



**PROGRAM SPOTLIGHT:**

**The Cook County Juvenile Court Clinic** by Barbara Kahn

**J**uvenile Court proceedings frequently involve mental health or “clinical” issues. Unfortunately, the gap between law and mental health -- characterized by differing priorities, training, and even language -- impairs and inhibits effective use of mental health information in legal proceedings. The Cook County Juvenile Court Clinic (“the Clinic”) was designed to close that gap.

The Clinic is unusual in that its operation is the outcome of a research study and it uses a “multi-functional” approach to provide a bridge between law and mental health in juvenile court proceedings. The Clinic was designed specifically in response to problems in Cook County’s juvenile

court. With approximately 30 courtrooms divided between juvenile justice and child protection proceedings, it is the nation’s largest juvenile court and serves Chicago and surrounding suburbs. The challenges experienced in Cook County are not unique and practitioners in other courts can adapt aspects of the Clinic’s operation to address problems regarding the use of mental health information in legal proceedings in their own jurisdictions. Following a brief description of the research on which the Clinic is based, the article explains the multiple functions that comprise its operation.

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**Promoting Quality Parent Representation through Standards of Practice\***

by Mimi Laver

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**A**s an attorney representing parents of children involved in the child welfare system you probably have clients who love their children and want to provide what is best for them. But these parents face many challenges. Among them are poverty, language barriers, substance abuse, mental illness problems, and unsuitable housing. Your clients may have harmed their children, or failed to care for them, but they still want the best for them.

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**FROM THE CHAIRS: A Valuable New Training Tool**

Children's rights encompass a broad spectrum of concerns, and a lawyer trained and experienced in this area of the law can best represent and advise the child. This representation requires both traditional attorney advocacy and trial skills combined with the more specialized skills necessary to communicate effectively with a child client. This piece, often, is a neglected and/or overlooked aspect.

With funding from and the support of the Section of Litigation, the Children's Rights Litigation Committee has enlisted the help of experts from around the country to produce a video entitled, *Interviewing the Child Client*. The video and accompanying training materials are excellent tools to enhance and refine an existing skill set or to provide the guidance and instruction needed by a less experienced attorney/advocate. We are especially excited about the high quality of the video as it represents the culmination of several years of work, including extensive content development and re-

view. Narration by Amy Brenneman, the actress who starred in the CBS series *Judging Amy* (and currently the *Grey's Anatomy* spin off *Private Practice*), provides additional polish to this already great work.

The video represents our continued commitment to address the under representation of children in all aspects of the legal system, to increase the number of children's legal projects and *pro bono* attorneys representing children and to provide training materials and programs to assist advocates in providing the highest quality of representation for children. Providing this video as a resource to courts, law firms, public interest law centers, public defenders, bar associations, law schools and advocates devoted to serving children is an exciting opportunity. Particularly, as it allows us to join and support advocates who are committed to greater opportunities for legal research and teaching and the promotion of policies and laws which enhance our justice system for children.

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## The Cook County Juvenile Court Clinic (continued from page 1)

### The Clinic's Research Origins

The Clinic originated in a research and reform project created in response to a request by the Chief Judge of the Circuit Court of Cook County to evaluate and improve the Juvenile Court's use and acquisition of clinical information. The research phase, funded by the John D. and Catherine T. MacArthur Foundation in partnership with the Office of the Chief Judge, involved a comprehensive, multi-year evaluation of the Juvenile Court's then-existing clinical information system. According to the research, numerous problems hampered the Juvenile Court's ability to obtain and use clinical information: vague referral questions, untimely responses, inappropriate assessment methods, limited understanding between the court and clinicians regarding the other's professions and practices, a pervasive lack of communication between consumers (the court), providers (clinicians), and subjects (court-involved minors and parents) of clinical information, and a dearth of information regarding community-based mental health resources for delinquent minors and their families. Upon completing the evaluation, the project devised a model for a clinical information system that addressed identified constraints. The model was based on the principle that an effective clinical information system must include a variety of activities and cannot simply provide clinical evaluation reports. Therefore, the model incorporates what was termed a "multi-functional" approach, described in **Clinic Operation**, below.

In 2003, the model was instituted as the Cook County Juvenile Court Clinic. The Clinic operates under the auspices of the Office of the Chief Judge as part of the Circuit Court, and is funded primarily by Cook County with supplements of private grants for special time-limited projects. The Clinic is housed in the Juvenile Court building (a location identified in research as important) and has a staff of approximately 25, including psychologists, social workers, and attorneys.

### Clinic Operation

The Clinic's multiple functions contribute to providing high-quality, timely, legally relevant, accurate, and culturally sensitive clinical information for use in Juvenile Court proceedings. The Clinic identifies five distinct but inter-dependent functions: clinical coordination (which includes, but is not limited to, conducting

forensic evaluations); resource identification and consultation; education and training; program evaluation; and clinic administration. Since its inception, the Clinic has been recognized as an innovative clinical information system providing valuable assistance to Juvenile Court judges, lawyers, and probation officers. Description of the functions includes details of several aspects that have gained particular attention: the staff position of "clinical coordinator," the Clinic's forensic evaluation methods, and its database of information on community-based mental health resources relevant to court involved youth and their families.

### Clinical Coordination

"Clinical coordination" refers to activities that help court personnel (judges, lawyers, probation officers, and caseworkers) address clinical information that arise in court proceedings. These activities include *screening* potential requests for clinical information, *articulating and documenting* actual requests, *directing* requests to the appropriate provider, and *providing forensic evaluations* to assist legal decision-making in Juvenile Court.

"Clinical coordinators" are the linchpin of clinical coordination. Each courtroom is assigned a clinical coordinator to assist court personnel with clinical information needs that may arise in the context of legal proceedings. Each clinical coordinator has a master's degree in social work, psychology or related field and receives extensive training on Juvenile Court proceedings and relevant legal issues; they are uniquely equipped, therefore, to serve as the court's liaisons regarding clinical information. The Clinic encourages court personnel to use the clinical coordinator whenever clinical information might be needed. When contacted, the clinical coordinator asks a series of questions. This consultation triggers closer analysis, and screens out inappropriate requests. For example, attorneys in child protection cases would routinely request a psychological evaluation to assess a parent's progress in therapy. During consultation, the clinical coordinator may determine that services had been initiated only recently, and therefore an assessment would be premature. Moreover, a psychological evaluation would not be the proper method for assessing progress in services. Rather, at the appropriate time, the attorney's request should be for a report from the therapist. Consultation provides an opportunity to elicit important facts, and ultimately educates court personnel regarding the parameters of clinical

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## Promoting Quality Parent Representation (continued from page 1)

As a parent's attorney, you face your own challenges when advocating for your client. You may be a solo practitioner with little office support. You may never have learned about child welfare law during law school. Substance abuse, mental health, and housing may feel like social work. You may only speak English. You are probably not getting paid well, and lack a team of social workers or paralegals to help prepare your cases. You may be one of two attorneys representing parents in your jurisdiction and feeling isolated. If you are facing any of these issues, you are not alone.

### The Need for Standards

While preparing to draft standards of practice for parents' attorneys, I spoke with many parents' attorneys. I heard stories like these and learned it can be difficult to represent parents in the child welfare system, but when done well, attorneys can make a difference for their clients and their families. For example, parents' attorneys who are aware of local services, such as mother-child substance abuse treatment programs, can advocate for their clients to access these services. Attorneys who truly understand the importance of the parent-child bond and the increased likelihood of reunification if that bond is maintained can argue for increased visitation in comfortable settings. Attorneys who take time to get to know their clients will be able to advocate for the clients' goals both in and out of court. This type of vigorous advocacy can mean the difference between a parent having a child reunified or having parental rights terminated.

### Standards Take Shape

For 18-months, I worked with a committee of parents' attorneys from around the country, representatives of national organizations and ABA members to draft the *Standards of Practice for Attorneys Representing Parents in Abuse and Neglect Cases*. The goals of the committee included promoting quality representation and uniform practice by parents' attorneys throughout the country, helping attorneys prioritize their duties and manage their practices in ways that will benefit each parent on the attorney's caseload, and clarifying the role of the parent attorney in child abuse and neglect cases.

### Structure and Organization

The standards are organized around 44 "Basic Obligations" or black letter standards for attorneys, 11 obligations for managers, and 11 suggestions for courts to improve practice by parents' attorneys. The 11 standards for attorney managers apply to parents' attorneys who work for an agency or law firm – an institutional model of representation. If you are a solo practitioner, or attorney who receives appointments from the court, you will find some standards in this section,

such as those about training and caseload, are relevant for you and all parents' attorneys.

Each standard is followed by actions and commentary that discuss implementing the standard. The standards are broken into several categories:

- General obligations
- Relationship with the Client
- Investigation
- Informal Discovery
- Formal Discovery
- Court Preparation
- Hearings
- Post Hearings/Appeals

To view the entire document, please visit our website at: <http://www.abanet.org/child/clp/ParentStds.pdf>. As a whole, the document is intended to guide attorneys toward best possible practice.

### ABA Endorsement

In August 2006, the ABA House of Delegates approved the Standards as official ABA policy. This means the ABA recommends their adoption by state and local jurisdictions and an ABA witness could testify about them. This action by the House of Delegates shows the ABA's commitment to high quality representation in child welfare cases. These standards join Standards of Practice for Children's Attorneys and Standards of Practice for Attorneys Representing Child Welfare Agencies in Abuse and Neglect Cases, both previously approved by the ABA.

### Key Themes

The standards emphasize some important themes that stem from the committee's ongoing discussions and are issues practitioners identify as keys to excellent parent representation. These themes are: client-driven representation, preparation, and using a multidisciplinary model of representation.

#### *Client-Driven Representation*

Representing parents in the child welfare system can be challenging for the reasons above. However, the parent's attorney must remember his or her role is to protect the client's interests and express the client's wishes. While the attorney must provide expertise and make strategic decisions about the best ways to achieve the parent's goals, the client decides the case goals and the attorney must act accordingly. The Standards discuss this responsibility in a number of places. For example:

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information. By screening requests, clinical coordinators help reduce delay in court proceedings and unnecessary evaluations of minors and/or families.

When clinical information is needed, clinical coordinators document requests using a standard format. The format incorporates information obtained during consultation and produces an individualized request with identifying information, reasons giving rise to the request, the stage of legal proceedings, and specific clinical questions to be addressed. Previously, clinicians received referrals for a "clinical" or "psychological" with no reason given or explanation of the request. Clinicians in turn provided vague or generic responses, generally of limited or no utility. By eliciting information and composing a detailed request, the clinical coordinator insures that the clinician receives sufficient information to provide a specific and useful response tailored to the case.

Clinical coordinators also direct requests to the appropriate type of clinical provider. The Clinic distinguishes between requests for information that are primarily service-related and requests that require a forensic evaluation. The Clinic defines a "forensic evaluation" as one the court will use for legal decision-making. By distinguishing between "forensic" and "service" requests, the Clinic makes efficient use of available resources and facilitates provision of more timely and useful clinical information to the court. Clinic psychologists are specially trained in forensic evaluation, and the Clinic by design does not provide therapeutic or other clinical services. The most effective use of available resources, therefore, is to direct service-related requests to community-based service agencies that actually provide the needed services, and requests for forensic evaluations to the Clinic.

The Clinic's forensic evaluations for use in delinquency proceedings most often address the following legal determinations: appropriateness of sentencing options; a minor's fitness to stand trial; and a minor's competence to waive Miranda warnings. Although less frequently, the Clinic also provides forensic evaluations for use in decisions regarding the insanity defense and transfer of jurisdiction to adult court. In child protection cases, the Clinic conducts forensic evaluations of parenting capacity for the court to use in ruling on motions for visitation, selection (or change) of a "permanency goal," and termination of parental rights. The Clinic's forensic evaluations are conducted according to the process described below.

### *Forensic evaluations*

The Clinic's forensic evaluation procedures contribute to achieving the Clinic's goal of providing the court with high-quality clinical information that is timely, legally relevant, accurate, and culturally sensitive. According to the research, timely receipt of clinical information is extremely important to the court. The Clinic's referral format specifies a due date, and providing timely responses are one of the Clinic's highest priorities. The Clinic incorporates a number of measures to expedite the evaluation process. Intake is initiated on

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The Clinic's multiple functions contribute to providing high-quality, timely, legally relevant, accurate, and culturally sensitive clinical information for use in Juvenile Court proceedings.

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the same day the court requests a forensic evaluation. An intake worker meets with the minor and/or parent(s) to gather basic information and obtain signatures on authorizations for release of records from sources identified during the intake process. Intake workers and clinical coordinators collaborate to obtain records and other existing information the clinician will use in conducting the clinical evaluation. Clinicians follow established timelines for conducting clinical interviews and completing reports. Clinical coordinators assist clinicians to insure parents and/or minors attend scheduled clinical interviews. Finally, clinical coordinators provide the court with status memos that report on evaluation progress.

Clinicians conduct forensic evaluations using a "best practice" model. Best practices for conducting forensic evaluations are well established in relevant literature, and address how a clinician should collect, integrate, and interpret information. Clinicians collect data from multiple sources, including records and clinical and collateral interviews, and corroborate information to obtain a more accurate understanding of the pertinent clinical factors. For example, a clinician interviews a 15 year old minor who, despite the clinician's repeated efforts, seems unable to understand the role of attorney or judge in a delinquency case. Through a collateral interview

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## The Cook County Juvenile Court Clinic (continued from page 5)

with the minor's teacher, the clinician learns the minor recently received an "A" on a social studies test concerning the legal system. The clinician also reviews school and treatment records that indicate the minor has a history of malingering and manipulative behavior. These additional data give the clinician a deeper understanding of the minor's abilities and a complete context for interpreting the minor's conduct at the interview.

Clinicians strive for completeness and accuracy, while also appreciating legal considerations when conducting and writing forensic evaluations. Clinicians are careful to avoid eliciting potentially incriminating information when conducting an evaluation pre-adjudication or trial. In addition, forensic evaluations are narrow in scope, and clinicians limit their inquiry to the relevant legal issue or question. Consistent with best practice, the clinician includes all data in the evaluation report, articulating the relative weight or significance of any discrepant data. Sensitivity to cultural issues in the assessment process and in writing reports also promotes more accurate evaluations. Clinicians separate data from interpretation, and insure that data support clinical recommendations.

Finally, all best practices become literally meaningless if the reader cannot understand the report. Clinicians therefore avoid using mental health jargon or terminology that may not be understandable to someone without training as a mental health professional.

### Resource Identification and Consultation

The Clinic's resource function addresses several concerns identified in the research phase. Research revealed that court personnel lacked information regarding available community-based mental health services for delinquent minors and their families. This dearth of information resulted in inappropriate referrals: court personnel would request a psychological evaluation to obtain information about services. Moreover, evaluations frequently contained clinical recommendations court personnel regarded as unviable because they lacked information for implementation.

The Clinic identifies community-based agencies that provide mental health services to the juvenile justice population, collects information about key agency and program characteristics, catalogues that information in

an electronic database, and provides up-to-date information about specific programs that match individualized treatment needs. The Clinic then can respond to service-related requests and supplement forensic evaluations with information for implementing clinical recommendations.

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Since its inception, the Clinic has been recognized as an innovative clinical information system providing valuable assistance to Juvenile Court judges, lawyers, and probation officers.

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The database is an electronic listing of community mental health and social service agencies in Cook County. Although traditional resource guidebooks or directories may contain similar information, a database has multiple advantages over those formats. The database allows for structured collection and organization of much greater amounts of information, and can be continually updated, thereby insuring accuracy and relevance. Searches for agencies can be customized by using search criteria such as the minor's age, geographic location, services needed, and payment options. The database also permits broader analysis of community-based resources, for example, to identify service gaps in particular areas.

When providing resource information, the Clinic uses a standard format that lists multiple agencies. For each listed agency, the Clinic provides name and contact information (address, phone number and contact person), types of services offered, description of intake procedures and waitlist if any, accepted payment sources, distance from the minor's residence, and any relevant special accommodations.

### Other Clinic Functions: Education and Training

Education and training activities are directed at consumers (judges, lawyers, hearing officers, probation officers, and caseworkers) and providers (Clinic staff) of

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clinical information. The Clinic provides consumer orientation programs to describe and explain the Clinic's operation, and sponsors presentations on mental health issues in a forensic context; these help consumers better obtain, understand, and analyze clinical information they receive. Clinical coordinators and other Clinic staff are available also on a less structured basis to answer questions regarding general clinical issues.

Provider education includes training of Clinic staff on Juvenile Court proceedings and the nature of forensic assessments. In addition, training on relevant clinical and legal issues ensures that all members of the Clinic staff fully understand and appreciate the legal context of their work and can respond appropriately to the Juvenile Court's clinical information needs.

### Program Evaluation

Program evaluation monitors and measures the quality, adequacy, and utility of clinical information provided to the Juvenile Court. The Clinic's program evaluation function includes analysis of the Clinic's performance and products, and identification of areas for improvement or modification. Program evaluation activities also support strategic planning and research and development concerning specified aspects of the Clinic's operation. Extensive data collection permits the Clinic to engage in constant examination of its work for both internal and external purposes.

### Clinic Administration

Development, documentation, and maintenance of clearly defined policies and procedures are essential to the Clinic's effective operation. Administration oversees internal personnel and information management systems, as well as collaboration and cooperation between the Clinic, the Juvenile Court, and the multiple agencies and entities involved in court proceedings. An established administrative structure provides for effective communication regarding the Clinic's multiple functions.

### Conclusion

From its origins as an innovative and research-based model, the Clinic has developed into a well-established and respected arm of Cook County's Juvenile Court. As noted, aspects of the Clinic's operation can be adapted for use in other jurisdictions to enhance the use of clinical information in court proceedings.

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For additional information, contact the Clinic Director, Julie Biehl, at [j-biehl@law.northwestern.edu](mailto:j-biehl@law.northwestern.edu). Portions of this article were adopted from the following publications:

Barbara Kahn, et al., *Making the Connection: Legal Advocacy and Mental Health Services* Family Court Review, Volume 45. No. 3, July 2007, 486-500 (2007)

Antoinette Kavanaugh et al., *Obtaining and Utilizing Comprehensive Forensic Evaluations: The Applicability of One Clinic's Model*, 6 Nev. L. J. 890 (2006)

Julie L. Biehl & Barbara A. Kahn, *A Practice Model for Acquiring and Using Clinic Information in Juvenile Court*, Youth L. News 7 (Mar.-Apr. 2002)

Joseph T. Scally et al., *Problems in Acquisition and Use of Clinical Information in Juvenile Court: One Jurisdiction's Response*, Child. Legal Rts. J. 15 (Winter 2001-2002).

## **From the Chairs: A Valuable New Training Tool (continued from page 2)**

As you know, obtaining detailed information from young children about an event they have experienced is difficult under the best of circumstances. The video is presented in a variety of short interactive vignettes. Child and adult actors demonstrate: relationship building, explaining roles and responsibilities, communication tools and interview techniques. Various stages of the process of a client interview are also presented. With the video and accompanying teaching materials for *Interviewing the Child Client*, practitioners and advocates around the country will have a high-quality resource for learning how to interview children.

Although not intended to be exhaustive, we believe upon seeing this work, you will agree that the video is an excellent tool that will become a staple in many libraries around the country.

Many of you at children's law centers and clinics around the country will be receiving a copy of the video

and training materials in the mail. To order additional copies (or in case you do not receive a copy in the mail) please contact our committee director, Catherine Krebs at (202) 547 3060 or [catherinekrebs@prodigy.net](mailto:catherinekrebs@prodigy.net). The video and materials are free, because of the generous support of the American Bar Association Section of Litigation.

*Phyliss Craig-Taylor is a visiting professor and Director of Teaching Excellence at Charlotte Law coming from North Carolina Central University School of Law where she has served as a Professor of Law since 2002.*

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## ***Children's Rights* is looking for authors and editorial board members!**

**We are always looking for articles of interest to the children's legal community. Even if you don't have an article in mind, we have topics that need an author. We are also looking for editorial board members to help us shape the content of the newsletter.**

To get involved, or just to learn more, contact Cathy Krebs at [catherinekrebs@prodigy.net](mailto:catherinekrebs@prodigy.net) or (202) 547 3060

## Promoting Quality Parent Representation (continued from page 4)

- **Understand and protect the parent's rights to information and decision making while the child is in foster care. (Standard 3)**
- **Advocate for the client's goals and empower the client to direct the representation and make informed decisions based on thorough counsel. (Standard 7)**
- **Act in accordance with the duty of loyalty owed to the client. (Standard 8)**

The clients in these cases are parents who are the primary decision makers for their children. Once children are removed from a parent's care, many jurisdictions ignore or work around the parent. The parent's attorney should work hard to empower the client to be involved with the child and make decisions about the child's care. For example, the parent should be involved in education and medical decisions, be invited to the child's doctor appointments, and learn about any special needs the child may have. If the parent is not included in these decisions, the attorney should work with the agency, and the court if necessary, to change this. The attorney must learn what the client's goals in the case are and work with the child welfare agency and the court to achieve those goals. The attorney should not assume each client wants the same outcome, but rather get to know each client and work for each client as needed.

### *Preparation*

All attorneys know they must be prepared for a hearing, yet often attorneys meet their clients for the first time five minutes before a hearing or receive documents from the child welfare agency as they are walking into court. Parents' attorneys are often overworked and underpaid, but that does not relieve them of their duty to provide competent representation to each client. To do so, the attorney must thoroughly prepare for all aspects of the case. The Standards reflect this obligation. In fact, the sections about Investigation, Informal Discovery, Formal Discovery, Court Preparation and Hearings focus on aspects of preparation with which parents' attorneys must comply. Some important standards dealing with preparation include:

- **Interview the client well before each hearing, in time to use client information for the case investigation. (Standard 20)**
- **Obtain all necessary documents, including copies of all pleadings and relevant notices filed by other parties, and information from the caseworker and providers. (Standard 22)**
- **Thoroughly prepare the client to testify**

**at the hearing. (Standard 29)**

- **Identify, locate and prepare all witnesses. (Standard 30)**
- **Identify, secure, prepare and qualify expert witness when needed. When permissible, interview opposing counsel's experts. (Standard 31)**
- **Attend and prepare for all hearings, including pretrial conferences. (Standard 32)**

While some of these standards seem obvious, they are not necessarily easy to carry out. Meeting with clients in advance can be a logistical problem. Parents may not be able to travel to the attorney's office and the attorney may not have time to go to the client's home. Or, the client may not have a steady address or phone number, so contacting the client may be difficult. Or, pretrial conferences may conflict with hearings the attorney has on other cases.

Despite these challenges, the Standards are clear that preparation is a key to high quality representation. An attorney cannot effectively represent the client's wishes, if the attorney has not discussed case goals with the client and counseled the client about the chances of achieving the goals. The attorney must talk to the client in advance to identify witnesses who could help the client's case. Then the attorney must spend time talking with the witness before the hearing. This kind of solid preparation ensures the client is fairly treated and improves the client's chances of reunifying with a child.

As the parent's attorney, you should talk to your client at the beginning of your representation about how you will communicate. For example, you may ask your client for an emergency contact number for when you can't reach the client. Or, you can tell your client the best way to be in touch with you. Creating a plan can help you overcome some of the challenges listed above. Additionally, if you work with a paralegal or social worker (see below), that person can go to the client's home for interviews. That does not relieve you of your duty to prepare and understand your client's wishes, but it can help in the preparation process.

### *Multidisciplinary Model of Representation*

One challenge in representing any party in the child welfare system is that the best quality of representation often involves some law and some social work. Attorneys do not always feel comfortable with the social work aspect of the job, but it is essential for the client that whoever is providing representation know what services are available in the community and can access those services on behalf of the client. For this reason, the committee felt strongly that the Standards require the parent attorney to:

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## Promoting Quality Parent Representation (continued from page 9)

- **Engage in case planning and advocate for appropriate social services using a multidisciplinary approach to representation when available. (Standard 26)**

In most places in the country, parents' attorneys lack access to social workers, legal assistants, investigators, or parent advocates. However routinely using these professionals would decrease attorneys' "social work" and increase their legal work in the case. Merely assisting a client in the courtroom is not enough. The client needs help during case planning meetings. They need help understanding what services are part of the case plan and how to cooperate with them. The attorney or the attorney's team must be available.

If you are a solo practitioner, you could consider hiring or contracting with a paralegal or social worker to assist you on your child welfare cases. To ease your financial burden, you could also work with other solo practitioners in your area to jointly hire or contract with such a person, making sure the individual does not work for more than one attorney on a case. Additionally, if you need investigators or interpreters for individual cases and you do not employ them, you could seek reimbursement for the costs of these necessary services when you submit your bill to the court. (See below for discussion of court's obligation on this topic.)

In the section for attorney managers, the Standards suggest, "The attorney manager should also hire social workers, paralegals and/or parent advocates (parents familiar with the child welfare system because they were involved in the system and successfully reunited with their child), who should be "teamed" with the attorneys. These individuals can assist the attorney or attorney team with helping clients access services and information between hearings, and help the attorney organize and monitor the case." (Attorney manager Standard 4, Action)

Similarly, the Standards suggest that courts

- **Provide interpreters, investigators and other specialists needed by the attorneys to competently represent clients. Ensure attorneys are reimbursed for supporting costs, such as use of experts, investigation services, interpreters, etc. (Court Standard 7)**

The Standards recognize that attorneys can not provide competent representation without using certain specialists. For example, it is essential when the attorney and client speak different languages that the attorney have access to an interpreter for client meetings. It is unfair for the court to expect that the attorney pay for these specialists out of the attorney's compensation on court-appointed cases. As the parent's attorney, you should ask the court to pay for reasonable costs for specialists and the court should comply.

### Conclusion

Generally, families become known to the child welfare system because the family needs help. The parents are often not able to access the help they need in the community. It is essential that all professionals who are involved with the family, including the agency and the parent's attorney focus on assisting the parent so the best possible outcomes can be achieved for the child and the family.

The Standards are one tool to improve parents' attorneys' representation and make it consistent across the country. The Standards set priorities for parents' attorneys and suggest how attorney managers and courts can achieve its goals. As addressed in the Standards, training, manageable caseloads, reasonable pay and support are needed to make high quality representation a reality for parents in the child welfare system. By focusing on these issues, and making high quality representation a priority, all communities in the country can better serve parents and their families.

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Please visit the Children's Rights Litigation Committee on-line at

<http://www.abanet.org/litigation/committees/childrights/>

Current information includes trainings of interest around the country, including a free teleconference on Child Witnesses scheduled for March 18.

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*Upon completion, please return form to:*  
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