53	35	63	12	58	11
Sexual abuse	18	12	16	3	21	4

Placement with a good substitute or alternative caregiver also was described by participants (35%) as a positive case outcome. While their cases were open, several parents expressed distress at the quality of care their children were receiving in foster care. At this time, good parent representation involved facilitating the move of children to more favorable substitute placements. In the event that reunification was not possible, successful representation involved facilitating children's placement in the most nurturing home. In many cases, the preferred substitute or permanent placement was with relatives, for example, a grandmother. Relative placement was defined as the child's placement with a relative sometime during the 12 month period following removal from the home. Fisher's Exact Test indicated that there were no significant differences in clinic cases (47%) and matched cases (63%) in relative placements (see Table 2).

Some characteristics of successful parent representation identified by participants were not easily measured via administrative data. Some participants (22%) considered successful representation as facilitating parents' access to their children in the form of visitation while they were in care, or some contact with them in the event that the family was not reunified. Upon the counsel of their student attorneys, some parents agreed to a voluntary termination of their rights rather than a court-ordered termination of parental rights in order to negotiate some ongoing access to their children (see Table 2).

Some participants (22%) also considered successful representation as presenting parents' voices and stories in court. Participants stressed the importance of presenting parents' perspectives, both to their well-being and engagement, but also to understanding the family's situation and how best to support them (see Table 2).

Note that participants generally contextualized their discussions of successful case outcomes as dependent on the family situation, and where the case was in the process. For example, reunification often was considered a positive outcome, but only if the parent could keep the child safe.

3.2. What are the Clinic's strengths and challenges for parent representation?

Qualitative interviews helped us interpret the relative success of the Clinic in achieving outcomes desired by the participants, as well as suggest areas for improvement. The case of "Linda" illustrates the perspectives of many parent clients.

Table 2
Integrated qualitative and quantitative analyses of successful case outcomes.

	Qualitative interviews: percentages of perceptions of successful case outcomes								Quantitative administrative data: foster care outcomes						
	Clinic (n = 18)		Court (n = 10)		Parents (n = 9)		Total (N = 37)		Clinic cases (n = 19)		Matched cases (n = 19)		Total (N = 38)		
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	
Reunification	50	9	50	5	44	4	49	18	Reunification w/in 12 months.	47	9	53	10	50	19
Timely completion of case	39	7	40	4	33	3	38	14	Case closed w/in 12 months.	58	11	63	12	61	23
Placement with good substitute caregiver	39	7	40	4	22	2	35	13	Relative placement	47	9	63	12	55	21
Improved parents' contact with children	17	3	10	1	44	4	22	8							
Parents' voices heard in court	17	3	10	1	44	4	22	8							

The numbers in bold are the percentages combined across subgroups.

3.2.1. Illustrative case study⁹

Linda, a young White woman, is a survivor of intimate partner violence. She is college-educated and has held professional positions. She fled from her husband to another region of the country with her three children, aged 6–10 years, to stay with her aunt. When that situation did not work out, Linda and her children were homeless. She became involved with CPS and her children were placed in non-relative foster care for six months before the family was reunified.

Linda was very satisfied with the quality of legal representation she received at the Clinic.

I felt like, ok, thank God. Because I was terrified of a court appointed attorney. I felt like I was in good, capable hands. They spent a lot of time with me. They were always letting me know what was going on each step along the way letting me know what to expect at each court hearing. The services are amazing. I'm just grateful.

Linda also described supportive relationships with clinic staff, which clinic staff and court professionals emphasized were prerequisite to effective representation. In describing Joe, her student attorney, Linda related, "I could share things with him: my frustration, my anger. I could trust him with what was going on and share with him my acute frustration. He always was very forthright, said it like it was." She also related how Joe helped her to engage with court mandated services. "What I needed was somebody to be just like Joe was: cool, even-tempered, 'This is what we're doing, this is why we're doing it,' instead of somebody shouting me down."

Linda also appreciated her relationship with her parent mentor. She concluded one narrative: "I could feel true compassion. That's what I feel needs to be really in place, you need to have a parent advocate not only who is, 'You need to do this, this, and this,' but you need somebody to really listen and to be compassionate." Linda described the parent mentors as particularly helpful in facilitating relationships with her caseworker, Sarah.

She would be the go-between between me and Sarah. And she'd say, 'Well, Sarah she's done this, why does she still need to do this?' Or, 'What about the gas card?' So she would try to be assertive in asking for what it was I needed. And there was the one time when I wasn't represented by anybody and I really felt like it went really bad. And I never wanted that to happen again.

Linda also described a variety of challenges to parent representation, many of which were challenges at the macro-system level. Like many parents, Linda was critical of CPS and the court.

My kids were traumatized for life. And there was no flipping reason for any of this to happen. They could have done wrap around services, they could have helped so that I could get back on my feet.

[They] caused intense psychological trauma to my children. In court, there's no voice. And that's the part that was crazy-making for me. That's what made me angry. 'You want justice for these kids? Then you give me the time and you listen to me.'

In addition, she argued that mandated services did not help, but actually made it more difficult for her during a time when she was already struggling.

I had to jump through all these hurdles. Why I had to go through therapy, why I had to be assessed with my children before I could have them back, why I had to do all these assessments and all these appointments and all this [I don't know]. I've never had any substance abuse issues. They had me do random drug tests, you know urine tests. I had to drive downtown like twice a month. It all came out of my own pocket, and I was angry. it's like CPS can say, 'I want her to do this, this, this, this.' And if I want my children back I have to do it. I mean it'd be like me saying, 'Oh Sarah, I think you're a little overweight. I want you to lose 25 lbs, then I'll give your own children back to you.'

Other challenges voiced by Linda centered on biases towards struggling parents.

Initially, Joe and [supervising attorney] did not understand. They don't know who I am, what I'm capable of. I worked as a [professional] for many years. When I left my ex-husband, not having been in the work force for several years, not having anywhere to turn, having to get back on my feet with three dependents, my life nosedived. I'm working [at] a job that I hate right now for very little money, the least I've ever made in my whole life. And they're like, 'Oh its good you have a job' and all that. And I'm like, 'No, you don't get it. I'm barely able to put food on the table. You don't know me just as a person, you know me as homeless.'

Linda's case illustrates a number of patterns that emerged when we examined participants' interviews across all cases:

3.2.2. Cross case analyses

3.2.2.1. Legal Counsel. As indicated by Table 3, most participants (87%) described the Clinic as providing strong legal counsel. More specifically, 78% indicated that clinic staff members provide *strong legal analysis* that affects positive case outcomes. Participants argued that clinic staff members provide legal analyses that are equal or superior to that provided by other attorneys. Student attorneys' inexperience is balanced by close supervision by experienced attorneys and by the amount of time they are able to dedicate to cases and attention they give to individual parents not possible for attorneys with high case loads. In addition, most participants (68%) described clinic staff as providing *strong*

⁹ Names and identifying information have been changed to protect confidentiality.

Table 3
Clinic strengths and challenges: percentages of clinic staff, court professionals and parents.

	Clinic (n = 18)	Court (n = 10)	Parents (n = 9)	Total (N = 37)
Legal counsel				
Strong legal counsel	89	80	89	87
Strong legal analysis	78	60	78	78
Strong advocacy	67	60	78	68
Holistic	56	20	67	49
Humanistic	28	30	44	32
Problematic legal counsel	6	20	56	22
Problematic representation	6	20	44	19
Not enough advocacy	0	0	44	11
Attorney–client relationships				
Positive relationships with clients	100	70	100	92
Supportive	72	20	100	65
Trustworthy	44	20	89	49
Respectful	33	50	78	49
Facilitates client engagement	17	10	78	37
Relationship challenges	83	40	78	70
Clinic staff				
Positive personal characteristics	78	50	78	70
Students' specific strengths	56	100	67	70
Students' challenges	94	80	44	78
Parent mentors' strengths	83	50	33	62
Parent mentors' challenges	50	30	33	41
Parent mentors underutilized	44	40	78	51
Supervising attorneys' specific strengths	67	40	22	49
Supervising attorneys' challenges	17	10	0	11
Macro-system				
Contributions to wider community	78	30	22	60
Challenges from macro context	100	80	89	92
Agency-specific	72	40	89	68
Court	67	20	67	54
Racial issues	22	50	22	30
Pushback	39	20	22	30
Dehumanizing	6	0	78	22

Percentages for subcategories of themes are indicated in italic font. Bold font is used for the percentages combined across participant subgroups.

advocacy for parents. They were lauded for their abilities to represent parents' voices.

Overall, many participants (49%) appreciated the *holistic* approach to legal representation taken by the clinic staff. They facilitate any need parents may have for social services and mental health care that could impact their ability to parent, benefit from or comply with services. They also handle other legal concerns or court cases representing clients not only in family court, but juvenile and criminal courts as well. As one faculty member emphasized to her students,

If you actually want to help someone, you need to take on more than just that one narrow issue that your clinic focuses on. If you've got a client in a child protection case and they need an order for protection and to go to housing court and you're like, "No, we're just working on the child protection case," you're not really helping them.

Some participants (32%) also commented positively on the *humanistic* approach taken by the Clinic in representing all parents regardless of the allegation. A parent mentor commented that the Clinic makes parents involved with child protection "feel like people" (see Table 3).

Some participants (22%), however, described some problems with *legal counsel*, especially parents (56%). Specifically, 19% of all participants and 44% of parents indicated some *problems with representation*. For example, some parents, but no clinic staff or court professionals, expressed concern that clinic staff did not pursue particular aspects of the case or appeared friendly with the opposing counsel. Some parents (44%), but no clinic staff or court professionals, also were concerned that *clinic staff did not advocate enough* especially objecting during court proceedings (see Table 3).

3.2.2.2. *Attorney–client relationships.* Table 3 also shows that 92% of all participants and 100% of parents recognized that clinic staff members:

student attorneys, faculty and parent mentors, *build positive relationships with parents*. More specifically, 65% of all participants and 100% of parents indicated that clinic staff members provide *emotional and social support* to parents. Clinic staff members help parents feel comfortable, and ease their anxiety or fear of the court process and legal system. In addition, 49% of all participants and 89% of parents indicated that clinic staff members are *trusted* and appreciated by parents. Further, 49% of all participants and 78% of parents indicated that clinic staff members treat parents with *respect*. Clinic staff respect and are responsive to parents' concerns and needs, and are receptive to feedback from them. As a result, parents feel listened to and understood. In addition, 37% of all participants and 78% of parents indicated that clinic staff members help motivate parents to *engage* with court-mandated services promptly to improve chances for a timely reunification (see Table 3).

Nonetheless, most participants (70%) also described significant challenges to *establishing and maintaining positive attorney–client relationships*. Clients can be challenging to work with due to their anger and frustration with their involvement with the child protection system, prior trauma histories, ongoing stress or mental health issues. Parents may not cooperate, engage in services, show up in court, or recognize their own role in their children's removal. In addition, many students have limited life experiences, especially with racially and ethnically diverse people or those struggling with issues related to poverty, exposure to violence, substance misuse and mental health. Furthermore, most are not parents and so lack experience with stressors associated with parenting. As a result, their language or actions may suggest a negative bias to certain parents (see Table 3).

3.2.2.3. *Clinic staff.* Table 3 indicates that most participants (70%) also described *positive personal characteristics* of clinic staff members. They were described using adjectives such as kind, caring, enthusiastic, honest, persistent, energetic, creative, hardworking, and personable. No one

described clinic staff characteristics in negative terms, e.g., unkind, uncaring, or lazy (see Table 3).

Most participants (70%) and all court professionals also mentioned *strengths specific of students*. Participants primarily discussed students' professionalism. The judges described students' performance in court as competent and professional. They expressed no concerns about quality of parent representation, especially given the oversight of well-respected supervising attorneys. Students were viewed as generally well prepared for court hearings and other meetings, and knowledgeable about CPS, court timelines, and the rules of the court. Students also were viewed as energetic, sincere, "a breath of fresh air" and "not worn down by the system" (see Table 3).

Most participants (78%) also indicated *challenges specific to students*. Students are emerging professionals who are inexperienced at lawyering. As one attorney explained,

There's a lot of judgment involved. You have to have a sense of when you really need to advocate and push. And there's key points when you need to do that, and there's pressure in the system not to. There are also times when it's really important to be negotiating and conciliatory. It's harder for students, who don't necessarily always have a sense when to agree [and not agree] with a case plan.

Students also may struggle to handle complex, high stakes and emotionally sensitive cases. Some practicing attorneys indicated that it takes years to gain an understanding of CPS and how to best work with families to have the safest and best outcomes for children. As one attorney explained,

These are very complicated cases. And I think that the expertise required to handle them from a legal perspective is way beyond the realm of students. And, of course, that's why [supervising attorney] is there. But, it's a big gap in my view. It's an advanced lawyering practice and I'm uncomfortable with new lawyers kind of jumping in. It isn't so much that the law is so difficult or the procedure is difficult. My worry is that they might not understand the experience of the client. It is not helpful to come into families and not understand what's happening to them and why things are happening, because then you can't really make a good case plan or involve them in what needs to be done.

Students also described their initial experiences in court as stressful. In describing his first appearance before a judge, one student described, "I was shaking. They [judges] have the power to make the decisions. You have to sell your argument and if there's a lot of little points to your argument and you forget one point, that's what makes or breaks your argument." Note that although many students described being nervous in court, they also described becoming more comfortable over time (see Table 3).

Many participants (62%) also described *strengths specific to parent mentors*. Parent mentors were valued for their general life experience; especially, their racial and cultural sensitivities. One faculty member emphasized the importance for clients to have someone who has navigated the system and who has "background and familiarity with the lived experience of the client that frankly the law student and lawyer may not have." A parent mentor underscored that "Walking through the system with a parent who has been through the process" allows parents to be more receptive. These life experiences coupled with their experiences with child welfare allow them to de-mystify the system for parents. They also were valued for educating student attorneys to improve their understanding of clients. One law school faculty member described student attorneys,

"They're upper middle-class kids most of them who really need a parent mentor to help them. They're not very wise about life. It's easy to come in and say, 'Oh, you're hooked on heroin and you're sleeping in a shelter, and you've got an abusive boyfriend. You're a

terrible mother.' And just sort of wear those lenses and not see people, and not see what kids need."

Parent mentors also were valued for facilitating parents' relationships with caseworkers and GALs (see Table 3).

Some participants (41%) also described *challenges specific to parent mentors*. Parent mentors do not have formal legal training and may inadvertently provide inaccurate information to clients. Furthermore, in their zeal to advocate, parent mentors may get in the way of the formation of a trusting relationship between caseworkers and parents, or in parents developing the skills to advocate for themselves. They may be over extended and are underpaid. Despite their challenges, 51% of participants emphasized that parent mentors provide good services, and should be used more (see Table 3).

Many participants (49%) also described *strengths specific to the supervising attorneys*, especially effective supervision of students. A student attorney described his experience, "When she would recognize a weakness she'd either direct me on how to overcome it, or step in and take the reins when she needed to. Even if it was 10:30 at night, send her a text and she'd usually respond to it. She called me up and talked me through it and it all worked out." A parent mentor described the clinic director, "I think she can be a bulldog if she has to be. She'll get in there and shake up the system a little bit and push. I really like that." Another supervising attorney described that participation with enthusiastic and optimistic students helped her to feel "refreshed" and more confident in her ability to help parents.

Few participants (11%) indicated challenges specific to the supervising attorneys. The clinic director expressed, "The things I've struggled with the most are finding the balance of wanting the students to get the full experience of having a client, but also at the same time making sure that I protect the clients getting the best services they can." Other challenges largely involved juggling communications with many clinic staff as well as court professionals. For the full time public defender, the challenge was finding the time to respond to and supervise student attorneys (see Table 3).

3.2.2.4. Macro-system context. Table 3 indicates that participants also discussed the Clinic in relation to its broader context. Some participants (60%), especially clinic staff (78%), recognized its *positive contribution to the larger community*. The Clinic was described as an important community resource that fills a gap for those who need legal counsel but cannot afford it, and who would otherwise be appointed an attorney with a high caseload. Some participants also described the Clinic as a model to the field for parent representation. It provides a context to test what does and does not work for providing parents with the best representation that others might follow.

Most participants (92%), however, discussed *significant macro-system level challenges* to the Clinic. Participants (68%) primarily discussed *social service agency specific issues* in the availability and adequacy of services; especially those offered by CPS, for example, the availability of visit supervision on the weekends and after work. Problems also were identified with other service providers of housing, welfare benefits, medical and mental health and substance abuse treatment. For example, social service challenges experienced by clients included the loss of subsidized housing eligibility when children were removed from their care making it very difficult for parents to obtain stable housing, a prerequisite for their family reunification. Participants argued that effective representation of clients is hampered when services are not helpful, adequate or promptly referred, and when unrealistic expectations are placed on families.

Some participants (54%) also described challenges associated with the *court system*. Some argued that the court is not an appropriate venue for helping families resolve complex issues because of its adversarial rather than collaborative processes. A related issue was problems with cross systems collaboration; for example, the inability of parent attorneys to speak directly with child welfare workers, who are

considered the opposing side, when the client is having problems accessing a service (see Table 3).

Some participants (30%) described *racial issues* as challenges to effective parent representation (see Table 3). A guardian ad litem described, “Caucasian families at the outset can get their kids back easier and sooner. How does that happen? We’ll remove a child from an African American home under similar circumstances, and they’re removed and they’re not going back.” An attorney and faculty member described,

Race drives a lot of what happens with families, particularly child protection. There is a whole set of events and levels that result in this treatment of families who are both minorities and poor. We close paths for people, and we don’t open others. Who comes to light in terms of reporting, who gets reported, and who doesn’t. And to some extent, I personally believe that there’s bias in the system that is not necessarily conscious on the part of people, but that takes place. Race is very much an underlying, systemic problem in these cases.

Some participants (30%) also described *pushback* or a lack of “buy-in” to the Clinic from child welfare workers, guardian ad litem and county attorneys that pose obstacles for clinic staff members. For example, a student attorney described being ignored by a county attorney who addressed all her questions to the supervising attorney and did not include her on emails. One student attorney related a county attorney’s response to his decision not to admit until the next hearing:

I was surprised at how differently student attorneys were treated because everyone’s been a law student. So to be negative towards us is a little surprising. The county attorney came up to me, and my client was right there – and he said, ‘You’re the only thing that’s stopping your client from seeing her kids.’ Just so inappropriate! And so [now] my client is super anti-me.

Some parents, in particular, believed that court professionals generally did not extend the same degree of respect towards student attorneys as county attorneys which hampered their ability to advocate for them (see Table 3).

Some participants (22%), but especially parents (78%), experienced their contact with the child welfare and court systems to be *dehumanizing*. Specifically, many parents describe how once involved in the system, they are no longer viewed as humans who possess a range of behaviors and capabilities. As one parent explained, “Once you’re labeled, you’re labeled” and viewed as a “loser.” Some parents described feeling that their entire character was degraded in court based on an incomplete or inaccurate picture of the allegations. Some parents described responding to the imbalance in power relations between authorities and themselves by not standing up for themselves which resulted in feelings of humiliation. Others described feeling forced to participate in various services that were unhelpful during a time when they were already under substantial stress. Some discussed feeling “tricked” and blind-sided by CPS. Others felt that their strides to improve their lives were disregarded and that they were not given a realistic chance to prove themselves to the court. Some parents felt a sense of personal invasion while workers within the system “dig and dig until their entire life is ripped apart” (see Table 3).

4. Discussion

Access to quality legal representation for parents accused of child maltreatment has emerged as a national concern (ABA, 2015). This mixed methods study evaluated an innovative law school clinic which provides legal counsel to parents involved in complex, high stakes child protection cases. The role of attorneys in facilitating positive outcomes for child welfare-involved parents and children through their direct practice is a relatively unexplored resource in child welfare. Many parents accused of maltreatment do not have the resources to

hire attorneys and not all jurisdictions provide attorneys to indigent parents, let alone attorneys with expertise in child welfare law and understanding of the challenges faced by CPS-involved families. To fill this void, law clinics representing parents involved in CPS are emerging across the country including within law schools. Yet little previous empirical research has examined the quality of parent representation provided through law school clinics, or its effectiveness in promoting positive outcomes for children.

4.1. Implications

Our analyses suggest that law school clinics can provide competent legal representation to indigent parents accused of child maltreatment. Integrated qualitative and quantitative analyses of case outcomes desired by participants did not support our hypothesis that fully licensed attorneys would achieve more positive case outcomes than supervised student attorneys. The children of parents represented by fully licensed attorneys were not more likely to be reunified with their parents, have their cases closed within 12 months, or be placed with relatives. Participants also viewed parents’ improved contact with their children during placement and satisfaction that their voices were heard in court as indicative of quality parent representation. Note that two of these outcomes identified by participants also were identified by the ABA (2015) as indicators of quality parent representation: timely completion of the case and parents’ satisfaction that their voices were heard in court.

4.1.1. Strengths

Qualitative interviews suggested a number of Clinic strengths which help us understand its apparent successes in achieving desirable case outcomes. These strengths can provide a model to others implementing parent representation clinics, or child welfare professionals collaborating with them. When describing their experiences with the Clinic most participants characterized the legal representation as strong, holistic and humanistic. In addition, nearly all participants described the clinic staff as successful in building strong relationships with their clients. Importantly, many of these positive relationship characteristics were described by *clients*, many of whom remained distressed by their experiences. Most participants also described the staff: student attorneys, supervising attorneys and parent mentors as possessing positive personal characteristics. They were described as kind, caring, open, honest, energetic, and creative. Court professionals, who might be expected to take a skeptical stance, described student strengths such as preparedness and professionalism. Participants also noted a variety of strengths specific to students such as their enthusiasm and willingness to work hard, to parent mentors including their understanding of the clients’ experiences, and to supervising attorneys including their professional competences. Many participants also recognized the contributions made by the Clinic to the larger community in terms of providing a needed service to a vulnerable group, and a model of effective parent representation to the field.

4.1.2. Challenges

Participants also recognized challenges faced by the Clinic. Such challenges suggest areas for development for the Clinic. They also suggest areas on which those implementing new parent representation clinics, or child welfare professionals collaborating with parent representation clinics, might focus prevention efforts. First, most parents were pleased with the quality of legal analysis and advocacy they received, but some had concerns that reflected their lack of familiarity with legal norms. For example, some parents were concerned about the apparent friendliness of their attorney with opposing counsel, and with legal advocacy such as attorneys not objecting enough in court. This finding underscores the importance of educating CPS-involved parents about legal system procedures, constraints and customs. More

knowledge of the legal system and their rights may help decrease the feelings of helplessness and anxiety expressed by many parents.

Second, participants generally characterized the relationships between clinic staff and parents as positive, but many recognized the challenges faced by students in developing and sustaining relationships with distressed parents whose life experiences were very different from their own. Social workers would be well positioned to provide resources for students and clients in addressing predictable relationship challenges.

Third, participants noted challenges specific to supervising attorneys including managing increased communication requirements, and spending time with students. To sustain the engagement of supervising attorneys with busy practices, it may be necessary for clinics to provide them with stipends or additional secretarial/clerical support to ease their workloads.

Fourth, participants also noted challenges to effective clinic representation at the macro-system level, primarily with the quality and availability of social services. Effective representation of clients is hampered when services are not helpful, adequate or promptly referred. Parent representation clinics might engage in advocacy around services to clients and establish ties with community organizations and advocacy groups to join efforts to reduce macro-system barriers.

Finally, some participants noted challenges due to a lack of coordination across legal and child welfare systems, for example, student attorneys were not allowed to communicate directly with case workers who were considered the opposing side. If parents asked their student attorneys to help them obtain or resolve problems with services, student attorneys had to communicate to case workers through opposing counsel. Yet in other contexts, a model of cross systems collaboration between legal and child welfare professionals has proven viable in supporting the common goal of facilitating the best possible outcomes for vulnerable children and families. For instance, child protection and juvenile justice professionals have effectively collaborated to minimize the involvement of maltreated children in the juvenile justice system. Such cross system collaboration requires the implementation of information sharing agreements as well as education and the development of relationships between child welfare and other professionals (see Haight, Bidwell, Marshall, & Khatiwoda, 2014). Such efforts could provide a model for the greater integration of parent representation and child welfare practice.

4.2. Limitations

There were limitations to our qualitative methods that suggest the need for further research. Although our response rate (43%) was adequate for the parents we contacted, note that contact information was only available for 40% of all parents represented by the Clinic over a three-year period. It is possible that those parents whom we did not interview differ in systematic and relevant ways from those who did participate. Thus, our qualitative data may not reflect the range of parent experiences with the Clinic.

In addition, the Clinic only employed two parent mentors and two supervising attorneys. Both of these roles are critical in parent representation. Parent mentors may improve parents' engagement, and facilitate timely and effective reunification. Supervising attorneys balance the needs of clients, the court and students. More research is needed to better understand the experiences and impact of parent mentors and supervising attorneys on cases.

It also is important to underscore that this study focused on emic codes induced from participants' discussions of their experiences. These insider perspectives are a significant strength of the qualitative analyses, but it is important to understand when interpreting the "quantification" of the qualitative analyses (e.g., percentages) that participants who did not spontaneously mention particular themes, e.g., "Provides strong legal analysis" or "Macro-system challenges" may have endorsed them if explicitly probed.

Quantitative methods also had limitations that suggest the need for further research. First, in the administrative data bases we used, the child is the unit of analysis. The use of child outcomes is defensible given the Clinic's goal of improving child outcomes through adequate parent representation. Future research, however, should also examine a range of parent and family-level outcomes.

Second, the power of our statistical analyses was compromised by the relatively small sample size. Larger sample sizes may improve matching and allow more sensitive statistical analyses. Although Fisher's Exact Test is appropriate for small samples, it is conservative and may have missed important differences between case outcomes for those parents represented by student and other attorneys. Future research using larger samples and more sensitive statistical analyses are needed. In addition, longitudinal analyses were limited to 12 months. Future research should follow cases to monitor longer term outcomes such as re-entry into the child welfare system.

Finally, note that this report is part of a larger study. Our subsequent reports will examine the quality of student attorneys' experiences, and challenges and facilitators of clinic implementation.

References

- Akin, B.A. (2011). Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship, and adoption. *Children and Youth Services Review*, 33(6), 999–1011.
- American Bar Association (2009). *Summary of parent representation models*. Center on Children and the Law.
- American Bar Association (2015). *Indicators of success for parent representation*. Center on Children and the Law.
- Becker, M.A., Jordan, N., & Larsen, R. (2007). Predictors of successful permanency planning and length of stay in foster care: The role of race, diagnosis and place of residence. *Children and Youth Services Review*, 29(8), 1102–1113.
- Cheng, T.C. (2010). Factors associated with reunification: A longitudinal analysis of long-term foster care. *Children and Youth Services Review*, 32(10), 1311–1316.
- Connell, C.M., Katz, K.H., Saunders, L., & Tebes, J.K. (2006). Leaving foster care—The influence of child and case characteristics on foster care exit rates. *Children and Youth Services Review*, 28(7), 780–798.
- 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.
- D'Agostino, R.B., Jr. (1998). Tutorial in biostatistics: Propensity scores methods for bias reduction in comparison of a treatment to non-randomized control group. *Statistics in Medicine*, 17, 2265–2281.
- Duffy, J. (1982). The rights to counsel in parental rights termination proceedings: Lassiter v. Department of Social Services of Durham County, North Carolina. *Boston College of Law Review*, 23(4), 1177–1218.
- Greene, J. (2007). *Mixed Methods in Social Inquiry: Jossey-Bass*. San Francisco: CA.
- Haight, W., Bidwell, L., Marshall, J., & Khatiwoda, P. (2014). Implementing the crossover youth practice model in diverse contexts: Child welfare and juvenile justice professionals' experiences of multisystem collaborations. *Children and Youth Services Review*, 39, 91–100.
- Ho, D.E., Imai, K., King, G., & Stuart, E.A. (2011). MatchIt: Nonparametric preprocessing for parametric causal inference. *Journal of Statistical Software*, 42(8), 1–28.
- Howell, D.C. (2007). *Statistical Methods for Psychology* (6th ed.). Thomson Wadsworth.
- Joy, P.A. (2004). The ethics of law school clinic students as student-lawyers. *South Texas Law Review*, 45, 815.
- Joy, P.A., & Kuehn, R.R. (2002). Conflict of interest and competency issues in law clinic practice. *Clinical Law Review*, 9, 493.
- Kortenkamp, K., Geen, R., & Stagner, M. (2004). The role of welfare and work in predicting foster care reunification rates for children of welfare recipients. *Children and Youth Services Review*, 26(6), 577–590.
- Land, A. (2011). Lawyering beyond without leaving individual clients behind. *Clinical Law Review*, 18, 47.
- Malm, K.E., & Zielewski, E.H. (2009). Nonresident father support and reunification outcomes for children in foster care. *Children and Youth Services Review*, 31(9), 1010–1018.
- Melonakis, J.C. (2006). In my opinion—Respecting parent and child representation in the legal profession. *Juvenile and Family Court Journal*, 57(2), 39–44.
- Putnam-Hornstein, E., & Shaw, T.V. (2011). Foster care reunification: An exploration of non-linear hierarchical modeling. *Children and Youth Services Review*, 33(5), 705–714.
- Rubin, D.B. (1976). Matching methods that are equal percent bias reducing: Some examples. *Biometrics*, 32, 109–120.
- Sankaran, V. (2010). A national survey on a parent's right to counsel in termination of parental rights and dependency cases. Retrieved from <http://youthrightsjustice.org/Documents/SurveyParentRighttoCounsel.pdf>
- Shadish, W., Cook, T., & Campbell, D. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Boston: Houghton Mifflin Company.

- Shwandt, T. (2003). *The Sage dictionary of qualitative inquiry* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Summers, A., Wood, S.M., Russell, J.R., & Macgill, S.O. (2012). An evaluation of the effectiveness of a parent-to-parent program in changing attitudes and increasing parental engagement in the juvenile dependency system. *Children and Youth Services Review*, 34(10), 2036–2041.
- U.S. Census Bureau (2014). U.S. Census Bureau: County quick facts. Retrieved 12/12/14 from quickfacts.census.gov
- Wells, K., & Guo, S. (2003). Mothers' welfare and work income and reunification with children in foster care. *Children and Youth Services Review*, 25(3), 203–224.
- Wildman, S.M., & Moss-West, D. (2014). *A social justice lens turned on legal education: Next steps in representing the vulnerable and inspiring law students*.
- Wood, S.M., & Russell, J.R. (2011). Effects of parental and attorney involvement on reunification in juvenile dependency cases. *Children and Youth Services Review*, 33, 1730–1741.