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Colorado Office of Respondent Parents' Counsel (ORPC)

Interdisciplinary Team Representation: Phase I Evaluation Findings

REPORT HIGHLIGHTS:

This report **synthesizes key findings** from the Phase I evaluation of the ORPC model of interdisciplinary team representation, which pairs an attorney with a social worker or parent advocate to advance legal advocacy.

- A **“numbers and narratives”** mixed methods approach was used to examine the major activities, roles, and dynamics of the interdisciplinary team.
- **Complex case needs** can be met by activation of the interdisciplinary team. **Staffing guidance** for attorneys is provided.
- **Three interrelated activities** of the team are discussed: (a) build a client-centered team, (b) support the client in addressing their needs, and (c) advocate for the client in- and out- of court.
- **Results can be used** to help communicate the model to stakeholders, strengthen the approach, and promote the value of interdisciplinary representation to drive outcomes for children, youth, and families.

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Acknowledgements

This research was supported by the Office of Respondent Parents' Counsel (ORPC). The opinions expressed are those of the authors and do not represent the views of the ORPC, the State of Colorado, or the University of Denver. Policy and budget recommendations do not represent the budget or legislative agendas of state agencies, the Governor's Office, or other partners. Any requests for funding or statutory changes will be developed in collaboration with the Governor's Office and communicated to the legislature through the regular budget and legislative processes.

Thank you to our ORPC partners who provided subject matter expertise and guidance on this project. We are also deeply appreciative of the contractors—attorneys, social workers, and parent advocates—who participated in focus groups and interviews, providing invaluable insight into how the model shows up in practice and actionable opportunities to strengthen the model. Vermillion, a full-service creative agency, and Christie McElhinney, Third Sector Communication Strategies, provided graphic design support of the staffing guidance roadmap and the model's top line summary.

Data Sources

The following data sources were used in this study: (1) Secondary administrative data from the ORPC's Respondent Parent Payment System; and (2) Primary data from interviews and focus groups with ORPC contractors. In addition, iterative discussions and key informant conversations with the ORPC leadership and staff occurred throughout project development and execution.

Note on Gender-Inclusive Language

The Colorado Evaluation and Action Lab affirms our commitment to the use of gender-inclusive language as we acknowledge and validate all gender identities. Throughout this report, we follow the guidance of the Associated Press Stylebook and the Chicago Manual of Style and use the gender-neutral, singular "they" when appropriate.



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Introduction

- Project Background
- Report Overview





Project Background

The Colorado Office of Respondent Parents' Counsel (ORPC) provides legal representation for indigent parents involved in child welfare proceedings. Parent representation models are a best practice for advancing positive outcomes in reunification, out-of-home placement, child safety, and parental well-being.¹ Previous research has identified several factors and practices that promote these positive outcomes, including authentic inclusion of the family in decision-making, competent legal representation for parents, and parent-dedicated support persons, including social workers and peer mentors.^{2, 3, 4, 5, 6, 7}

Interdisciplinary team models of parent representation aim to address these factors in a holistic, concurrent way. An early and leading example of this model comes from New York City where, in 2007, the first interdisciplinary team to advance client-centered representation and positive outcomes was founded. Findings from a quasi-experimental study of this model demonstrated improved time to permanency for children in foster care, decreased time in foster care, improved time to reunification and guardianship, and demonstrated potential for saving millions in governmental dollars.⁸ A companion qualitative study demonstrated three ingredients that were at the heart of the model's success: (a) consistent, quality representation; (b) practices that promote interdisciplinary collaboration; and (c) a shared focus on client well-being.⁹ Interdisciplinary teaming has been cited as a fundamental attribute of high-quality representation for families with open child welfare cases, driving positive outcomes in reunification and lower re-entry (or recidivism) rates.¹⁰

ORPC's Commitment to Evidence-Based Decision-Making

The ORPC is committed to data-driven decision-making and smart state investments. To continuously strengthen their work to protect the fundamental right to parent, the ORPC partnered with the Colorado Evaluation and Action Lab (Colorado Lab) to build evidence for the interdisciplinary team model of parent representation. This report synthesizes findings from Phase I of a three-phased evaluation plan; this first phase focuses on further defining the interdisciplinary team model.

The ORPC's Interdisciplinary Team Model

Interdisciplinary team representation is a form of post-filing representation and exists as part of a [continuum of legal advocacy efforts](#) used to support child and family well-being. The overall goal of the ORPC's interdisciplinary team model is to promote long-term family strengthening and protect the fundamental right to parent by providing a cohesive, interdisciplinary team of legal advocates. The model pairs an attorney with a social worker or parent advocate to move complex cases forward and deliver high-quality representation for parents involved in dependency and neglect (D&N) cases. The team may also seek support from experts and investigators throughout the life of the case.

Together, the interdisciplinary team engages three interrelated activities: (1) build a client-centered team, (2) support the client in addressing their needs; and (3) advocate for the client (in and out of court). ***What separates the interdisciplinary team from an attorney-only representation model is the depth and intentionality with which the advocacy and support activities are carried out.*** The ORPC posits that with the addition of a social worker or parent advocate, these activities can be more efficiently and effectively performed for complex cases.



Report Overview

Summary of Interdisciplinary Evaluation Plan

A three-phases plan is being used to evaluate the interdisciplinary team model. Each phase uses a “numbers and narrative” mixed methods approach, meaning the study leverages both secondary quantitative data (e.g., administrative data) and primary qualitative data (e.g., interview narratives).

- **Phase I: Further define the interdisciplinary team model (focus of this report)**
- Phase II: Conduct an initial exploration of outcomes (State Fiscal Year [SFY] 2023)
- Phase III: Conduct a deep-dive exploration of activities and outcomes in the context of other systems that influence child welfare cases (SFY24)

The ORPC is using information generated through the evidence-building process to (a) guide strategic learning and continuous quality improvement; and (b) learn how investment in this model can improve family reunification, promote parental dignity, and reduce long-term costs of systems-involvement.

Phase I focuses on [Steps 1 and 2 of Evidence-Building](#): program design and identifying outputs.

Audience, Purpose, and Goals

This report is geared toward both internal and external facing audiences with associated goals:

- **The ORPC staff** can use this report to support implementation improvement and model strengthening, including in contractor trainings and in providing staffing guidance to attorneys.
- **Contractors** can use findings and tools to maximize strengths of the interdisciplinary team and drive outcomes. Findings can also help contractors more clearly articulate the model and how it bolsters—rather than replaces—the work of others (e.g., child welfare caseworkers) on the case.
- **The ORPC leadership** can use this report when advocating for investments in the model, including clearly communicating what the model is and how it is positioned to drive positive—and more equitable—outcomes for children and families, especially those with complex cases.
- **State and national advocates** can use findings to inform the expansion of interdisciplinary models locally and nationally. Contributions to field-building on client-centered representation is timely given efforts to move from a reactive child welfare system to a child and family well-being system.
- **The Colorado Lab** will use findings from Phase I to build capacity for Phase II and III evaluation activities. Model definition is foundational to a rigorous outcomes evaluation.

Organization of this Report

We begin with an overview of why parent representation matters and the role of interdisciplinary teams, including national traction and emergent opportunities to invest in this model in Colorado. We then move into evaluation findings on (a) interdisciplinary team activities and where case time is invested (the “what”); (b) the dynamics of interdisciplinary teams that promote better outcomes in client-centered representation, procedural fairness, and inclusive and respectful advocacy (“the how”); and (c) member roles and strengths when executing activities (“the who”).



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Strengthening Families through High-quality Parent Representation

- Why Parent Representation Matters—and the Role of Interdisciplinary Teams
- Model Foundations





Why Parent Representation Matters—and the Role of Interdisciplinary Teams

Interdisciplinary representation exists as a form of post-petition representation along a [continuum of legal advocacy](#), as articulated by Casey Family Programs. Post-petition legal representation “involves advocacy on behalf of parents after a dependency [and neglect] petition (request to remove a child due to alleged maltreatment) has been filed in family court, both in situations where a child remains at home under the jurisdiction of the court and where a child is placed in foster care.”¹¹ Post-petition representation is critical to the continuum of legal advocacy because it recognizes that families both need (a) high-quality legal advocacy to protect the fundamental right to parent; and (b) holistic advocacy and support to address civil and collateral legal issues (e.g., housing, public assistance, employment) and strengthen the family. Post-petition representation can be delivered in a number of settings (e.g., institutional or statewide centralized support) and can take a number of forms (e.g., team-based or attorney-only).

High-quality Legal Advocacy

What is High-quality Legal Advocacy?¹²

We use the definition put forth by the Family Justice Initiative, where “high quality” is comprised of four elements:

- Develop a case theory and legal strategy for adjudication, and advance other client objectives and issues that support reunification (e.g., litigation to increase visitation).
- Engage in proactive case planning, develop and propose a case plan, identify service providers, and set a visitation schedule (if family maintenance or immediate family reunification is not possible).
- Litigate issues and use experts, as needed, to achieve clients’ case goals, including through active motion practice throughout proceedings, not only at statutorily set periodic review dates.
- Explain to clients their right to attend court hearings and advocate for clients who want to attend court proceedings to attend in person.

High-quality legal advocacy is essential to achieving well-being for families involved in child welfare.¹³ A large—and growing—body of literature has demonstrated improved outcomes for children, parents, the family unit, and systems through quality parent representation (Table 1), *while assuring child safety*.^{14, 15, 16, 17, 18, 19} Moreover, **high-quality legal representation can disrupt the historical and contemporary inequities** associated with child welfare involvement, such as the disproportionate representation of Black children with systems involvement and lower rates of kinship placement for children of color compared to their white counterparts.^{20, 21} Previous studies have linked these positive outcomes to a number of factors, including the timely provision of necessary services, support navigating the family court and child welfare systems, competent legal representation, and the inclusion of social workers and peer mentors on parent representation teams.^{22, 23, 24, 25, 26}



Table 1. Benefits of High-quality Legal Representation and Use of Interdisciplinary Teams

Benefits to Children	Benefits to Parents	Benefits to Families	Benefits to Systems
Mitigates the trauma associated with child welfare involvement ^{14, 19}	Protects the fundamental right to parent ^{13, 14, 16}	Reduces time to permanency ^{14, 15, 18}	Promotes fair and just systems through better judicial decision-making ^{13, 14, 16}
Promotes child-parent bonding, critical to healthy child development ¹⁶	Provides tailored treatment planning and improves service access ^{16, 18}	Reduces recidivism and stabilizes the family long-term ^{14, 19}	Saves systems money by preventing or reducing time spent in foster care ^{15, 16, 19}
Improves cadence, timeliness, and quality of visitations or family time ^{16, 18}	Builds parent social and structural support networks ^{24, 26}	Increases likelihood of reunification and use of kinship care ^{14, 17, 20}	Increases participation in and out of court processes by all parties ^{13, 15, 16}

National Traction on Interdisciplinary Teams

Numerous professional organizations and government agencies have released guidelines regarding best practices for promoting high-quality legal representation for all parties involved in child welfare proceedings. These strategies underscore the importance of legal advocacy, out-of-court advocacy, communication, cultural humility, and leveraging the knowledge and resources of professionals from other disciplines to address collateral and ancillary legal issues impacting the case.²⁷

The interdisciplinary representation model attempts to address each of these components by pairing attorneys with a social worker or parent mentor/advocate, as well as using other professionals on the case with expertise in certain areas (e.g., substance use treatment counselors). Access to multidisciplinary (or interdisciplinary) staff is an identified indicator of success for parent representation by the National Alliance for Parent Representation (a project of the American Bar Association) and is cited as a fundamental system attribute of high-quality representation by the Family Justice Initiative.

“Due to the unique and complex nature of dependency cases, Interdisciplinary Representation is considered to be the best way to deliver high-quality representation.”

- Casey Family Programs

Since 2018, the Administration for Children and Families (ACF) has allowed Title IV-E agencies to claim administrative costs for attorneys to provide legal representation to children and parents.²⁸ The intent behind this policy change was to help prevent removal (a costly and traumatic practice), increase foster parent engagement in the case (critical to case successes like reunification), and improve permanency timelines for children (vital to healthy child development and stability). In 2019, ACF bolstered support for parent representation models when they issued a memo claiming that “high quality legal representation and services...are critical to supporting family and youth voice.”²⁹ Most recently, resourced opportunities to scale and sustain interdisciplinary teams have emerged from 2021 federal guidance connected to changes in Title IV-E funding allocations and the advent of the Family First Prevention Services Act, in which the ACF “urges all state and tribal title IV-E agencies, courts, administrative offices of the courts and Court Improvement Programs to work together



to ensure...high quality legal representation at all stages of child welfare proceedings” and “to maximize allowable Title IV-E administration reimbursement.”³⁰

Funding Potentials for Colorado

New funding guidance from the ACF provides an unprecedented opportunity to advocate for investments in the interdisciplinary team model and makes the necessity to define Colorado’s model transparently and clearly more imperative than ever.

Model Foundations

Interdisciplinary representation is a tertiary prevention strategy that is a theory-informed model for addressing root causes of systems involvement, engaging the client and building confidence, and developing structural and social supports that strengthen the family and keep kids safely in the home. Previous research in other jurisdictions has illustrated interdisciplinary representation as a promising practice. Proponents of interdisciplinary representation models include The National Alliance for Parent Representation, the Family Justice Initiative, Casey Family Programs, the Juvenile Law Center, and ACF.

Tertiary Prevention

Child maltreatment prevention efforts exist along a [continuum of levels](#) from primary (targeted at the general population), secondary (targeted at populations at high risk for maltreatment), and tertiary (targeted at families where maltreatment is already alleged). Interdisciplinary representation—as a form of post-filing petition representation—is a *tertiary* prevention strategy because it aims to serve families already involved in D&N cases due to allegations of child maltreatment. As a tertiary prevention strategy, the focus is on reducing trauma from child welfare systems-involvement, mitigating negative consequences of any maltreatment, and providing the legal advocacy and wraparound support necessary to stabilize the family and prevent future maltreatment. In doing so, interdisciplinary models can break intergenerational cycles of child welfare involvement and disrupt root cause inequities like poverty and racism, fueling upstream implications for future generations

Theoretical Foundations: Bioecological Models and Social Capital Theory

The approach of providing interdisciplinary representation in D&N cases is supported by Bioecological models and Social Capital theory. The Bioecological model describes the multiple levels at which the interdisciplinary representation affects change. Social Capital theory is how that change occurs. High-quality legal representation delivered through an interdisciplinary team infuses social capital in family’s lives and networks. This interdisciplinary representation can help parents navigate the complex child welfare and legal systems, address families’ fundamental needs, and build the confidence, supports, and skills necessary for long-term quality of life. In the longer term, changes to the ways parents are represented in child welfare proceedings also have the potential to shift the attitudes, beliefs, and structures at a systemic level. Please see [Appendix A](#) for details on these theoretical underpinnings.



Examples from Other States

The interdisciplinary team approach employed by ORPC is part of a growing movement in parental representation. Table 2 highlights (select) existing models of interdisciplinary representation for parents involved in child welfare proceedings in various jurisdictions around the country. In some jurisdictions, representation is provided directly through a public defender's office, while in others, this work is contracted out to local non-profit organizations and law offices.

Table 2. Interdisciplinary Team Models in Other Jurisdictions

Name	Year Started	Participants Served	Synthesis of the Model	Outcomes Achieved
Enhanced Parent Representation Pilot Program (Washington State)	2000	Low-income parents in dependency and termination cases	Pilot reduced attorney caseloads and expanded access to independent social workers, experts, and investigators (not a 1:1 pairing)	Permanency outcomes were achieved more quickly in participating counties ³¹
Dependency Representation, Administration, Funding, and Training Program (California)	2004	Parents and children in juvenile dependency cases	Pilot limited attorney caseloads and expanded funding for social workers and investigators	Reunification rates increased, as did sibling co-placement, and relative placement ³²
Interdisciplinary Law Offices (New York, NY)	2007	Parents in child welfare cases	Attorneys are paired with social workers and/or parent advocates	Reunification and guardianship achieved more quickly ³³
Center for Family Advocacy (Detroit, MI)	2009	Low-income parents <i>and</i> relatives in prevention and permanency cases ⁱ	Multidisciplinary model pairs attorneys with social workers <i>and</i> parent advocates ⁱⁱ	Legal objectives in 98.2% of prevention cases and 97% of permanency cases ³⁴

ⁱ Permanency cases involve a family where children are not in the custodial parent's home, and reunification is no longer the goal. The objective is for the child to remain with a non-custodial parent, kin, or foster parent.

ⁱⁱ CFA uses the term "family advocates" to refer to parents with lived experience serving on their teams, which more closely aligns with ORPC's parent advocate role.



Name	Year Started	Participants Served	Synthesis of the Model	Outcomes Achieved
Vermont Parent Representation Center, Inc. (Vermont)	2012	Parents in child welfare cases	Community Advocacy Team model pairs attorneys with social workers and parent advocates	Prevented 79% of cases from entering foster care. 50% of children who entered foster care were assisted to early reunification ³⁵
Parent Child Representation Program (Oregon)	2013	Parents and children in juvenile dependency and termination cases	Multidisciplinary model expands access to case managers in all cases	Rates of reunification and exits from foster care to guardianship were higher ³⁶
New Mexico Family Advocacy Program (New Mexico)	2013	Parents in child welfare cases	Pairs attorneys with social workers and/or parent mentors	Time to permanency in participating jurisdictions improved ³⁷
Parent Representation Project (Iowa Legal Aid)	2013	Low-income parents involved in child welfare proceedings	Pairs attorneys with staff case managers <i>and</i> parent advocates ⁱⁱⁱ	Families in half the time of district average and reduced rates of re-entry ³⁸
Family Advocacy Unit (Community Legal Services of Philadelphia, PA)	2018	Parents involved in child welfare cases	Attorneys work in teams with staff social workers and parent advocates	Outcomes not yet released. Model established based on best practices in high-quality legal representation ³⁹

ⁱⁱⁱ Case managers focus on social, economic, and emotional needs of the client and may have experience working for or with social service and community resource organizations.



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Colorado's Interdisciplinary Model

- Continuum of Legal Representation
- Model Goals and Objectives
- Members of the Team
- Model Essential Elements





Colorado's Interdisciplinary Team Model

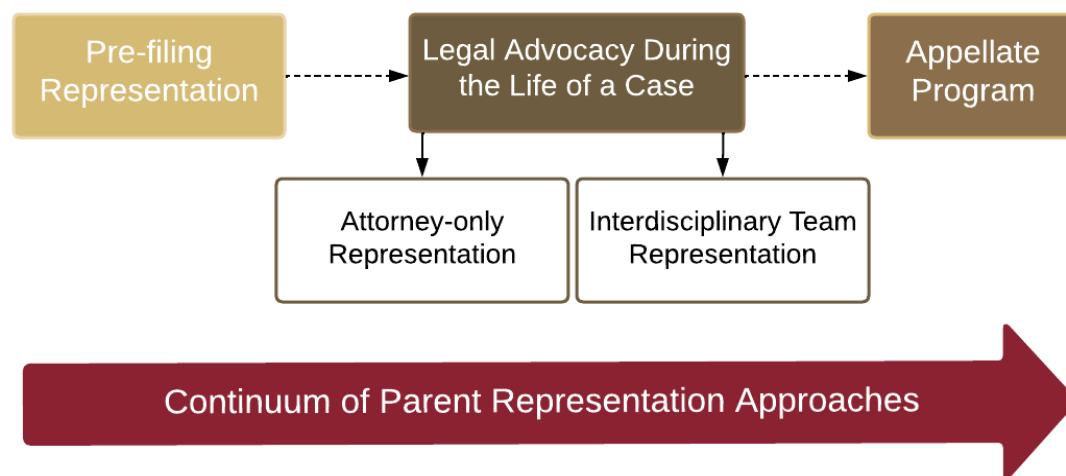
Colorado's interdisciplinary team model is being implemented by the ORPC. The program was first piloted in SFY17-SFY18 and is now considered a core representation model of the ORPC.

A Respondent Parents' Counsel (RPC) Task Force was created in 2005 by the Colorado Supreme Court through the Court Improvement Program. The task force conducted a needs assessment to inform parental legal representation. In 2013, the General Assembly funded a position to coordinate training of attorneys. Senate Bill 14-203 established the Office of Respondent Parents' Counsel (ORPC) as an independent governmental agency within the State of Colorado Judicial Branch; House Bill 15-1149 set the timeline for launching the ORPC. The agency opened on January 1, 2016, and assumed oversight for RPC attorneys on July 1, 2016.

ORPC Continuum of Legal Representation

The ORPC advances a continuum of parent representation approaches along critical case time points in which representation activities may unfold, as illustrated in Figure 1.

Figure 1. Continuum of Parent Representation



Model Goals and Objectives

In providing legal advocacy during the life of a case, the Respondent Parent Counsel assigned to the case can choose between the attorney-only representation model or the interdisciplinary team^{iv} representation model. The overall goal of the ORPC's interdisciplinary team model is to promote long-term family strengthening and protect the fundamental right to parent by providing a cohesive, interdisciplinary team of legal advocates for complex cases that necessitate additional support.

^{iv} Some jurisdictions and literature use "interdisciplinary teams" interchangeable with "multidisciplinary teams" — however, because the ORPC's model has a central focus on cohesion of the team and synthesis in activities, the term "interdisciplinary" is most appropriate. "Multidisciplinary" draws on knowledge from different disciplines, but without intention to synthesize and act in a coherent way.



Four main objectives guide delivery of the interdisciplinary team model:

- Ensure parental dignity, respect, and procedural fairness throughout the life of a case;
- Articulate roles and functions of interdisciplinary team members and how this approach complements the work done by others on the case;
- Provide excellent and demonstrable client-centered representation; and
- Advocate for client-directed goals, such as reunification, kinship placement, and preventing out-of-home placement.

The model has an explicit emphasis on promoting multiple levels of change, including improving case outcomes, promoting positive experiences of parents and contractors, infusing long-term ROI, and advancing systemic change in racial, social, and economic (in)equity conditions with a focus on parents of color, parents with disabilities, and parents who are incarcerated. The program's logic model ([Appendix B](#)) describes the overarching goal alongside the flow of how program objectives are achieved through intentional investments and activities that drive outcomes.

Members of the Interdisciplinary Team

There are up to three core members of an interdisciplinary team: Respondent Parent Counsel (i.e., an attorney), social worker, and/or parent advocate; however, typically the team is comprised of an attorney and either a social worker or a parent advocate—not both. These individuals serve as contractors for the ORPC.

- **Respondent Parent Counsel (RPC)** are attorneys who represent indigent parents in D&N court proceedings where their parental rights are at risk.
- **Social Workers^v** are Master of Social Work-level professionals who join parent defense teams to support and advocate for parents involved in D&N proceedings.
- **Parent Advocates** use their lived experience successfully navigating the child welfare system to join the parent defense teams to support and advocate for parents involved in D&N proceedings.

Use of Other Professionals

The team may also seek support from experts and investigators throughout the life of the case. **Experts** are subject matter experts and professionals who can provide specialized knowledge about a case and client. For example, experts may be used to assess the appropriate type of treatment for a client or evaluate the attachment between a parent and child. **Investigators** are used in a variety of ways on the case, including to find and engage parents, to track down and interview potential witnesses, and to locate and communicate with family members for possible kinship placement or support. Other professionals might include **paralegals or interpreters**. Use of these other professionals helps ensure the RPC has access to the resources they need to build a strong parent defense team and meet attributes of high-quality legal representation. However, these additional individuals are considered outside of the core interdisciplinary team as their service is less integrated and more task-based.

^v In some jurisdictions, **Family Advocates (FA)** are used. FAs either have a bachelor's or master's degree with at least two years of child welfare or related experience. In this study, they place the same role as social workers and, as such, are folded into the "social worker" category for the purposes of model explanation and analysis.



Model Essential Elements

Essential elements are the core functions or principles and the associated activities (“active ingredients”) that are necessary for the interdisciplinary team model to produce its desired impact. The Colorado model for interdisciplinary representation is aligned with the characteristics of other existing interdisciplinary models nationally, as well as the attributes and leading guidance on interdisciplinary representation as a best practice for high-quality legal representation, including: serving indigent parents, especially those with complex cases; creating team diversity in expertise and knowledge to zealously advocate for a client both in and out of court; promoting interprofessional education and collaboration across the social work, legal, and parent voice fields; valuing the benefits of interdisciplinary representation; creating team strategy and resolving conflicts; creating a supportive relationship between the client and the defense team; and having a shared focus on client well-being. Its location within the ORPC positions it to be an effective element in the continuum of support for children and families involved in child welfare proceedings in Colorado.

“I find them [social workers, parent advocates] invaluable. I cannot get everything done that they do to contribute to the team. I really look at it as a great partnership.” - RPC

Workflow

[Appendix C](#) illustrates the role of the interdisciplinary team from when the Department of Human Services receives a report of child abuse or neglect through to case closure. While no two cases are the same, the workflow presents a comprehensive picture of the key steps and processes involved in the lifecycle of a D&N case. It also highlights when the RPC might elect to activate an interdisciplinary team – whether it is the moment they are assigned to a case or in one of the several subsequent hearings. Regardless of when in a case the team is activated and the specific needs of the case and client, interdisciplinary team members work together to strengthen the defense at multiple stages in the D&N process. All cases result in either the successful completion of a treatment plan, resulting in case dismissal, or the allocation or termination of parental rights, the latter of which can be appealed.



Interdisciplinary Representation Essential Elements

<p>Principles <i>What assumptions is interdisciplinary representation grounded in?</i></p> <ul style="list-style-type: none">• Parents have a fundamental right to parent and procedural fairness is necessary to protect this right.• Parental goals and needs must be centered at every stage of the case and parent voice is essential to case success.• Indigent parents face a myriad of economic, social, and systemic challenges that serve as root causes to child welfare involvement <i>and</i> act as barriers to success during court proceedings.• Families need targeted support to navigate the complexities of the legal system and connect with supports and services necessary for long-term family strengthening.• Trauma to children is reduced when parents are provided prevention and in-home supports to keep families together.• Redressing historical and contemporary inequities related to overrepresentation and disparities in child welfare due to economic, racial, and disability bias requires culturally responsive, trauma-informed, and specialized advocacy.	<p>Context and Structure <i>What does implementation look like?</i></p> <ul style="list-style-type: none">• The program serves indigent parents involved in D&N cases.• Once an RPC is assigned to the case, they can choose the representation model (attorney-only, interdisciplinary) that best fits the case and client needs.• The interdisciplinary team (consisting of an attorney paired with a social worker or parent advocate) can be activated at any time in the case.• The team may also choose to use other professionals on the case, such as experts and investigators.• The team decides how best to spend their time, under the budgeted amount (range from \$2,790-\$3,120), with additional time granted by the ORPC on a case-by-case basis.• Once a D&N case is closed, the team completes final steps to support the client in the resolutions and decisions of case closure.
<p>Major Activities <i>What do ORPC interdisciplinary team contractors do in their day-to-day work?</i></p> <ul style="list-style-type: none">• Build a client-centered team: create a cohesive legal strategy, coordinate and communicate within the team, build a relationship with the client and between client and team, understand client needs, hopes, and goals.• Support the client in addressing their needs: promote a meaningful treatment plan, connect the client with structural supports and services, facilitate communication among case actors, attend family meetings.• Advocate for the client both in and out of court: hold state actors accountable, ensure appropriate fact findings, provide hearing representation and court preparation. <p>What separates the interdisciplinary team from an attorney-only representation model is the depth and intentionality with which these support and advocacy activities are carried out. The ORPC posits that with the addition of a social worker or parent advocate, these activities can be more efficiently and effectively performed.</p>	



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Phase I Evaluation Overview

Evaluation Questions, Data
Sources, Methods, and Sample





Evaluation Questions

Two primary evaluation questions were listed in the pre-analysis plan for Phase I activities. The first evaluation question is the focus of this report, the second question will be address during Phase II, focused on outcomes analysis using different measures.

Evaluation Question 1: What does the interdisciplinary team model look like in practice? What activities are undertaken by different members of the interdisciplinary team? How can team roles best support program objectives?

Evaluation Question 2: To what extent are interdisciplinary teams providing client-centered representation? How does representation vary by client race and ethnicity, disability status, and incarceration status? How can representation be enhanced to be more client-centered?

Evaluation Question 1

What does the interdisciplinary team model look like in practice?

Evaluation Question 1 aims to create transparency and clarity in team activities and role definition for each member of the team (the attorney, social worker, and parent advocate), including identifying the unique and overlapping contributions each member makes to the outcomes of client-centered representation, procedural fairness, and inclusive and respectful advocacy support. By further examining how activities and roles play out in practice, findings lay the groundwork for understanding how best to structure the interdisciplinary team to achieve better outcomes for parents and their children.

Data Sources

Three primary data sources—spanning both primary and secondary data—were used in answering Phase I evaluation questions.

Secondary Data Sources are the information that are routinely collected for purposes other than research and evaluation. In Phase I, we analyzed data from:

- **The ORPC’s Respondent Parent Payment System (RPPS):** Attorneys, social workers, and parent advocates use RPPS to track the time they spend on cases, so they can receive compensation. Team members are asked to track their time across a variety of billing categories (e.g., hearings, communication, research).

Primary Data Sources are the information collected specifically for the purposes of evaluation. Primary data are especially important to include during the initial steps of evidence-building, as these data can provide context for interpreting the secondary administrative data as well as help to uncover new areas where evidence generation can occur in the future. In Phase I, we analyzed data from:



- **Exploratory interviews with ORPC contractors:** Interviews with attorneys, social workers, and parent advocates were conducted to contextualize administrative data obtained and understand contractor experiences and perspectives on the interdisciplinary team model.
- **Focus groups with ORPC contractors:** Findings from exploratory interviews were then presented to a wider set of attorneys, social workers, and parent advocates to refine and expand findings and inform development of a data-informed conceptual model of interdisciplinary representation.

Additionally, ongoing discussions with the ORPC leadership and staff provided meaning-making around emergent results and conceptualizations were refined for alignment with ORPC statute, model objectives, and strategic goals.

Methods

Phase I leveraged a “numbers and narratives” mixed methods approach, where quantitative and qualitative data was first analyzed independently and then findings from each analyzed as a nested pair.⁴⁰ In this way, qualitative findings helped provide explanation and depth to quantitative results, while quantitative results provided a broader picture of qualitative experiences discussed by participants. This mixed methods analysis approach also allowed for exploration of where the ideal model of interdisciplinary team representation diverges from or aligns to what unfolds on the ground in daily practice, leading to concrete [recommendations](#) for model improvement.

In using a mixed methods approach, we were able to develop and define clear categories by which to further analyze RPPS data, helping to bridge the gap between “billing codes” and “indicators of representation activities” that lend themselves to a meaningful analysis. Moreover, we were able to recognize limitations of RPPS in describing how the interdisciplinary model shows up in practice. Qualitative data proved invaluable for understanding the dynamics of the interdisciplinary team and how member strengths and roles can be maximized.

Qualitative Narratives

Qualitative narratives were generated from exploratory interviews and member checking focus groups with ORPC contractors.

Exploratory Interviews

The Colorado Lab and the ORPC invited contractors to participate in interviews. To be eligible, contractors must have identified as either: (a) an attorney *or* a social worker *or* a parent advocate; and (b) served on an interdisciplinary team for at least three cases. Interviewees indicating interest were selected based on contractor status and geographic location. Interviews were held online in February 2022, lasted on average 30 minutes for attorneys and 45 minutes for social workers and parent advocates, and participants were compensated with a \$40 gift card.



Interviews used a semi-structured, open-ended approach to balance consistency in types of narratives received while also allowing room for the participant to provide additional context and emergent thoughts. The interview protocol was designed to elicit experiences and perspectives on:

- Why a social worker or parent advocate should be requested.
- How team members spend their time on interdisciplinary cases.
- How team members coordinate and align activities.
- Where different team members can bring strengths to the case.
- Opportunities to enhance the team to support desired outcomes.
- Examples of when interdisciplinary representation has been able to support positive outcomes (i.e., model cases).
- How contracts define client-centered representation, procedural fairness, and inclusive and respectful advocacy support.

Interviews were audio recorded with participant permission and texts professionally transcribed for analysis. Handwritten notes were also taken. Audio recordings allowed the research team to document accurately participant words and to record in written notes how their narratives were expressed with non-verbal communication.

Focus Groups

Following interviews, the Colorado Lab worked with the ORPC to arrange a series of focus groups where preliminary interview findings were shared with a larger group of contractors through a process called “member checking.”⁴¹ Participants were eligible if they were current ORPC contractors and had participated as a member of an interdisciplinary team in at least one case. Similar to interviews, to obtain a diversity of perspectives, we aimed to connect with contractors from a variety of jurisdictions. To accomplish this, we dovetailed attorney focus groups with annual Judicial District Roundtables held by the ORPC, as well as offered a cross-jurisdiction option for judicial districts not scheduled for their own focus group. Social workers and parent advocates were invited to participate in one of two focus groups, and the cross-exchange of dialogue generated between social workers and parent advocates proved rich. Focus groups were held online in March 2022, lasted on average 30 to 60 minutes, and participants were compensated with a \$25 gift card.

The focus group protocol used a member checking approach, where the research team presented a visual and narrative synthesis of interview findings and through a focus group discussion, invited participant feedback on what resonated, areas of disagreement, what was missing, and areas for elaboration. This allowed emergent themes to be refined and a wider set of participant voices and experiences to be integrated into findings development.

Focus groups were audio recorded with participant permission and texts professionally transcribed for analysis. Handwritten notes were also taken. Audio recordings allowed the research team to document accurately participant words and to record in written notes how their narratives were expressed with non-verbal communication.



Narrative Analyses

Inductive content analysis^{42, 43} was used to identify emergent themes and patterns. Coding was done by two research team members to improve interrater reliability of coded themes and disagreements resolved through discussion and re-coding. NVivo, a research and analysis support software package, was used to conduct content analysis.⁴⁴ Focus group data were analyzed using focused coding, where participant responses on areas of disagreement, agreement, gaps, and elaboration of preliminary findings were analyzed in light of the coding structure developed from initial inductive analysis. The coding schema was then further refined based on focus group results. Together, major themes and sub-themes were identified and triangulated with data from RPPS to produce the final conceptual schema outlined in the [Findings](#) section.

RPPS Billing System

Data Collection

ORPC contractors enter hours billed by activity and case into RPPS. This database is organized at the task-instance-actor level, with many entries for each case. For example, if an attorney makes a phone call to their client, they log the amount of time spent on that call within RPPS. Any subsequent calls to that client are entered separately. If the same client's social worker places a call, that call is also logged separately. The billing table also contains information about each case and client, including case types (e.g. Expedited Permanency Planning [EPP], the Indian Child Welfare Act [ICWA], the D&N System Reform Program, etc.), case information (e.g. county, case open date, contractor assignment date, etc.), and client demographics (e.g. date of birth, gender, race and ethnicity, etc.).

Phase I Dataset

The Phase I dataset consisted of interdisciplinary team cases that closed in calendar year 2019 (January 1, 2019 to December 31, 2019) *and* June 1, 2021 through November 30, 2021. This time period was selected to gain a deeper understanding of recent implementation of the interdisciplinary team model, while balancing the need to include observations prior to the COVID-19 pandemic, which drastically changed court operations. While social workers have been members of the interdisciplinary team since 2017, parent advocates only recently became part of the team, with most advocates joining cases in January 2021. Additionally, billing data for this time period had already been somewhat cleaned, providing a jumpstart to integrity in data analysis. The billing table received by the Colorado Lab included all billing entries for any case that closed during the windows outlined above, alongside any bill entries associated with the case pre-dating this window (i.e., complete billing data on each case from open to close).

Identifying Interdisciplinary Cases

Interdisciplinary cases were identified as those cases where a social worker and/or parent advocate billed to one or more tasks in RPPS for a given case. Any instance of billing triggered an "interdisciplinary flag" regardless of total billing frequency on the case.

The RPPS table received included billing information for all cases within the sample timeframe. Since our focus for Phase I was on interdisciplinary cases, we worked closely with the ORPC staff to develop a means of identifying these cases within the billing data. Using a series of categorical variables included in the table, we established a process for flagging cases in which an ORPC-appointed social worker (including



social workers in the Office's interdisciplinary pilot program and those with the label "family advocate") or parent advocate billed on a case. We also included cases with billing entries for in-house social workers (those employed by a law office that contracts with the ORPC) if it was clear they served as part of the team and not as a "one-off" expert. This identification process relied on two variables in the dataset, one for contractor type, which identified billing entries made by all ORPC-appointed contractors, and a payment type variable, which reflected in-house social worker billing entries. Cases in which at least one of these actors made a billing entry were flagged as interdisciplinary using a newly created binary variable. Lastly, the ORPC staff hand-flagged cases on which a social worker billed, but served in an expert capacity, and was not reflective of the interdisciplinary team model. For these cases, the automatic interdisciplinary flag was changed from a "1" to a "0".

Data Analysis

Data analysis was completed in Stata. For analysis questions relating to case characteristics, the overall billing table was collapsed to the individual level, resulting in one row per parent appointment. With this newly transformed table, it was possible to determine the relative proportion of cases with given case and client characteristics. After the table was collapsed to the individual level, the dataset was partitioned based on a flag for interdisciplinary status, which was created using the parameters identified above. Tabulations of each variable of interest were performed to determine their frequency within the sample of interdisciplinary cases.

Following creation of the interdisciplinary case dataset, our analysis of activities was a six-step process:

1. Created conceptual categories of payment codes.
2. Mapped each payment code to a conceptual category.
3. Supplemented the RPPS table to reflect actors and activities not billed for on a case.
4. Determined the median hours and percentage of hours billed by activity, for the team.
5. Examined the median number of hours and percentage of hours billed by activity, for each contractor within the activity.
6. Explored the median number and percentage of hours billed, by role.

In the evaluations findings section, we focus on results associated with the last three steps (4-6) of the analytical process. Technical descriptions of each step are below.

Step 1: Created conceptual categories of payment codes. Conceptual categories of the payment descriptions associated with each entry in the original billing table were created. This process was iterative and informed by the logic model, interviews and focus groups, and numerous discussions with the ORPC staff. These categories acted as parent codes, with each capturing, exclusively, one or more of the original payment descriptions in RPPS. Additionally, because our sample timeframe spanned multiple years, the table contained a number of billing codes that had been edited, removed, added, split, or collapsed within this period. Mapping payment descriptions to parent codes enabled us to establish continuity across the sample timeframe.

Step 2: Mapped each payment code to a conceptual category. Each payment description (i.e., code) was mapped to one of seven distinct conceptual categories. These conceptual categories related to the overarching activities underpinning each interdisciplinary case: (a) building a client-



centered team, (b) supporting the client in addressing their needs, and (c) advocating for the client. In addition to these seven conceptual categories, additional categories were created for administrative activities, travel time, and other discontinued or irrelevant billing codes. This process was also iterative and informed by qualitative findings, the literature on high-quality legal representation, and key informant guidance from the ORPC leadership.

Step 3: Supplemented the RPPS table to reflect actors and activities not billed for on a case. As a billing database, RPPS only captures the actors involved and activities conducted in each case. In order to better understand the interdisciplinary model, it was important to capture both what *did* and *did not* take place in a case. Including this information enabled us to reflect what the team did and who held which responsibilities and strengths. To operationalize this, we constructed a table to include every actor (attorney, social worker, parent advocate, and a catchall “other” category) and activity (the seven distinct conceptual categories, plus travel, administrative actions, and an “other” category for activities not central to interdisciplinary representation) possible on a case. We then collapsed the original RPPS table to an identical format, summing hours billed at the case, actor, and activity level. We merged these tables and replaced the amount billed in any rows that did not match (i.e., did not appear in the original billing data) with a zero. This was done for the “what” and “how” [RPPS findings](#) reported. For the “who” findings reported, our analysis utilized the original billing table, without any supplementary zeros. The original table allowed us to determine, within a given role, how much time was spent on each activity *when that activity appeared on a case, for each actor as compared to themselves*. As such, the list from which those medians are drawn varies by actor and activity.

Step 4: Determined the median hours and percentage of hours billed by activity—for the team. Using the newly supplemented RPPS table, we calculated both the total hours and hours by each activity billed for on a case, regardless of role. This enabled us to determine the percentage of total case hours reflected in each activity. We then took the median of these percentages across all cases. Because these median percentages did not sum to exactly 100%, we normalized them. The resulting figures gave us a sense of what interdisciplinary teams do in an “typical” case.

Step 5: Examined the median number of hours and percentage of hours billed—for each contractor within the activity. Using the same supplemented RPPS table, we determined the total number of hours billed by each contractor to each activity and what percentage of the whole their contribution constituted. We then took the median of these percentages across all cases and normalized them. This allowed us to unpack how each member of the team contributes to each activity in an “typical” case.

Step 6: Explored the median number and percentage of hours billed—by role. For this portion of the analysis, we used the original, un-supplemented RPPS billing table. With this table, we first collapsed to the case level, summing hours billed by role and activity. We then calculated the total number of hours each role billed on a given case, and the percentage of those total contractor hours that were devoted to each activity. We then took the median of these contractor-activity percentages and normalized them to determine how individual team members spent their time on a case, in relationship to themselves (i.e., in relationship to the total time they spend on a case). Because these calculations relied on the original RPPS billing table, the percentages from which the medians were derived only reflect cases on which a contractor served and billed for a given activity. As such, the sample used to calculate the median varies for each figure presented.



A Multiple Angles, Mixed Methods Look

In examining RPPS data, multiple angles were applied. This proved critical to accurately answering the question “What does the interdisciplinary team model look like in practice?” because no one source of data alone can provide the full picture *and* because every single case looks different. Qualitative data helped fill in RPPS explanatory gaps and generated richer insights to explain the model. Additionally, looking at how the team worked together to accomplish high-quality legal representation through both “numbers” and “narratives” is critical. Qualitative data on member strengths paired with RPPS data on position time for each contractor helped to uncover areas where social workers and parent advocates were engaged if/when the need arose, as well as showcased their unique value-add.

Several considerations went into designing a multiple angles look at RPPS data:

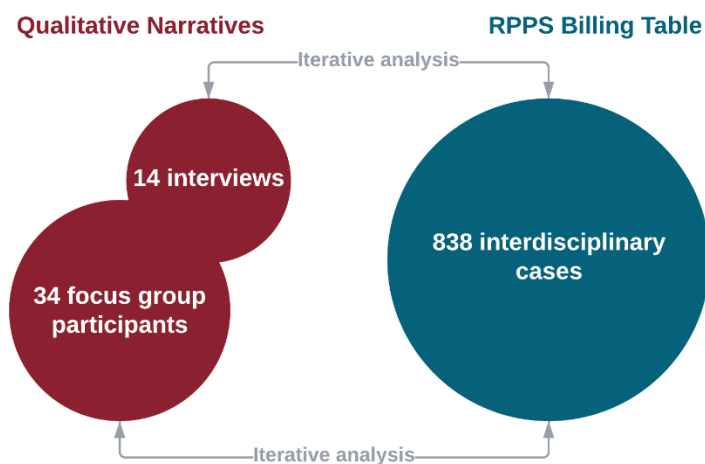
- The RPPS system includes billing codes heavily weighted toward attorney activities, leaving less distinct billing codes to represent social worker and parent advocate activities.
- Some RPPS billing codes are very broad and cannot provide specificity regarding what is behind the task, meaning some categories have more billing code inclusions and some less.
- Attorneys are approved for more time on a case and serve as continuity for the client from case start to finish, which elevates attorney time and can make undetectable the contributions of social workers and parent advocate in the RPPS system.
- Most cases only have a social worker or parent advocate, and the sample sizes available for each differed considerably in RPPS because parent advocates are newer (January 2021) additions.

Sample

This Phase I sample consists of both qualitative narratives and RPPS cases. In total, narratives were collected from 48 contractors (14 from interviews, 34 from focus groups) who served on interdisciplinary cases. In total, 838 interdisciplinary cases from RPPS were identified. Figure 2 illustrates the complete interdisciplinary sample from both primary and secondary data sources.

Figure 2. Phase I Sample

Primary and secondary data sources leveraged in Phase I





Sample Characteristics

Below we provide characteristics of both participants and RPPS cases.

Composition of Interdisciplinary Team Cases

A total of 7,272 cases were included in the RPPS dataset, of which 838 cases were interdisciplinary cases (11.5%) and 6,434 cases (88.5%) were attorney-only representation (Figure 3). Of the 838 interdisciplinary cases in RPPS, 803 paired an attorney with a social worker, 27 (3.2%) paired an attorney with a parent advocate, and the remaining 8 (1.0%) paired an attorney with both a social worker and parent advocate. The heavy representation of social workers (versus parent advocates) in the RPPS data is a product of the dataset timeframe (Calendar Year 2019, 6/1/2021 – 11/30/2021) combined with when parent advocates were first added to teams (January 2021). Figure 4 illustrates the composition of interdisciplinary cases.

Figure 3. Percentage of RPPS Cases Identified as Interdisciplinary

1 in 9 cases have an interdisciplinary team

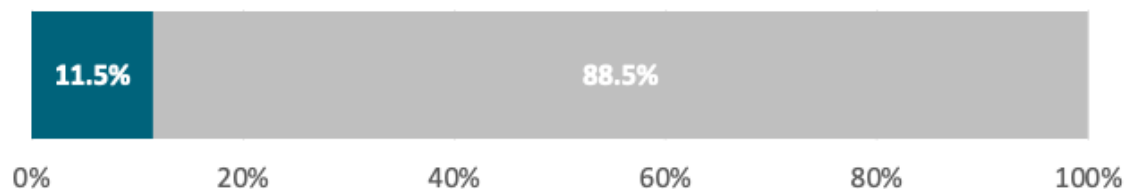
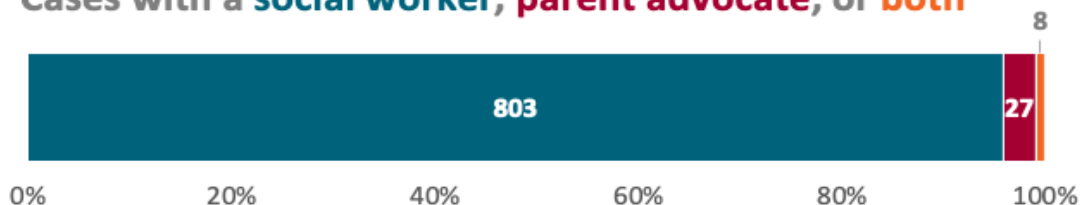


Figure 4. Composition of Interdisciplinary Teams

Cases with a social worker, parent advocate, or both



Judicial Districts

The ORPC uses judicial districts (JDs) to understand coverage and service areas of ORPC contractors. Figure 5 illustrates the jurisdictions where interdisciplinary cases are reflected in RPPS and Figure 6 illustrates the jurisdictions that interview/focus group participants served (note: contractors can serve more than one JD). We include both JD and Colorado Human Services Directors Association (CHSDA) region to illustrate the interplay of child welfare and legal systems during an interdisciplinary case.



Figure 5. RPPS Interdisciplinary Cases by Judicial District and CHSDA Region

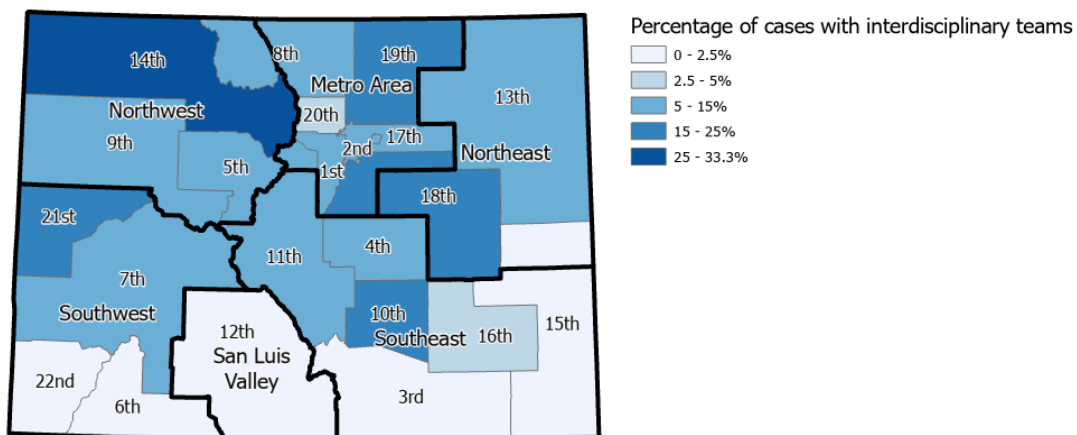
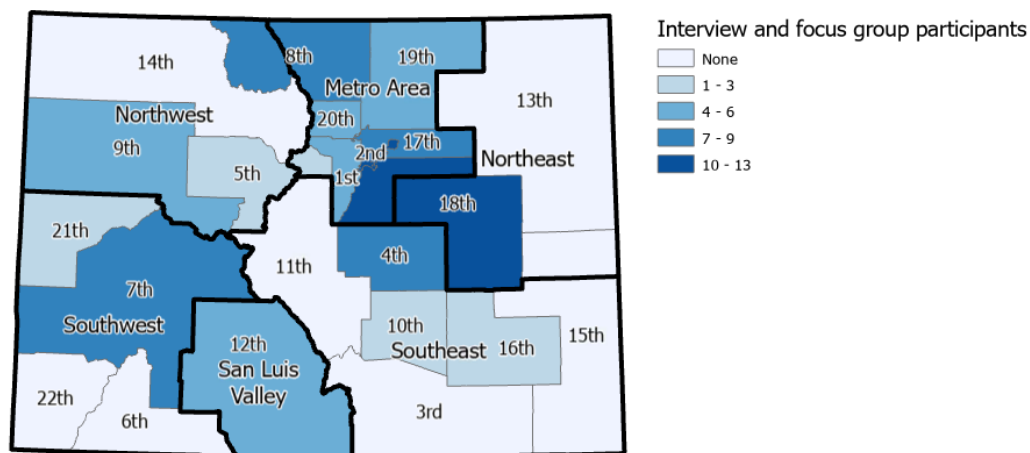


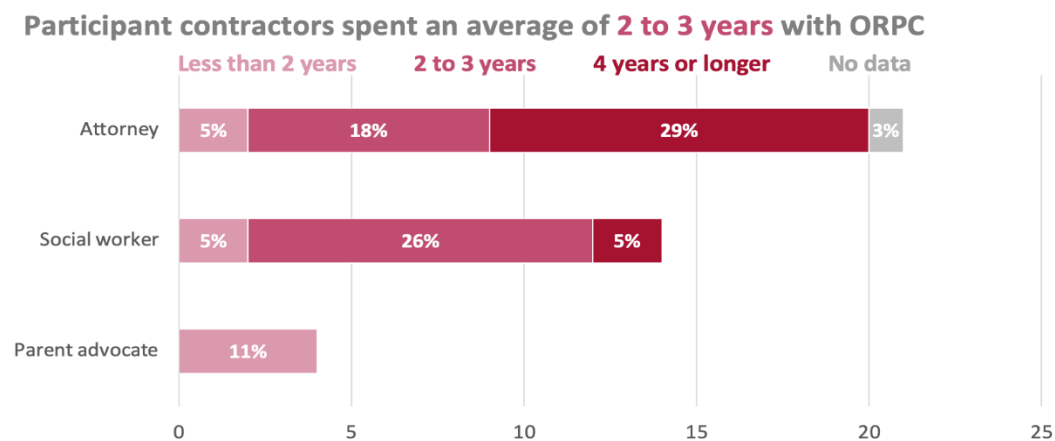
Figure 6. Judicial District and CHSDA Region Served by Interview/Focus Group Participants



Length of Service with the ORPC

To better understand the diversity and depth of perspectives elicited in qualitative narratives, we also examined length of time served with the ORPC for interview/focus group participants (Figure 7).

Figure 7. Participant Length of Time with the ORPC





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Phase I Evaluation Findings

Defining the Interdisciplinary
Team Model

- The “What”
- The “How”
- The “Who”





Defining the Interdisciplinary Team Model

To clearly and transparently define the interdisciplinary team model, we present findings on (a) *When* and *for whom* the interdisciplinary team is most beneficial (i.e., when to activate the interdisciplinary team); (b) *Activities* of the interdisciplinary team, as indicated by RPPS billing frequencies triangulated with qualitative results on how members spend their time; and (c) *Member Roles* on the team, as indicated by RPPS billing frequencies with qualitative results on member strengths.

Using the Team Model to Meet Complex Case Needs

Positive outcomes and experiences for families can be more equitably achieved when choosing a representation model that best fits the unique needs of clients. Complex case needs can be more effectively met when attorneys work alongside social workers and parent advocates to address root causes of child welfare involvement, engage the client and build confidence, and develop structural and social supports that strengthen the family and keep kids safely in the home. The team-based approach then enables the RPC to focus on the many legal aspects of the case.

“Each case is unique and calls for different things. I work with social workers or parent advocates to meet those individual case needs. And I know that I’m a better lawyer because of the team.” - RPC

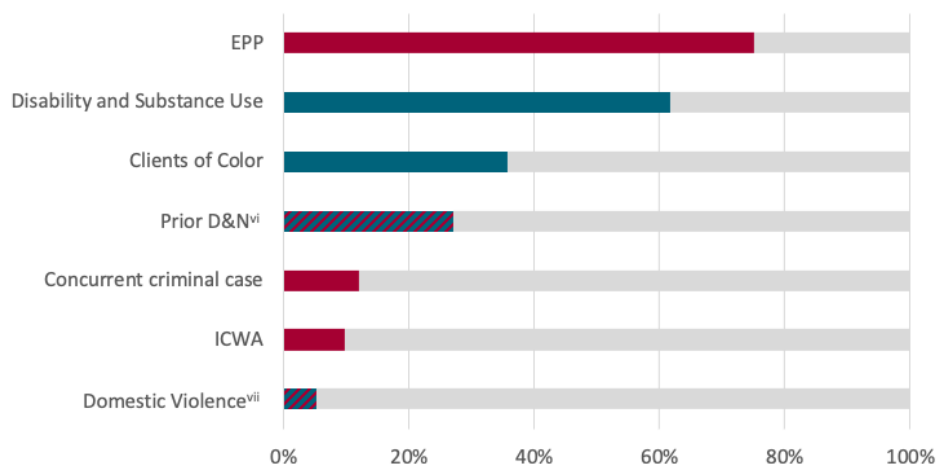
What Makes a Case Complex?

There are a variety of social and legal factors that can make a case more complex and act as barriers to the shared goal of strengthening the family and keeping kids safely in the home. Figure 8 illustrates leading examples of legal and social complexities present in interdisciplinary cases, bucked into four categories.

- **Client Characteristics:** Client identities, experiences, and histories can require additional advocacy, social, and specialized support to redress and seek justice. *Examples:* racial and ethnic identity, disability, substance use disorder.
- **Child Welfare Case Attributes:** Certain attributes attached to the D&N petition can make the case higher risk for family separation and trauma. *Examples:* ICWA, EPP, inexperienced case worker.
- **Legal Case Complexities:** Cases that are highly contested, have criminal, charges, or with active incarceration create greater legal complexity. *Examples:* concurrent sexual assault charges against another adult, drug charges.
- **Parent Engagement Needs:** Clients may be difficult to engage in communication and treatment plans due to trauma, distrust, lack of confidence, isolation, and/or low resourcing. *Examples:* previous systems involvement, chronic depression, low social networks.



Figure 8. Legal and Social Complexities by Frequency

Leading legal and social complexities in interdisciplinary cases**Staffing Guidance for Attorneys**

Interdisciplinary representation enables attorneys to use the expertise of social workers and parent advocates in a *sustained* and *cohesive* way as they put together the best legal defense strategy possible and fill critical gaps in supporting the client through the complexities of child welfare and legal systems as they work toward client-defined case goals. Knowing the driving reasons *why* a social worker or parent advocate should be requested can help the RPC make smart decisions about staffing and ensure the client gets the best legal advocacy support possible.

TOOL: Staffing Guidance for Attorneys

To meet the Phase I actionability goals of implementation improvement and model strengthening, the Colorado Lab has produced a **roadmap** that provides concrete guidance to attorneys on staffing their interdisciplinary teams ([Appendix D](#)). To catalyze use of this tool in trainings on the interdisciplinary model—both with contractors and with others positioned to invest in the model—a set of talking points accompanies the visual roadmap.

When creating this data-informed guidance on staffing, we defaulted to a two-path model where RPC could choose between *either* a social worker *or* a parent advocate. This decision reflects our hope of using Phase I findings to help RPC move from circumstantial use of interdisciplinary team members to more precision use of team members that reflects their unique strengths matched to role activities on the team. In practice, there are times when a social worker could be used to fulfill the driving reason identified as most appropriate for a parent advocate, and vice versa. In reality, the availability of social workers and parent advocates may also be limited, creating a forced-choice situation for the RPC. The staffing guidance we provide here is intended to reflect the *ideal state* of the interdisciplinary team model, so that over time, model improvement and investment efforts can drive towards this ideal state.

^{vi} Prior D&N cases act as both a legal and social complexity due to trauma created from systems-involvement.

^{vii} Domestic violence is both a factual basis for filing (legal complexity) and a social complexity disclosed during representation. As such, domestic violence is likely underreported in RPPS.



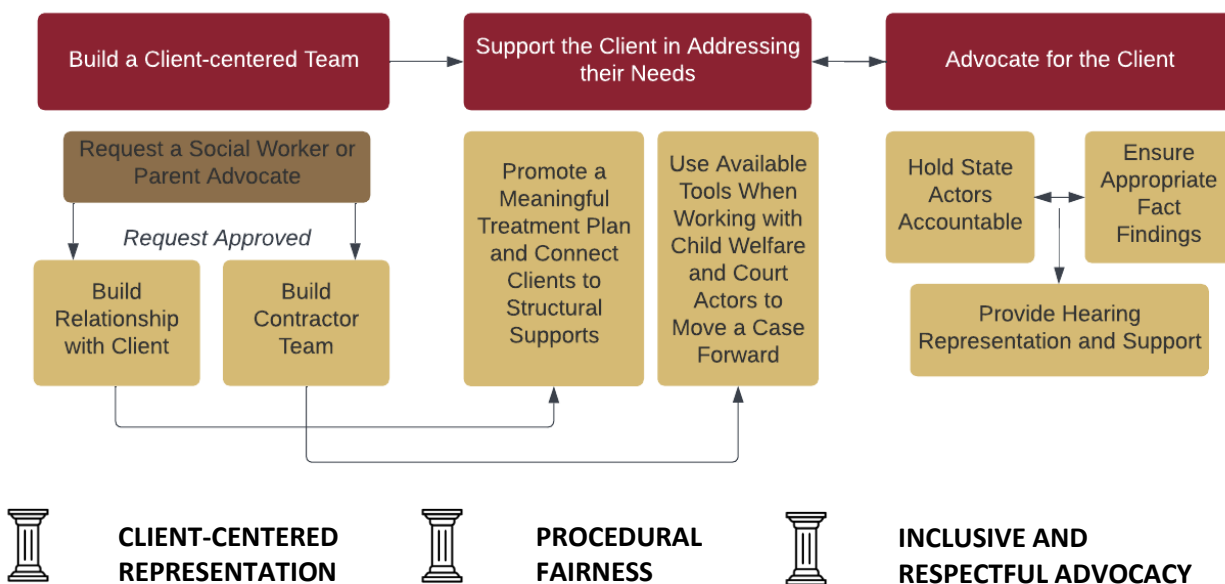
A Data-informed Conceptual Model of Interdisciplinary Representation

Findings triangulated from all data sources led to the creation of a data-informed conceptual model of interdisciplinary team representation. This conceptual model (Figure 9) illustrates the main activities and sub-activities of the team, that, together, combine to drive outcomes.

TOOL: Top Line Summary of the Interdisciplinary Team for External Audiences

To complement these full analyses, a one-page top line summary is being created to showcase key findings about the interdisciplinary team model and member strengths. This summary can be used when communicating and advocating for the model to the Joint Budget Committee, legislators, court actors, and child welfare actors, as well as in promoting the model with existing and future contractors.

Figure 9. Conceptual Model of Interdisciplinary Team Representation: Colorado's Approach



A WHAT-HOW-WHO Mixed Methods Approach

Findings in this section break down the conceptual model first by activity and then by role, using a “numbers” and “narratives” approach. Because teams are allowed discretion in how they spend their time—and because every case is unique in what the client, attorney, and case strategy needs—we aim to create a holistic understanding of interdisciplinary representation by looking at the data three ways:

- 1. WHAT Does the Team Do?** Unpacking what each activity means, drawing on narrative results, and as connected with RPPS findings from [Figure 10](#). This view looks at what the team does by activity, regardless of role. [Figure 11](#) then breaks this down by activity, by role. This gets at *model execution*.



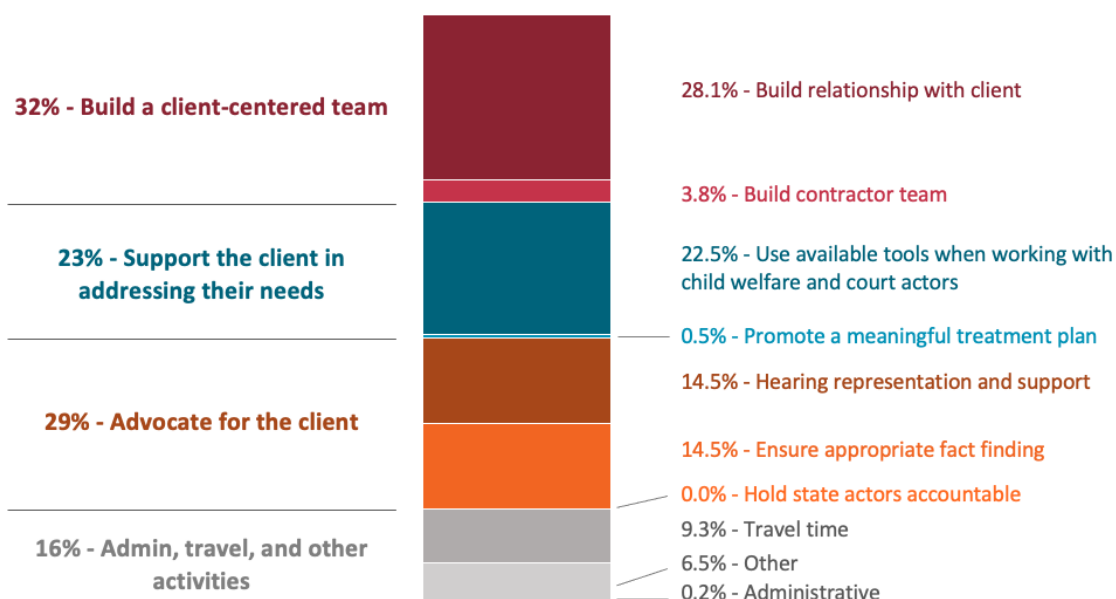
2. **HOW Does the Team Accomplish the Activity:** Providing concrete examples of how each activity shows up in practice, as identified in narrative results, and then looking at how team members contribute to the activity based on RPPS billing data. This view collapses social workers and parent advocates together and then looks at their contributions in relationship to attorney contributions. This gets at *team dynamics*.
3. **WHO Holds Which Responsibilities and Strengths:** Identifying the leading strengths of each team member within that activity, informed by narrative results, and then looking at how this activity shows up in the overall position responsibilities of a given contractor. This view looks at social workers, parent advocates, and attorneys separately, in relationship to their own work on a given case. This gets at *individual position responsibilities*.

High Level: WHAT Does the Interdisciplinary Team Do?

We begin by examining the “what” of interdisciplinary cases—that is: what do teams do? To answer this question, we examined the median percentage of time spent on the three main activities—and sub-activities—by the interdisciplinary team *as a whole* (Figure 10). In other words, this represents total time spent by the team, regardless of role. This analysis provides a “numbers” high-level view of what the conceptual model for interdisciplinary representation looks like in practice. In the sections that follow, we then break down the “what” qualitatively for each activity and sub-activity.

Figure 10. Time Spent on Activities by the Interdisciplinary Team

Interrelated activities of the interdisciplinary team to meet complex needs



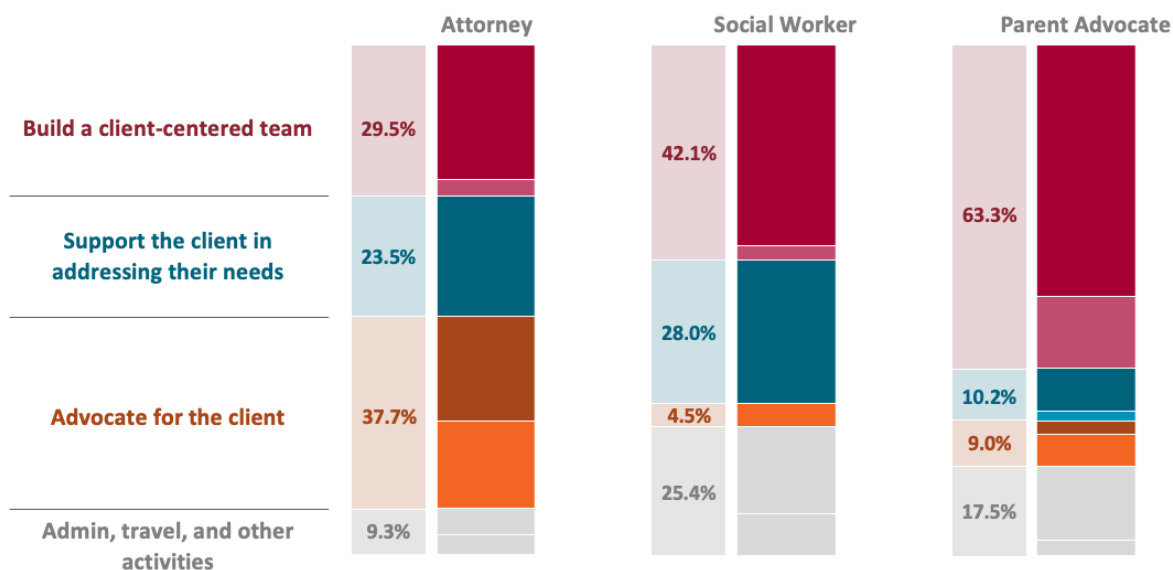


High Level: WHAT Does Each Member of the Team Do?

Then we examined the activities of each member of the team. Figure 11 illustrates the median percentage of time spent on each activity as a proportion of total time each type of contractor spends on a case.

Figure 11. Time Spent on Activities by Contractor Type

Contractor time spent on interdisciplinary team activities



In the sections that follow, detailed information is presented on each activity: build a client centered team, support the client in addressing their needs, and advocate for the client.



Activity One: Build a Client-centered Team

What Does the Team Do?

Building a client-centered team is the first major activity undertaken by the team—and work in this area is strengthened and revisited throughout the entire life of the case. A cohesive, client-centered foundation is critical to driving outcomes and maximizing value of the team-based model. Building a client-centered team starts with attorney recognition that there are complex needs presenting in the case that [activation of the interdisciplinary team](#) can help meet. Once a request for a social worker or parent advocate is approved, in-depth building of the team begins.

“What is really helpful is just having someone else in your client’s corner...They [social workers/parent advocates] turn the tides because we get direct information from someone on my client’s side at every meeting, at every hearing, at every stage of the case. And the client knows a whole team believes in them.”

- RPC

WHAT Does It Mean to Build a Client-Centered Team?

Building a client-centered team involves two interrelated activities:

- **Build Relationship with Client:** The ways team members connect with their client, build rapport, and create the foundation for client-centered advocacy by eliciting needs, hopes, and goals.
- **Build Contractor Team:** The ways communication and coordination among attorneys and social workers or parent advocates unfold with a focus on cohesive strategy development.

How Does the Team Accomplish This Activity?

All interdisciplinary members contribute to building a client-centered team. Understanding the concrete ways this unfolds can help paint a “narrative” picture of the how of interdisciplinary representation and provides guidance for strengthening the model. Building the contractor team is made up of tasks in four buckets: communicating and coordinating, developing a cohesive strategy, defining team roles, and holding each other accountable.

“Coordination has been amazing. We all have different information, but we can connect the dots as well. Communication is a big factor in this.”

- Social Worker



HOW Does the Team Accomplish This in Practice?

BUILD CONTRACTOR TEAM

Communicating and Coordinating

- Meeting of the entire team, with the client, face-to-face at start of case and periodically.
- Identifying preferred forms of “group communication” —such as copying all team members on emails or debriefing attorneys on key client developments via a weekly email.
- Sharing resources across team members and with other interdisciplinary teams.

Developing a Cohesive Strategy

- Sharing information across team members then deciding on a strategy forward.
- Abiding by strategy decisions and not “straying” from the strategy without first consulting other team members.
- Identifying key time points when strategy needs to be developed (e.g., before next hearing).

Defining Team Roles

- Valuing the attorney as “team lead.”
- Engaging in interprofessional education to understand the skills and contributions of the social worker or parent advocate.
- Extending confidentiality protections to the social worker/parent advocate for team cohesion.

Holding Each Other Accountable

- Calling in blind spots and biases of others on the team.
- Recognizing when a strategy being developed is not aligned with client needs/goals.
- Ensuring each member’s expertise is *best* utilized and not over-stepping bounds or underutilizing.



HOW Does the Team Accomplish This in Practice?

BUILD RELATIONSHIP WITH CLIENT

Checking In with the Client in the “In-between” Times

- Periodic checking in, formally and informally, *outside* of an “action” needing to be done or a specific request on the client. Purpose: cultivate trust, get a window into changing circumstances, have more honest conversations about how the treatment plan is working.

Helping the Client to Understand the Case Process

- What is the D&N process.
- What is included in the legal representation the ORPC provides.
- What others on the case (e.g., caseworker) are telling them and ensure options are clear.

Understanding Client Experiences on a “Deeper Level”

- Trauma history and developing strategies for managing triggers.
- Client networks—both those positioned to help and those positioned to hurt.
- SUD and recovery impacts on daily living (e.g., body size changes and finding clothes to wear).

Eliciting Client Hopes and Needs

- Case outcome hopes (e.g., reunification, relinquishment with dignity) and how these might change throughout the case.
- Needs to be successful in the case, whether formally named in treatment plan or not (e.g., housing).
- Motivation, readiness, and mental health and well-being during the case.

How Each Member Contributes

Examining time contribution to these concrete tasks can provide additional insight into interdisciplinary team dynamics. Figure 12 provides a “numbers” look at how time spent on this activity is divided among attorney and social workers/parent advocates during a case.^{viii}

Reminder

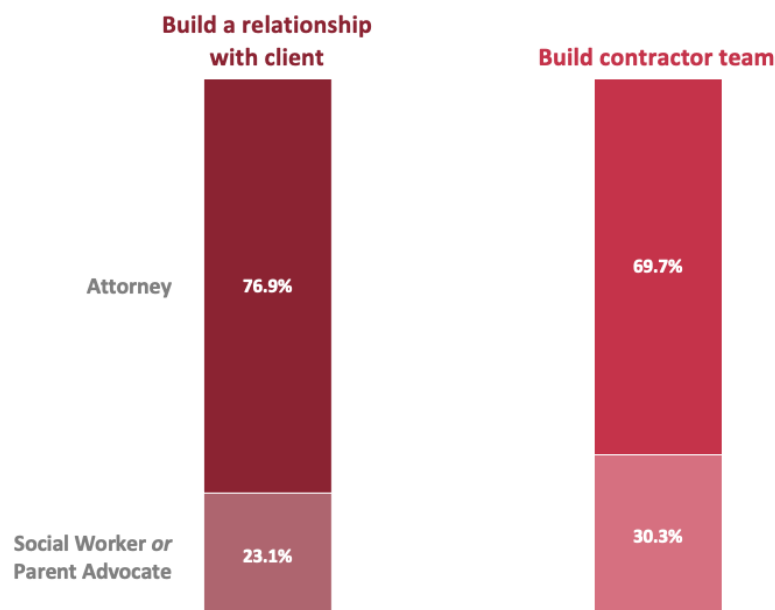
Attorneys are the first ones assigned to a case, provide continuity for the client from case start to finish, and they are approved to bill more time on the case than social workers/parent advocates, leading to a higher proportion of time on client relationship-building over the course of the case. While social workers and parent advocates contribute less overall time, their contributions deepen the magnitude and extent of relationship building in pivotal ways.

^{viii} The contributions of “others” was also looked at. These “others” included experts (64 cases), investigators (56 cases), and interpreters (eight cases). Because the total number of cases they were on (128) was so small, their contributions in these analyses are too small to visualize.



Figure 12. Median Percentage of Time Contributed by Contractors to Building a Client-centered Team

All team members contribute to **building a client-centered team**



“They [social workers, parent advocates] answer their phone at 2am for a client who is on the verge of relapse. I can’t do that. I don’t have that training. That’s why you need an interdisciplinary team.” - RPC

Who Holds Which Responsibilities and Strengths?

In building a client-centered team, each team member holds key responsibilities that leverage their strengths and expertise. Narrative findings revealed:

- **Attorneys** are the “team lead” and are responsible for activating the interdisciplinary team and setting expectations for team members so a cohesive strategy with coordination can be successfully engaged.
- **Social Workers** bring child welfare knowledge to bear on strategy development and help clients with case navigation alongside mental health, substance use, and trauma histories and daily living.
- **Parent Advocates** provide a vital support lifeline for parents and can help unpeel layers of client needs, hopes, and challenges that then inform cohesive strategy development and promote client engagement and voice in the case.



Responsibilities of Each Contractor Type

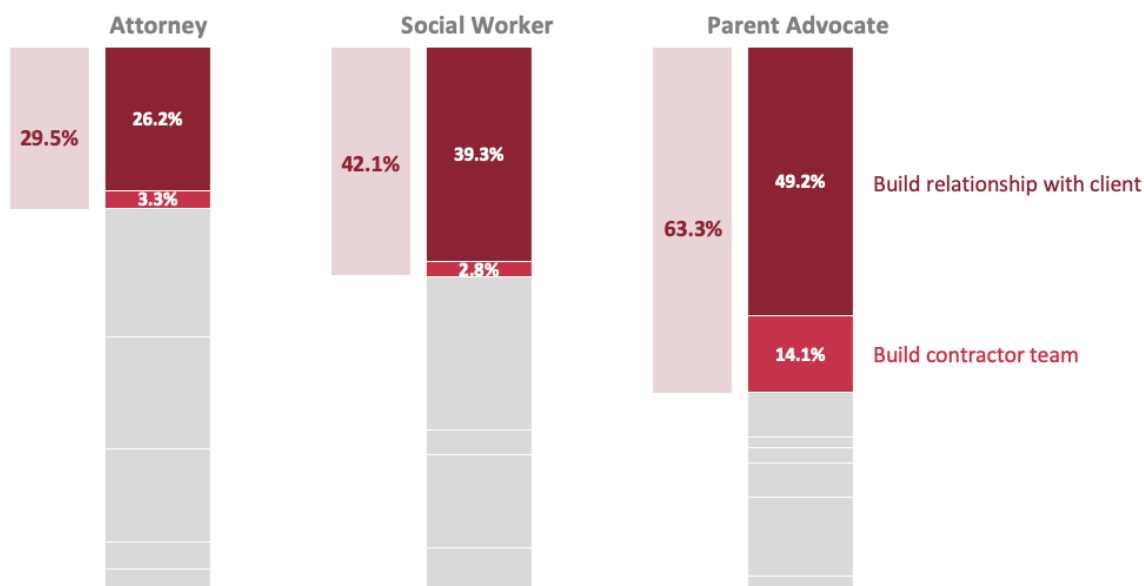
Figure 13 illustrates the proportion of time each contractor type dedicates to building a client-centered team, in relationship to the time they spend on other activities in an interdisciplinary case. This analysis helps visualize position responsibilities for each contractor type and directly articulates with qualitative findings on strengths of each member. For example, parent advocates spend over half their time building a client-centered team, which allows them to be instrumental in eliciting client needs on a deeper level, motivating the client to stay engaged, and ensuring client voice is centered with other team members during strategy development.

Reminder

Not every activity is billed for in every single case. To complement analyses above on team dynamics, we also look at contractor responsibilities and strengths based only on cases where this occurs.

Figure 13. Median Percentage of Time Spent on Building a Client-centered Team, as a proportion of total time the contractor spends on a case

Building a relationship with clients is a primary responsibility of parent advocates



“Explaining that I’ve gone through that. I really can say ‘I understand what you’re going through. It is scary you know?’ I’ve been through it. So, I feel like that upfront is where I’ve had the best luck, making a connection and creating trust.”

- Parent Advocate



Activity Two: Support the Client in Addressing Needs

What Does the Team Do?

Supporting the client in addressing their needs is the second major activity undertaken by the team—and work in this area embodies the comparative advantage of interdisciplinary representation. The team-based model enhances the level, quality, and extent of support the client receives during legal representation. The skillsets and experiences brought by social workers and parent advocates, combined with attorney legal expertise, enables the team to tailor support to each unique client context. In doing so, root causes of child welfare involvement can be better addressed and outcomes achieved in strengthening the family better sustained overtime.

“The County has filed for termination and my client is really trying to comply with her treatment plan. She is facing significant barriers with housing and employment and receiving little or no help from DHS. I would like a social worker to help the client navigate available services and get her on her feet in the hopes that we can get DHS to pull back on termination.” - RPC

WHAT Does It Mean to Support a Client in Addressing Their Needs?

Supporting a client involves two interrelated activities:

- **Promote a Meaningful Treatment Plan and Connect Clients with Structural Supports:** Contributing to the creation of a tailored and appropriate treatment plan and helping clients access structural supports, such as housing. These supports may be named in the formal treatment plan or may be an outstanding client need that must be addressed if treatment is to be successful. This category also includes connecting the client to social supports, such as kin.
- **Use Available Tools When Working with Child Welfare and Court Actors to Move a Case Forward:** Using available tools when working with child welfare and court actors on the case so that client needs and experiences are central, advocated for, and strategically promoted. Child welfare and court actors are professionals acting on behalf of the Division of Child Welfare and/or the courts during the case. This may include judges, magistrates, treatment providers, caseworkers, intervenors, special respondents, trial court staff, guardians ad litem, Court Appointed Special Advocates, and other attorneys.

How Does the Team Accomplish This Activity?

Social workers and parent advocates lead out in the day-to-day practice of promoting a meaningful treatment plan and connecting the clients to structural support. Attorneys commonly lead the communication with child welfare and court actors to move the case forward, activating the social worker or parent advocate on their team to reach specific audiences (e.g., treatment providers) or to facilitate communication between client and actor (e.g., family engagement meetings). Understanding the concrete ways this unfolds can help paint a “narrative” picture of the how of interdisciplinary representation and provides guidance for strengthening the model. Supporting the client is largely made up of tasks in treatment engagement and advocacy, collaboration and communication with other case actors, and conducting research.



HOW Does the Team Accomplish This in Practice?

PROMOTE A MEANINGFUL TREATMENT PLAN

Eliciting and Addressing Client Barriers to Treatment Engagement

- Treating the client as the expert on their own lives and asking them what they need to be successful. For example, breaking the plan into bite-size chunks and manageable steps.
- Overcoming motivational barriers to treatment engagement. For example, social workers may use motivational interviewing to address lack of confidence, while parent advocates help disrupt feelings of unworthiness through lived experience storytelling.
- Mitigating structural barriers to treatment engagement. For example, social workers/parent advocates providing direct rides to treatment appointments while also skill-building with clients how to use public transport.

Advocating for Client Needs in Treatment Planning

- Checking in with the client regularly on what is working and what is not, and then advocating for adjustments to the treatment plan. For example, sequencing medications for depression to enable behavioral readiness for therapy sessions.
- Facilitating communication between the client and providers. For example, helping clients follow through with a referral by making that first phone call together with their parent advocate, or the social worker coaching the client on how to effectively communicate with their SUD treatment counselor.
- Accompanying clients to treatment sessions to build relationships with treatment providers so that collaboration—both in the session and outside—is more successful.

CONNECT CLIENT WITH STRUCTURAL SUPPORTS

Securing Basic Needs, Social Connections, and Appropriate Services

- Housing, clothing, food, and transportation are frequently needed and critical to the client being successful in the treatment plan. For example, social workers and parents advocates helping the client access and secure these—from shopping with the client at Goodwill to filling out housing applications to getting on the Special Supplemental Nutrition Program for Women, Infants, and Children—in a non-judgmental way.
- Exploring with clients who their social network is and cultivating those social connections, from close friends to kin to friendly neighbors. This includes identifying networks, overcoming the stigma of asking for help, and helping the client foster the relations.
- SUD alongside mental and behavioral health are pressing issues facing clients and are often included in the treatment plan. Yet, the best services to meet that particular client's needs may not be included or services tried may be ineffective. Finding the right services, at the right time, with the right providers, for that client is a central team task.

“A lot of the time clients have mental health challenges, or they don’t have their basic needs met. Things like that are barriers to completing their treatment plan.” – Social Worker

**HOW Does the Team Accomplish This in Practice?****USE AVAILABLE TOOLS WHEN WORKING WITH CHILD WELFARE AND COURT ACTORS TO MOVE A CASE FORWARD****Collaboration Tools**

- Reaching out to multiple actors to find resources that round out daily living (e.g., personal hygiene needs) and strengthen the parent-child bond (e.g., small birthday present for child).
- Reviewing services and strategies to ensure they are accessible (e.g., disability accommodations, language translation), culturally responsive (e.g., honors family customs), and trauma-informed (e.g., in a safe environment) and advocating for adjustments.

Communication Tools

- Attend family engagement meetings and appearance reviews to support the client, strategize in real time with other actors, and promote communication from other actors to the client in a way the client understands.
- Daily communication with other actors that is necessary to move through the D&N process and enact strategy.

Conduct Legal and Social Science Research

- Making sure attorneys are working with recent and relevant research when developing strategy (e.g., attachment theory and visitation strategy).
- Reviewing Volume 7 and identifying areas applicable to the case. Advocating for alignment and identifying areas of inaccuracy between case proceedings and Volume 7.
- Making sure the treatment plan is using evidence-based practices matched to client need (e.g., a mental health service targeted at family functioning versus generic therapy).

How Each Member Contributes

Examining time contribution to these concrete tasks can provide additional insight into interdisciplinary team dynamics. Figure 14 provides a “numbers” look at how time spent on this activity is divided among attorneys, social workers/parent advocates, and others during a case. Social workers and parent advocates lead out on promoting a meaningful treatment plan, providing specialized and focused contributions to support client needs, which then make legal advocacy and family strengthening more successful. In keeping with a cohesive, team-based approach, each member shares in the responsibility of moving the case forward by using available tools with different case actors, with attorneys leading this work as “team lead” and social workers/parent advocates supporting in the places and spaces they touch.

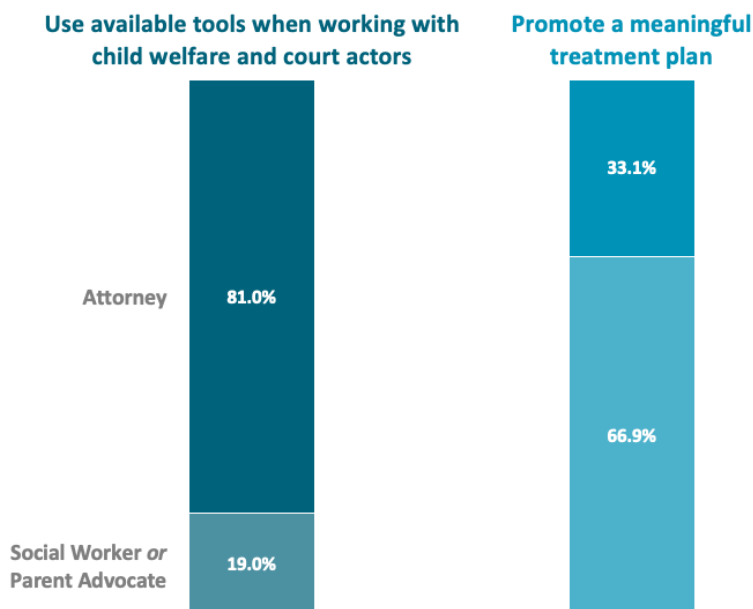
“Having someone [parent advocate] who’s been through the system because the client is feeling really defeated. ‘I can’t do anything right. I can’t get this to where I need to be. I’m not a good mom. Nobody succeeds in these cases.’ Then get a parent advocate on board to provide that emotional support and role model the possibilities from the very beginning.”

– Social Worker



Figure 14. Median Percentage of Time Contributed by Contractors to Supporting a Client in Addressing their Needs

Social workers and parent advocates lead the way in promoting meaningful treatment plans



Who Holds Which Responsibilities and Strengths?

In supporting the client in addressing their needs, each team member holds key responsibilities that leverage their strengths and expertise. Narrative findings revealed:

- **Attorneys** are keenly aware of critical junctures when a case can stall out, irrevocable decisions are being made, or clients are being set up for failure. They are poised to activate and advance the team in ramping up communication, research, treatment support, and resource connections to disrupt pitfalls at these critical junctures. They are also most adept at navigating legal language and court actors.
- **Social Workers** have experience with D&N treatment plans and know how to navigate the resources and services named. They also have relationship-building skills such as motivational interviewing, interprofessional collaboration, and trauma-informed care. This enables treatment plan advocacy and engagement to be more successful with a variety of child welfare and treatment actors.
- **Parent Advocates** are able to connect and communicate with clients in a way that is understandable to them, helping to ensure true informed consent and supported decision-making as case actors and attorneys dole out dense information and options. They also provide invaluable emotional support and motivation for sustained engagement, as well as buffer the trauma of systems-involvement. Further, they serve as “living proof” that there is an alternative path that leads to a future of thriving, rather than failure or barely scraping by.

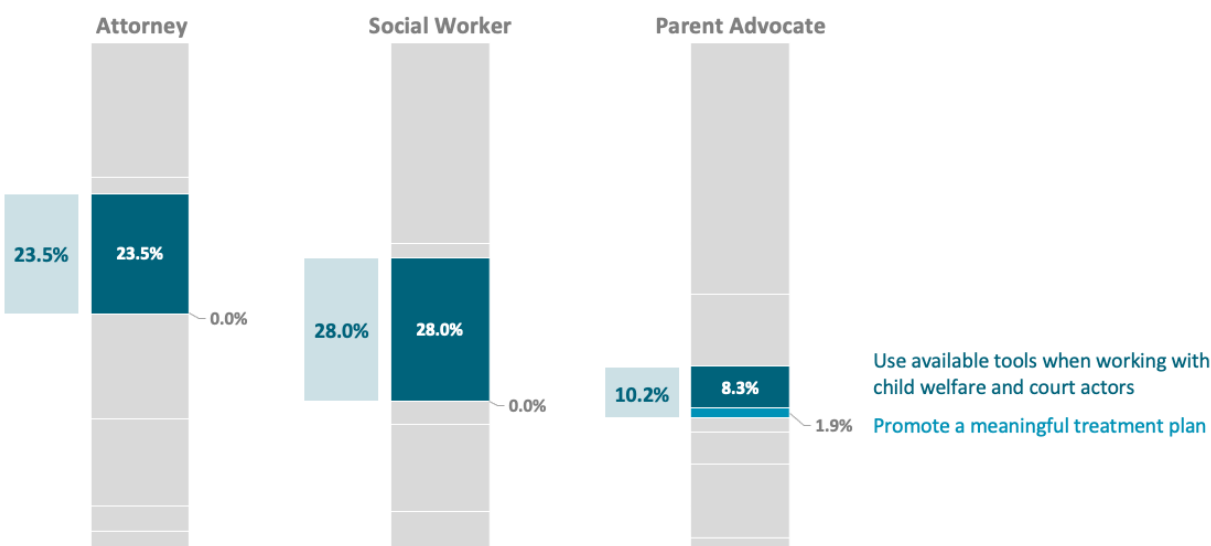


Responsibilities of Each Contractor Type

Figure 15 illustrates the proportion of time each contractor type dedicates to supporting the client in addressing their needs, in relationship to the time they spend on other activities in the interdisciplinary model. This analysis helps visualize position responsibilities for each contractor type and provides another dimension to understand qualitative findings on member strengths. For example, social workers and attorneys spend nearly a quarter of their time on a case working with other actors to move the case forward, including treatment plan support. This reflects complementary expertise in working with child welfare actors and treatment providers (social workers) and court actors (attorneys).

Figure 15. Median Percentage of Time Spent on Supporting the Client in Addressing their Needs, as a proportion of total time the contractor spends on the case

Each team member holds responsibilities in **supporting the client to address their needs**



“Social workers have that [child welfare] kind of experience and the knowledge of what is expected of the county and they also have in depth knowledge of resources available to clients. So you have this twofold benefit of being able to observe shortcomings that the county has and call them out on that quickly. And also the ability to connect [the client] to resources that maybe are outside of what the county is looking at specifically.” -RPC



Activity Three: Advocate for the Client

What Does the Team Do?

Advocating for the client is the third major activity undertaken by the team—and work in this area is where high-quality legal representation shines.

Advocating for the client happens both in and out of court, and this activity is also where the team most utilizes experts and investigators.

“My social workers, my parent advocates, often know information before almost anybody else on the team and do a really great job of reaching out to me. That has been really helpful in terms of having someone more accessible for the client to follow up on those smaller things that, because all of us are sort of caught up in a hundred cases at once, get easily lost along the way.” –RPC

WHAT Does It Mean to Advocate for the Client?

Advocating involves three interrelated activities:

- **Hold State Actors Accountable:** Holding the state and other actors accountable to their burden, responsibilities, and obligations by leveraging available mechanisms to promote accountability.
- **Ensure Appropriate Fact Finding:** Ensuring due process by identifying and obtaining experts, investigators, or witnesses; obtaining and reviewing records, plans, reports, or other pertinent documents; observing visitations, related cases, or other meetings to obtain information to inform strategy development.
- **Hearing Representation and Support:** Preparing for litigated hearings, including preparing the client themselves, and representing the client in court.

How Does the Team Accomplish This Activity?

Team members share responsibility in holding state actors accountable, as team members touch different spaces and each space is an opportunity to promote accountability. Hearing representation and fact finding are largely led by the attorney, in collaboration with experts and investigators. Social workers and parent advocates provide vital support to attorneys in accomplishing these tasks, as they provide “boots on the ground” viewpoints of what is happening with a client and how best to prepare them for court. Understanding the concrete ways this unfolds can help paint a “narrative” picture of the how of interdisciplinary representation and provides guidance

“It is holding the Department accountable outside of a court issue [e.g., service referrals], and it is also holding the court accountable to keeping the Department honest and doing their reasonable efforts and making sure that they are actually connecting parents with the services that are needed...To remind the courts you have this obligation. You are the gatekeepers.” –RPC



for strengthening the model. Advocating for the client is largely made up of tasks related to pre-court (e.g., document review, using investigators), during court (e.g., hearing representation), and post-court (e.g., treatment plan accountability and follow-up tasks) time points.

HOW Does the Team Accomplish This in Practice?

HOLD STATE ACTORS ACCOUNTABLE

Treatment Plan Accountability

- Checking in on the status of referrals and following up with the Division of Child Welfare to ensure timely delivery of services and supports.
- Making sure resources and referrals are accessible to the client, in language, in ability, in culture, in location.
- Ensuring the treatment plan is done in collaboration with the parent and tailored to need.

Upholding Due Process

- Making sure clients have a copy of court documents and that they understand their contents.
- Reviewing visitation recommendations to ensure they are matched with the specific dynamics of the child-parent relationship (e.g., age, bonding issues).
- Reviewing files for ICWA compliance, communicating with appellate attorneys, and preparing appellate transmittal forms.

Disrupting Personal and Systemic Bias

- Calling in when court reports are biased towards the negative and not elevating what the parenting is doing well (i.e., strength-based lens).
- Connecting with kin and advocating for kinship placements whenever possible, especially in cases where “not a good fit” or “low resources” are used to dismiss kin placements.
- Confronting systemic racism through simply being present in and out of the courtroom and elevating concerns to the team for strategy development.

“I find myself fighting that [visitation] fight a lot for the client to make sure they are actively involved with their children during this separated time and that they’re getting the time necessary to keep that bond or rebuild that bond.” – Social Worker



HOW Does the Team Accomplish This in Practice?

ENSURE APPROPRIATE FACT FINDING

Using Investigators, Experts, and Witnesses

- To help locate kin for placement options as well as to help stabilize the family long term.
- To locate a client so they can be engaged in the case by a social worker or parent advocate.
- To secure evaluations, assessments, and diagnoses that can be used in strategy.
- To testify to appropriate services and supports for redressing allegations.
- To ensure a full, multi-angle account of client allegations and needs.

Generating “Working Intelligence” on Case Activities

- Attending/observing family engagement meetings, visitations, and related cases to bear witness to what actually happens and be a source of information to the team and the courts.
- Checking in with the client regularly and knowing what is happening in their lives as a form of “working intelligence” for attorneys.

Document Review

- Reviewing extensive medical records, legal reports, and other documents that inform root causes of systems involvement and identifying strategies positioned to help redress.
- Obtaining and reviewing discovery (e.g., Trails records, investigation reports, the Colorado Family Safety and Risk Assessments) to hold “same-page” information as the Department.

HOW Does the Team Accomplish This in Practice?

HEARING REPRESENTATION AND SUPPORT

In-Court Legal Representation and Preparation

- Attorney representation at any and all hearings relevant to the case.
- Attorney representation at status conferences, pre-trial conferences, post-termination reviews, mediation reviews.
- Attorney drafting of discovery requests, petitions, and motions.

Preparing the Client for Court

- Explaining to the client what to expect and ensuring they know strategy for this court session (i.e., helping them understand what is appropriate for this hearing versus another space).
- Helping the client prepare their physical appearance for court: securing clothes that fit the client (e.g., if a client lost significant weight due to SUD), ensuring clean clothes (e.g., helping locate a laundromat), or how the client appears day of (e.g., buttoning up a sweater).
- Working with the client before and during court to manage triggers, provide emotional support, keep the client calm and engaged (especially important for clients with trauma).



How Each Member Contributes

Examining time contribution to these concrete tasks can provide additional insight into interdisciplinary team dynamics. Figure 16 provides a “numbers” look at how time spent on this activity is divided among attorneys, social workers/parent advocates, and others during a case. Hearing representation and support, as well as holding state actors accountable, are the prime contributions of the attorney. Social workers and parent advocates support this in unique ways as well—such as working with the client both before and during the court to manage triggers, or **calling in when court reports are biased and not uplifting client strengths they observed** during a recent family engagement meeting. **Fact finding is led by the attorney, with the support of social workers who commonly take on documentation review and provide working intelligence to the team.**

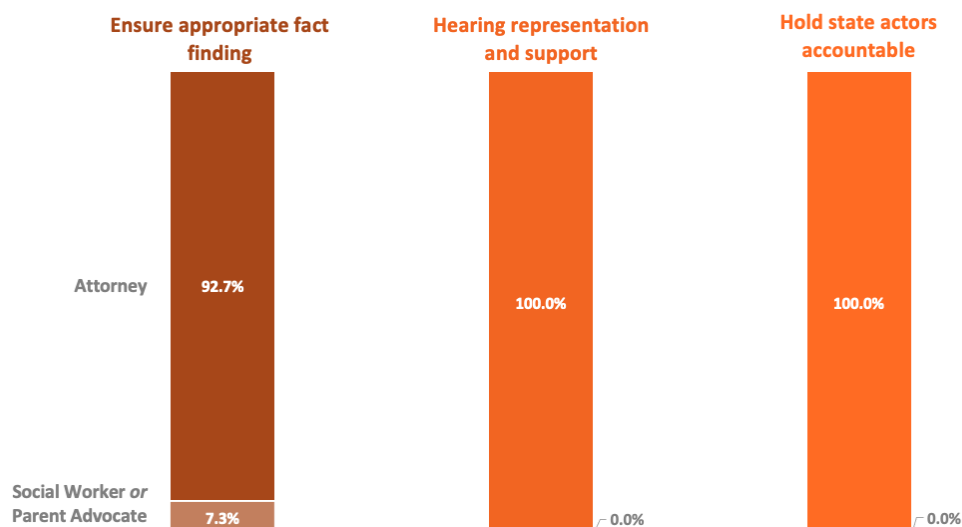
“If you have a parent that is putting blame everywhere else first, like ‘this should have never happened to me. I’m not that kind of person’ then I say, call a parent advocate. Because at that moment that parent is going through a lot of trauma responses. They are going to need support to realize what is going on and what they need to do to move forward.”
– Parent Advocate

Reminder

Holding state actors accountable was a prime theme in qualitative narratives. However, there are very few billing codes in RPPS that distinctly capture all that is involved in this dynamic activity. This leaves a small portion of time billed to this category by any one role and obscures contributions of social workers/parent advocates in the RPPS findings. This is similarly true for hearing representation and support, but in this case, there are more billing codes, but they favor attorney-only tasks.

Figure 16. Median Percentage of Time Contributed by Contractors to Advocating for a Client

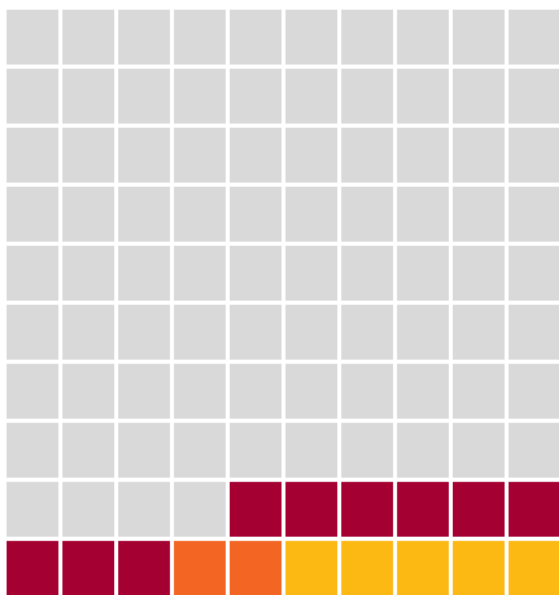
Attorneys lead the way in **advocating for their clients**





Importantly, use of experts and investigators is a strategy under ensuring appropriate fact finding, and the work these actors do supports attorneys in preparing for court. To this end, we examined how frequently experts and investigators are used on interdisciplinary cases (Figure 17) to illustrate inclusion of this vital resource when promoting high-quality legal advocacy.

16 out of 100 interdisciplinary cases leverage an **expert**, **investigator**, or **both**



In advocating for the client, each team member holds key responsibilities that leverage their strengths and expertise. Narrative findings revealed:

- **Attorneys** hold deep litigation experience and legal expertise that drives successful hearing representation and support.
- **Social Workers** have the knowledge and time necessary to review documentation, support the client in managing triggers, and accompany the client to meetings, creating deep sources of information for accountability, hearing preparation, and fact finding.
- **Parent Advocates** leverage their trust and rapport with clients to find out what is really going on—both barriers and strengths—and then communicate that information to the team to promote strategy development and accountability.

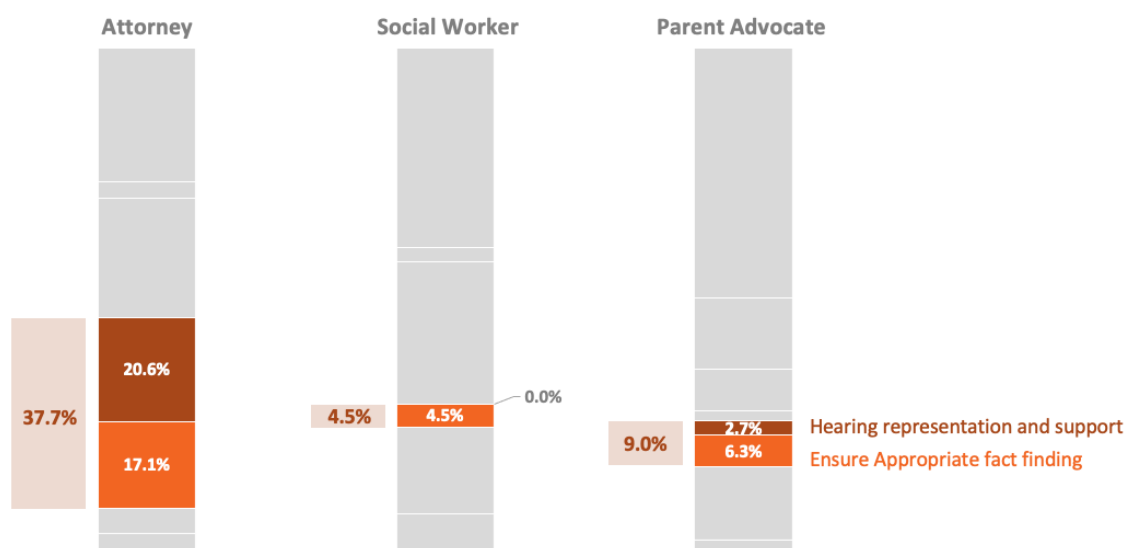


Responsibilities of Each Contractor Type

Figure 18 illustrates the proportion of time each contractor type dedicates to advocating for the client, in relationship to the time they spend on other activities in the interdisciplinary model. This analysis helps visualize position responsibilities for each contractor type and bolsters qualitative findings on member strengths. For example, attorneys spend a third of their time advocating for a client in and out of court, which leverages their legal expertise and ultimate responsibility of legal representation.

Figure 18. Median Percentage of Time Spent on Advocating for the Client, as a proportion of total time the contractor spends on the case

All team members hold responsibility for **client advocacy**, with attorneys leading through in-court processes



"I really see the treatment plan as an evolving document...I spend more time just really getting to know my client and we see things pop up that we really need to make sure we are addressing. I've had things like intellectual disability come to light and then I work with the attorney to adopt new things in the treatment plan and advocate for that in order to connect our clients to structural supports in the community...Just making sure we're not missing something that is impeding our client's ability." – Social Worker



Discussion

In answering the driving question, “What does the interdisciplinary team look like in practice?” an overarching theme of holism emerged. Holism shows up in:

“It’s just an awesome collaboration. It is a holistic way of supporting the client.” – Social Worker

- *Client-Centered Representation*: the opportunity to **comprehensively understand a client’s needs, hopes, and goals. Knowing them on a human level to inform case strategy and amplify client voice.**
- *Procedural Fairness*: the ability to advocate for the client in tailored ways—accounting for all facets of their life in case strategy and avoiding one-size-fits all models of treatment planning.
- *Inclusive and Respectful Advocacy Support*: **Calling in systemic bias of the courts and of child welfare and finding ways to advance culturally and socially responsive strategies.**

In promoting holism in case strategy and client care, outcomes for children, families, and systems can be *improved, sustained, and more equitably achieved.*

This is only possible because of the team-based approach to high-quality legal representation, where each team member:

- is differentially situated in relationship to the client and to other actors
- holds different bits of information and different expertise
- can come together to effectively connect the dots as they center their shared commitment—and belief—in the parent and family

Together, the team is able to address root causes of systems involvement, engage the client and build confidence, and develop structural and social supports that strengthen the family.

Water of System Change

The **ORPC model of interdisciplinary representation is more than just a one-time legal advocacy approach; it is a model for systems change of child welfare proceedings.** Water of Systems Change is a framework that makes explicit the conditions of systems that hold the problem in place—and posits that only when all six conditions are addressed will we see true systemic

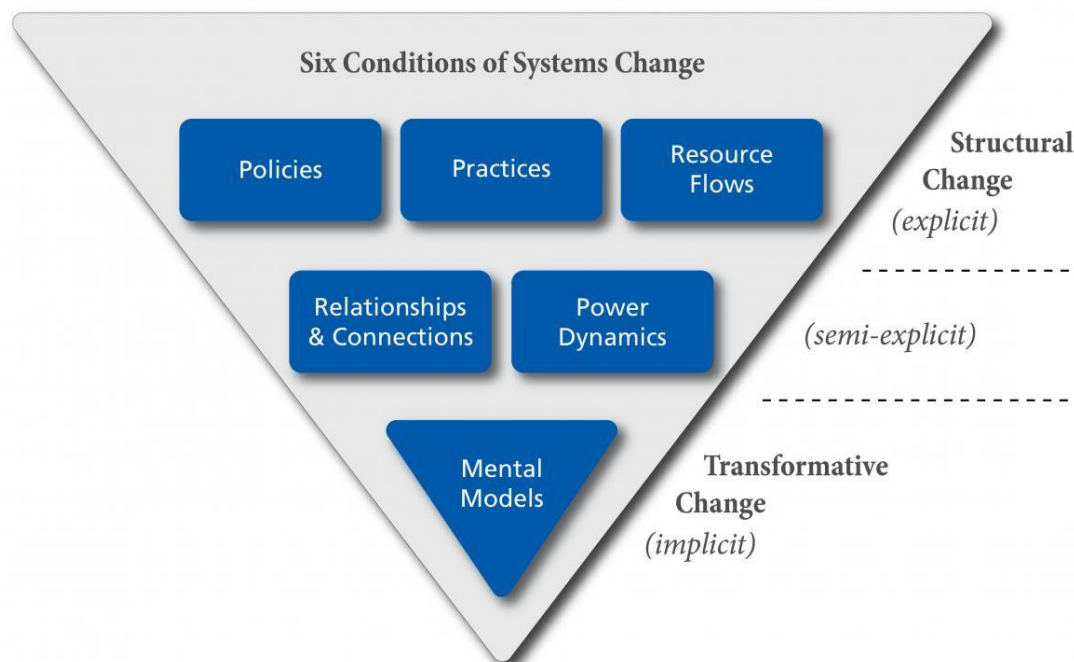
“Shifts in system conditions are more likely to be sustained when working at all three levels of change.”
– FSG

change. As illustrated in Figure 19, many policy, practices, and resource investments are geared at only the structural change level—that which we see and that feels “tangible” (the explicit). Yet, this is just the surface of the iceberg. Systems are made up of people and the power, relationships, and connections they hold with others in the system and those they wish to serve fundamentally influences how “system” procedures, protocols, and laws are interpreted, experienced, and applied (the semi-explicit). These relationships—and the system policies, practices, and resources that are ultimately advocated for, used, and invested in—are underscored by mental models that shape the human experience—how we think, what we do, how we talk. Findings from the Phase I evaluation of the interdisciplinary team model provide



insight into how this model is shifting the conditions that hold the problem in place—contributing to systems change by advancing work in each level of systems change.

Figure 19. Six Conditions of Systems Change⁴⁵



Shifting Mental Models to Promote Social Justice

The team model shifts the mental model of dependency and neglect proceedings from “legal cases of parents who have done harm” to one of “strong families that need—and deserve—support in vulnerable times to thrive.” This re-framing is critical to promote social justice and equity in outcomes.

Shifting mental models is done through multiple activities of the team, from holding state actors accountable to lifting up strengths of parents when making an allocation of parental rights decision, to helping clients see a future of thriving together with their kids. Vitally, this shift is also observed in how interdisciplinary representation works to enable changes in equity conditions, especially for parents of colors, clients with disabilities, and those incarcerated. Here, tailored treatment plans, revisited and revised often, are crucial to avoiding status quo treatment that favors the privileged few and ignores the structural needs of the many. This shift in mental models is catalyzed by the relationship-based nature of the teams work, from relationships between the client to the interdisciplinary team, team members to

“People that work in child welfare have good intentions. Having that as a central idea, but recognizing real things like racism and microaggressions. They have to be called out and they’re real in every system. Especially child welfare. So holding people accountable to that and having a relationship with them to promote procedural fairness.”

– Social Worker



one another, team members to others on the case, and clients to others on the case and their social networks. Parent advocates are essential to trusted and meaningful relationship-building with clients. Social workers are able to reach treatment providers to help tailor plans. Attorneys spend invaluable hours working with child welfare and court actors to move a case forward. All team members fight diligently to disrupt power dynamics that create a *power-over* versus *power-with* approach to the dependency and neglect case.

From there, more meaningful policies, practices, and resource flows occur. Social workers are able to work with attorneys to advocate for procedural fairness in how ICWA and EPP policies are applied. Parent advocates are able to promote peer practices that reduce trauma from systems involvement and ensure parents are engaged in their case, their outcomes, and their life. Attorneys are able to make smart staffing decisions about using interdisciplinary teams for complex cases, allowing for resources to be directed to the *team member best positioned to accomplish the task*.

Recommendations

One of the primary goals of Phase I was to generate actionable data that can be used by the ORPC for learning and advocacy, including model strengthening and communicating the model's unique value to high-quality legal representation and improving outcomes for children and families. We have worked to accomplish this goal in several ways, including through: 1) staffing guidance for attorneys (this report; external facing roadmap, see Appendix D), 2) a "numbers and narratives" breakdown of the what-how-who of the model (this report; external facing top line summary, forthcoming), and 3) digestible framing of the model through essential elements and positioning as a systems change effort. To round out, we offer several recommendations for model improvement that emerged from contractor narratives.

Recommendations for Improving the Model

- **Grow parent advocates** in every jurisdiction, alongside social workers, to allow for more intentional attorney staffing of their teams.
- **Expand pool of contractors** to ensure more than one social worker and parent advocate is available in every JD, to improve match of skills/strengths to case needs.
- **Resource a small fund for relationship building.** Contractors are often paying for coffees or lunch out-of-pocket. While critical to relationship-building, this is not sustainable to the model.
- **Provide professional development on equity, diversity, and inclusion** –and include not only ORPC contractors, but child welfare and court actors, in the sessions.
- **Train attorneys on using the staffing guidance** to determine if a case is likely to benefit from interdisciplinary representation and whether to request a social worker or parent advocate.
- **Activate the social worker or parent advocate** as early in the case as is possible, to allow for deep relationship-building and creating the best case strategy from the onset.
- **Use Phase I findings to inform contractor trainings, team standards, and position descriptions** – create priorities and content for contractor trainings to maximize model value. Develop "team standards" to generate working agreements and clarify roles. As new contractors are recruited, use findings to inform position responsibilities and qualifications.
- **Develop more opportunities for peer learning** – within/across teams and contractor types.



In addition to the recommendations highlighted above, the Colorado Lab has identified several areas where RPPS could be improved to better capture the work of the team and the unique contributions of each team member. Relatedly, opportunities to improve court observation forms and the complaint and complement process have been identified. These recommendations will be delivered to ORPC through periodic updates to the *Data Collection Recommendations Report* as part of capacity-building.

Next Steps

In SFY23, the Colorado Lab will support the ORPC in activating Phase I findings for strategic learning, advocacy, and model improvement, such as how to maximize the value of social workers/parent advocates for client-centered representation, sharing the staffing guidance for when to activate the interdisciplinary team, and disseminating the model nationally for field-building.

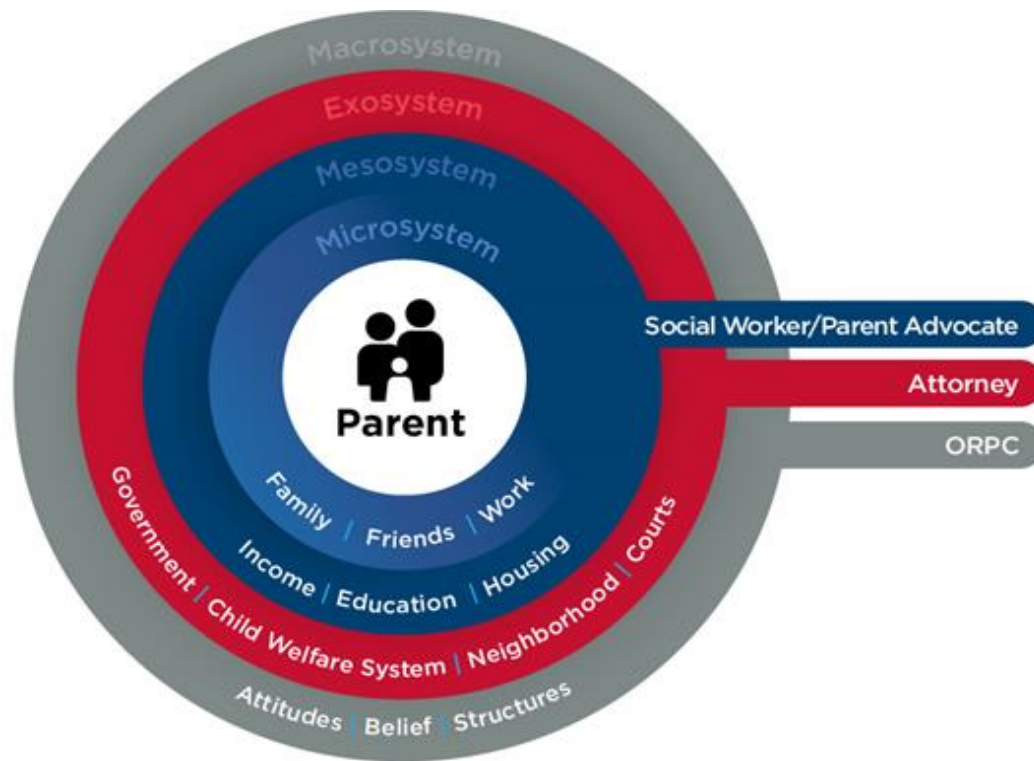
Concurrently, Phase II of the evaluation will also be launched. Phase II will focus on a preliminary exploration of outcomes of the interdisciplinary team model (Step 3 of evidence-building). This includes first understanding reach of interdisciplinary representation, then identifying how positive outcomes are defined from a parental (or client) perspective, and then examining the value of interdisciplinary representation for parent/caregiver experiences and case outcomes. Phase II is the first time RPPS data and Trails data will be linked through the Linked Information Network of Colorado (LINC). The groundwork laid in RPPS data cleaning and analytical approaches during Phase I creates the foundation for Phase II efforts.

“I couldn’t be more impressed with the ability that everybody [on the team] had to wrap around this mom and this family and make it work...And now she has a healthy relationship with herself, with the dad, with her kid, and we had an amazing outcome.”

– Social Worker

Appendix A: Theoretical Foundations of Interdisciplinary Representation

The approach of providing interdisciplinary representation in dependency and neglect cases is supported by Bioecological models and Social Capital theory. The Bioecological model describes the multiple levels at which the interdisciplinary representation affects change. Social Capital theory is how that change occurs.



Bioecological Models

Bioecological models, such as Bronfenbrenner's (1977) model, describe the influence of levels of environment on individuals.⁴⁶ Concentric circles are used to illustrate the levels and annotation indicates the primary levels at which social workers, parent advocates, attorneys, and the ORPC intervenes. The interdisciplinary team works across levels. The inner most circle surrounding the parent is the microsystem, containing groups that have direct contact with the parent, such as family members, coworkers, friends, physical and behavioral health care providers, social service providers, schools/colleges, a landlord, or a faith community. The mesosystem represents the relationships between those groups with direct influence, such as the relationship between employment (income), education (social mobility), and the landlord (housing). These are the primary levels where social workers and parent advocates provide support and services. The exosystem consists of the connections and processes between the groups that directly and indirectly affect the parent, such as the legal and child welfare systems. This is the primary level where the attorney provides legal services. The macrosystem includes the attitudes and beliefs of wider society, including those about poverty, parenting, and child welfare involvement. Unmet needs, persistent challenges, and longstanding structural inequities at the micro-, meso-, or exosystem level serve as the root causes of child welfare involvement. In the longer term,



changes to the ways parents are represented in child welfare and legal proceedings, due to the intervention and field-building efforts of the ORPC, also have the potential to shift the systemic attitudes, beliefs, and structures captured at the macrosystem level.

Social Capital Theory

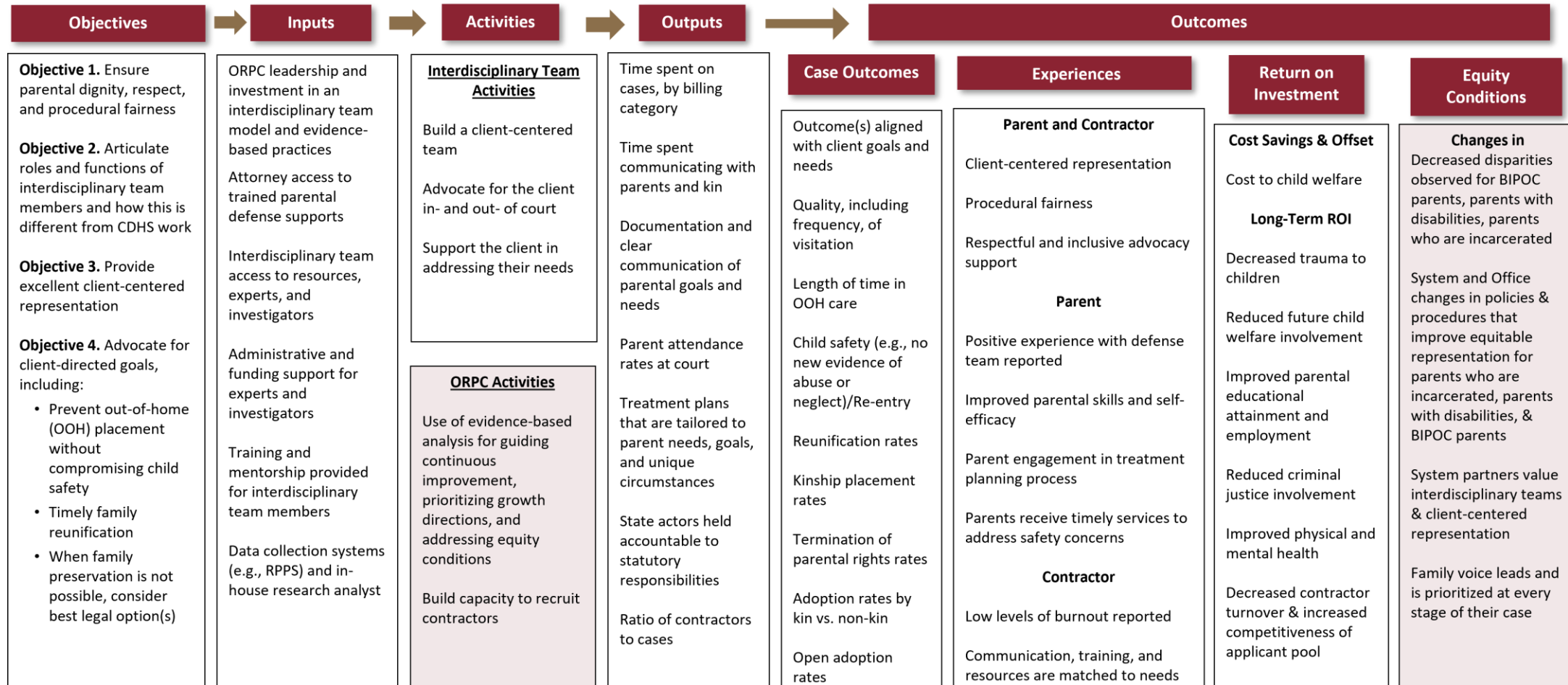
Child welfare involvement is often catalyzed by indigent parents lacking a cohesive network of relationships to support navigating the complexities of each of the levels of systems that surround them and connecting to the social, structural, and legal support necessary to meet basic needs and address challenges before they move from complication to crisis—and activate alleged maltreatment and systems involvement. High-quality legal representation delivered through an interdisciplinary team infuses social capital in family's lives and networks. This infusion of social capital can further address micro- and mesosystem concerns. Simultaneously, interdisciplinary representation can help parents navigate the complicated structures of child welfare and court systems. The ORPC, through its field-building advocacy and policy work alongside investments in the interdisciplinary model, then infuse social capital at the macrosystem level.



Appendix B: Interdisciplinary Representation Logic Model

Office of the Respondent Parents' Counsel (ORPC): Interdisciplinary Teams for Successful Client-Centered Representation

Goals: Promote long-term family strengthening and protect the fundamental right to parent by providing a cohesive, interdisciplinary team of legal advocates.

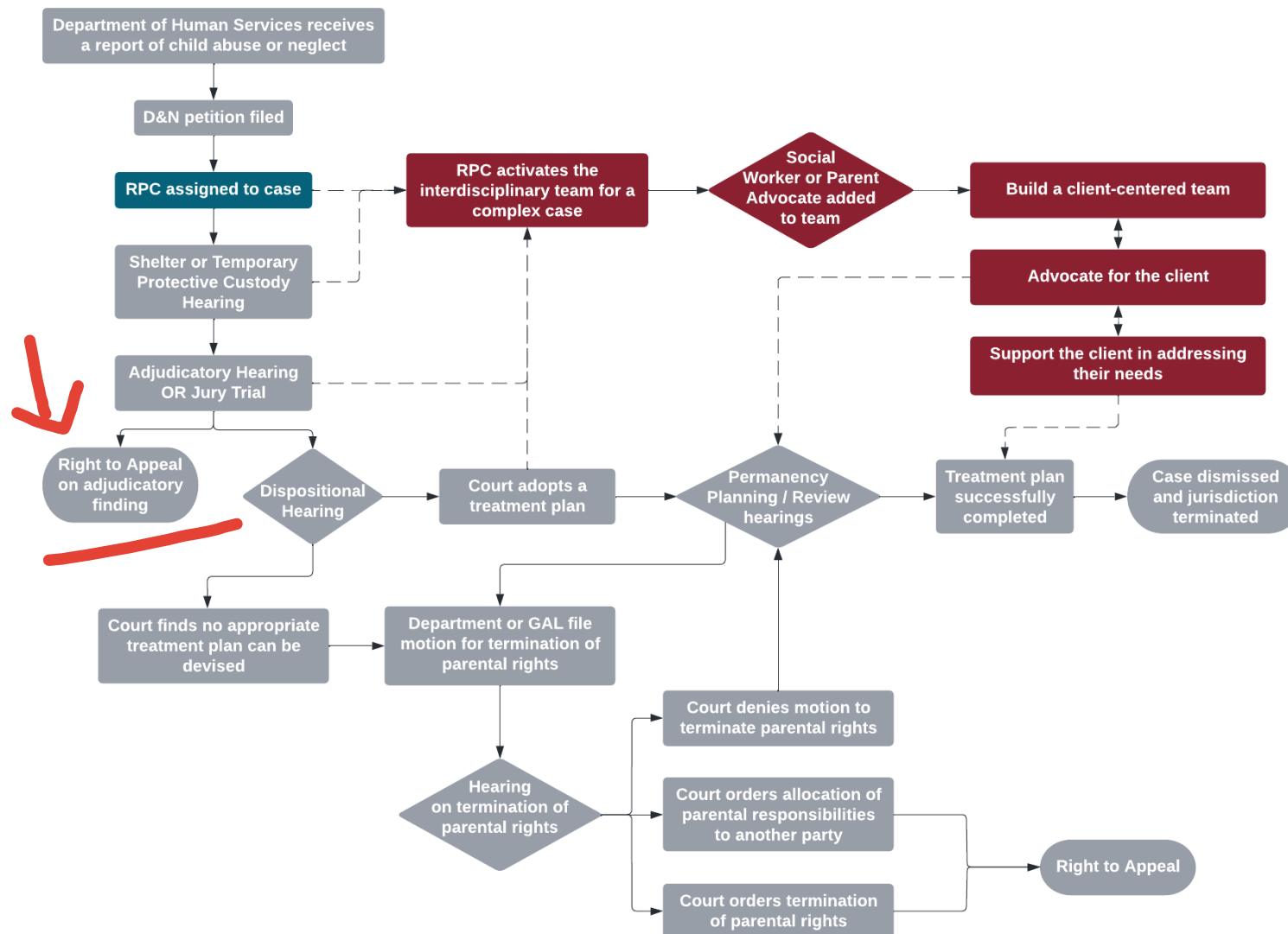


Target Population: Indigent respondent parents in child welfare proceedings whose parental rights are at risk.

Assumptions: Parents have a fundamental right to parent and procedural fairness is necessary to protect this right. Parental goals and needs must be centered at every stage of the case. Trauma to children is reduced when parents are provided prevention and in-home supports to keep families together.



Appendix C: Workflow of the Interdisciplinary Team





Appendix D: Staffing Guidance for Attorneys

TOOL: Staffing Guidance for Attorneys

The “roadmap” provides concrete guidance to attorneys on staffing their interdisciplinary teams.

Talking points may be used in trainings or conversations as to why and when an interdisciplinary team should be used and who is best positioned to meet the complex needs of a given case.

Talking Points

Choosing a Representation Model

When putting together the best legal defense teams, attorneys may choose between attorney-only representation or interdisciplinary team representation. Positive outcomes and experiences for families can be more equitably achieved when choosing a representation model that best fits the unique needs of clients. The interdisciplinary model can help meet **complex case needs**. Knowing the driving reasons why a social worker or parent advocate should be requested can help the RPC make smart decisions about staffing and ensure the client gets the best legal advocacy support possible.

Attorney-only Representation

Most cases can be successfully staffed by this model, where the RPC meets case and client needs by leveraging their litigation expertise and the ORPC’s three central concepts of advocacy, accountability, and access. In an 18-month analysis, 88.5% of cases were staffed by this model.

Interdisciplinary Team Representation

Complex case needs can be best met when attorneys work alongside social workers or parent advocates to address root causes of child welfare involvement, engage the client and build confidence, and develop structural and social supports that strengthen the family and keep kids safely in the home. The team-based approach then enables the RPC to focus on the many legal aspects of the case. In an 18-month baseline analysis, 11.5% of cases were staffed by this model.

Activate the Interdisciplinary Team When:

- **Client Characteristics:** Client identities, experiences, and **histories can require additional advocacy**, social, and **specialized support to** redress and seek justice.
- **Child Welfare Case Attributes:** Certain attributes attached to the D&N petition can make the **case higher risk for family separation** and **trauma**.
- **Legal Case Complexities:** Cases that are highly contested, have criminal, domestic violence, or medical charges, or with active incarceration create greater legal complexity.
- **Parent Engagement Needs:** Clients may be difficult to engage in communication and treatment plans due to trauma, distrust, lack of confidence, isolation, and/or low resourcing.



Social Workers

Social workers bring specialized skill sets and training when working with clients experiencing physical, mental, or behavioral health issues, who **have disabilities, and/or who face extensive resourcing challenges related to housing, food, and economic security**. In addition, social workers bring experience in **navigating the child welfare system and intimate knowledge of Volume 7 that supports attorneys** in working through documentation, **Department obligations**, and **options for tailored client support**. There are four driving reasons why a social worker should be requested:

- **Mental Health, Substance Use, Violence, Trauma, and Disability:** Clients facing any one of these challenges—or a combination of challenges—require trauma-informed advocacy, non-judgmental skill-building, and intensive resource navigation to meet immediate treatment plan requirements and assure sustained recovery.
- **Lack of Structural Supports:** **Clients facing housing, food, and economic insecurity need additional support and resource connections to break cycles of systems involvement and poverty.**
- **Volume 7 Accountability:** EPP and ICWA cases have special timing and response rules that may necessitate child welfare expertise. **Cases where the Department is not fulfilling obligations to Volume 7 accurately, timely, or completely require extensive monitoring, follow up and diligence;** this may be **especially true when inexperienced caseworkers are assigned.**
- **Legal Specifics:** Concurrent criminal charges, active incarceration, serious medical charges, and active domestic violence charges all introduce additional layers of complexity that create additional litigation burden. Contested hearings introduce high conflict and additional persons to manage. The RPC can benefit from help with documentation review and client support as they handle these additional litigation loads.

Parent Advocates

Parent advocates leverage their lived experiences in navigating the child welfare system, and facing firsthand many of the social and structural difficulties indigent clients face, to build trust and rapport with clients, help motivate the client, **show what is possible in a future of thriving, and build client confidence**. This “connection on a human level” is a key ingredient for successful client engagement in their case and **ensuring that family voice leads in every step of the case.**

There are four driving reasons why a parent advocate should be requested:

- **Social and Structural Inequities:** Parents of color, immigrant families, non-English speaking clients, and returning citizens are subject to systemic bias that extensive peer advocacy and culturally matched peer support can help disrupt.
- **Previous System Involvement** Past child welfare experiences can create distrust of the system/process, low confidence and faith in achieving a successful outcome, and trauma that peer rapport can help address.
- **Emotional Support:** Clients who need high levels of emotional support and connection can benefit from a parent advocate relationship. This is especially true for clients with little to no social support networks.



- **Low Engagement or High-conflict Communication:** Challenges related to communication and engagement in the case need motivation and skill-building support to help identify the root cause of the issue, develop a tailored plan, and then hold parents accountable to the plan.

Anticipated Outcomes

When an interdisciplinary team is activated—and member roles strategically chosen—outcomes in client-centered representation, procedural fairness, and inclusive and respectful advocacy support can be better achieved. Moreover, because the team model is best suited for complex cases where social and structural inequities are rampant, the model can act as a “leveling up” factor to ensure *all* clients receive high-quality legal representation and outcomes are more equitably achieved.

Protecting the Fundamental Right to Parent: Staffing Guidance for Attorneys

CASE ASSIGNED TO RPC

Choosing a Representation Model

Positive outcomes and experiences for families can be more equitably achieved when choosing a representation model that best fits the unique needs of clients.

An interdisciplinary team model can help meet **complex case needs**. Knowing when to request a social worker or parent advocate can help the RPC make smart decisions about staffing and ensure the client gets the best legal advocacy possible.

PATH 1

Attorney-Only Representation

Historically, most cases have been staffed by this model.



88.5% OF CASES*

PATH 2





Interdisciplinary Team Representation

Interdisciplinary teams work together to address root causes of child welfare involvement and strengthen the family.



11.5% OF CASES & GROWING

Activate the interdisciplinary team when:

-  **Client Characteristics**
Identities, experiences, high-needs
-  **Child Welfare Case Attributes**
Separation risk, trauma, EPP, ICWA
-  **Legal Case Complexities**
Contested cases, criminal charges, incarceration
-  **Parental Engagement Needs**
Distrust, Unresponsive, Isolated

OPTION A

Social Worker

-  **Mental Health, Substance Use, Violence, Trauma, and Disability**
-  **Lack of Structural Supports**
-  **Volume 7 Accountability**
-  **Legal Specifics**

OPTION B

Parent Advocate

-  **Social and Structural Inequities**
-  **Previous System-Involvement**
-  **Emotional Support**
-  **Low Engagement or High Conflict Communication**

Promoting Equitable Outcomes in:

- Client-Centered Representation**
- Inclusive & Respectful Advocacy Support**
- Procedural Fairness**

* Sample: Calendar Year 2019, and June to November 2021 (18 months total)
Analyses conducted by www.coloradolab.org



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