

# The Flint MDT Study: A Description and Evaluation of a Multidisciplinary Team Representing Children in Child Welfare

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## **Abstract**

Children in Genesee County (Flint), Michigan, represented by a team of a lawyer and social worker were compared with children only represented by an attorney. Despite the cultural challenges of lawyers and social workers collaborating together, multidisciplinary teams (MDT) improved case outcomes and the experience of children facing foster care. The MDT approach led to quicker case resolutions and preserved family connections more often.

## **12.1 Introduction**

*Multidisciplinary team approaches are considered one of the best ways to improve the quality of representation for court-involved children in the child welfare system.*<sup>1</sup> Pro-

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1. **Author's note:** I want to express my sincerest gratitude to Don Duquette for providing me with the opportunity and support to pursue this research, to the Genesee County Court who provided generous access to their data, and especially to the courageous professionals who agreed to take on this project and allowed me to observe. See *National Quality Improvement Center on the Representation of Children in Child Welfare's National Needs Assessment* at <http://www.improvechildrep.org/NeedsAssessment.aspx>. (The QIC-ChildRep conducted a national needs assessment in its first year by talking with judges, attorneys, caseworkers, CASAs, state regional

*professionals who practice in multidisciplinary teams (MDTs) believe these teams benefit case investigation, assessment and management, and lead to more efficient and accurate services for children and families. To date, however, there is little empirical evidence of the effectiveness of MDTs in legal representation of children.*

The Flint MDT study was designed to provide insight into how MDTs are formed and operate and to provide some of the first empirical evidence on outcomes for children represented by an MDT. The study aims to address the following questions: 1) What does the process of designing and implementing a multidisciplinary team approach to representing children look like? 2) Do children have better outcomes when represented by an MDT compared to children represented by an attorney alone? and 3) What are the key elements to a successful model?

The study uses qualitative data to describe the events, attitudes, successes, and challenges experienced by a group of five lawyers and two social workers collaborating to advocate for the needs of children in child welfare proceedings. The study is also a randomized control trial, designed to detect evidence of differences in outcomes between the intervention (MDT) and control group. Participating lawyers represented both treatment and control group children and the study randomly assigned cases to be either represented by just the lawyer or by the lawyer and a social worker (MDT). The outcome evaluation sample includes 409 children from 216 families.

*Both the social workers and attorneys reported that the MDT approach had a positive impact on cases, and the empirical data confirmed their perceptions. The MDT impacts include quicker resolutions for some cases and better preservation of family ties. Cases represented by the MDT were more likely to be dismissed rather than have an adjudication of jurisdiction. For children ever removed from their homes, they were more likely to be placed with relatives and less likely to be placed in non-relative foster care. And parents of children represented by the MDT had fewer petitions to terminate their parental rights filed.*

*The study identified three key components to the MDT's effectiveness. The attorneys' respect for the social work skillset allowed the social workers to provide creative advocacy for their clients. The social workers also effectively collaborated with the child welfare agency to build alliances and tear down barriers. Lastly, the social workers provided intensive advocacy early in the case, which often changed the case trajectory.*

*While the quantitative findings demonstrate that MDTs improve the quality of representation for children, the study also illuminates the barriers to effectively implementing and employing such approaches. The MDT resulted in quicker resolution of some cases and the preservation of more family connections, despite the observed*

*professional cultural differences that significantly impaired the teams' ability to collaborate. The MDT also never established adequate protocols for protecting client confidentiality. The study concludes that in order for multidisciplinary teams of attorneys and social workers to thrive in child welfare, the social workers need autonomy to be creative in how they handle cases and respect as professionals, and that clear protections for client confidentiality are needed.*

## **12.2 Current Understanding of MDTs**

Multidisciplinary approaches in the field of child welfare are not new, but they are understudied and untested.<sup>2</sup> There are a few MDT evaluations, mostly on doctors who work with law enforcement, but none on attorneys who work with social workers.

Overwhelmingly, these studies focus on the benefits of a team approach without examining the potential problems and challenges.<sup>3</sup> And, there are no published randomized controlled trials on outcomes from MDT approaches to child welfare proceedings.<sup>4</sup>

The research that has been done on multidisciplinary approaches demonstrate that professionals (medical, law enforcement, social service agencies, and legal) who work in MDTs believe that the team is better able to get to know the child's particular problems and therefore provide better services.<sup>5</sup> The assumption is that by producing more thorough investigations that incorporate diverse perspectives, an MDT can make better assessments and provide more appropriate interventions.

Child Advocacy Centers (CAC) use multidisciplinary approaches to interviewing children in child abuse cases. Their philosophy is that responses to child abuse need to focus on the needs of the child and the family, and that they are most effective when the different skillsets addressing the problem are coordinated.<sup>6</sup> A quasi-experimental study of four CACs found that, "Communities with CACs had greater law enforcement involvement in child sexual abuse investigations, more evidence of coordinated

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2. Marina Lalayants & Irwin Epstein, *Evaluating Multidisciplinary Child Abuse and Neglect Teams: a Research Agenda* (2005). (Summarizes the history of MDTs in child welfare cases and provides a comprehensive review of existing evaluations of MDTs.)

3. *Id.*

4. *Id.*

5. See e.g. Marcia M. Boumil, Debbie F. Freitas, & Cristina F. Freitas, *Multidisciplinary Representation of Patients: The Potential for Ethical Issues and Professional Duty Conflicts in the Medical-Legal Partnership Model*, 13 J. Health Care L. & Pol'y 107 (2010); Jeffrey R. Baker, *Necessary Third Parties: Multidisciplinary Collaborations and Inadequate Professional Privileges in Domestic Violence Practice*, 21 Colum. J. Gender & L., 283 (2012), Maryann Zavez, *The Ethical and Moral Considerations Presented by Lawyers/Social Workers Interdisciplinary Collaborations*, 5 Whittier J. Child & Fam. Advoc. 191 (2005).

6. Theodore P. Cross, Lisa M. Jones, Wendy A. Walsh, et al, *Evaluating Children's Advocacy Centers' Response to Child Sexual Abuse*, OJJDP Juvenile Justice Bulletin, August 2008.

investigations, better child access to medical exams, more referrals for child mental health treatment, and greater caregiver satisfaction with the investigation process.”<sup>7</sup>

However, little is written about how MDTs work in practice and even less is known about lawyers who work with social workers.<sup>8</sup> The process of building a functional multidisciplinary team of attorneys and social workers to provide representation for children involved in the child welfare system has not been well documented in the literature.<sup>9</sup>

Differences in professional values and ethics are known sources of tension inherent when attorneys and social workers work together.<sup>10</sup> One example is the differences in ethical duties to maintain confidentiality. Most states do not include attorneys but do include social workers in their mandated reporting statutes.<sup>11</sup>

While the ABA Model Rules of Professional Conduct allows an attorney to share a client's confidences if she becomes aware of likely harm to the client or others,<sup>12</sup> states' adoption of that rule varies, which can lead to conflicting ethics guiding professionals on the same team.<sup>13</sup> There are core differences in their trainings, too.

Social workers are trained to identify and help resolve the underlying issues that are causing problems and lawyers are trained to protect the rights that are at risk due to the problems.<sup>14</sup> Lawyers are singularly focused on their client while social workers are focused on systems (e.g. families). While the literature consistently insists that collaboration between these two professions is critical, there is also the recognition that this collaboration “does not come easily.”<sup>15</sup>

In truth, professional relationships between lawyers and social workers can sometimes be described as “sharply polarized, hostile, and resentful.”<sup>16</sup> Power struggles,

7. *Id.* Pg 2.

8. Lalyants & Epstein, *supra* note 2. But see, Lisa A. Stranger, *Conflicts between Attorneys and Social Workers Representing Children in Delinquency Proceedings*, 65 Fordham L. Rev. 1123 (1996), which provides a description of ways social workers can help attorneys.

9. Paula Galowitz, *Collaboration Between Lawyers and Social Workers: Re-examining the Nature and Potential of the Relationship*, 67 Fordham L. Rev. 2123 (1999); Frank P. Cervone & Linda M. Mauro, *Ethics, Cultures, and Professions in the Representation of Children*, 64 Fordham L. Rev. 1975 (1996).

10. Frank E. Vandervort, Robbin P. Gonzalez & Kathleen C. Faller, *Legal ethics and high child welfare worker turnover: An unexplored connection*, 30 Children and Youth Services Review 546 (2007).

11. Maryann Zavez, *The Ethical and Moral Considerations Presented by Lawyers/Social Workers Interdisciplinary Collaborations*, 5 Whittier J. Child & Fam. Advoc. 191 (2005) pg 192.

12. Rule 1.6(b)(1).

13. See MRE 1.6—Michigan did not adopt that particular rule.

14. Lisa A. Stranger, *Conflicts between Attorneys and Social Workers Representing Children in Delinquency Proceedings*, 65 Fordham L. Rev. 1123 (1996) pg 1150.

15. Mary K. Kisthardt, *Working in the Best Interest of Children: Facilitating the Collaboration of Lawyers and Social Workers in Abuse and Neglect Cases*, Rutgers Law Review, Vol. 30, No.1, (2006) pg 1.

16. Tamara Walsh, *Lawyers and Social Workers Working Together: Ethic of Care and Feminist Legal Practice in Community Law*, Griffith Law Review (2012) vol. 21 no. 3, pg 755. See

such as “turf disputes” and confusion about ownership of cases,<sup>17</sup> contribute to this reality. In one study the social workers in MDTs that reported high levels of tension tended to feel that they were not valued or trusted, and that they were not given the professional autonomy to undertake interventions they deemed necessary.<sup>18</sup> The Walsh study suggests that to overcome this dynamic, professionals need to respect each other’s specialized knowledge, and be open to a division of labor based on each other’s strengths.<sup>19</sup> However, despite the tensions reported in these types of collaborations, participants tend to agree that they were providing high quality and effective services to their clients.<sup>20</sup>

Since 2011, Colorado has been piloting multidisciplinary legal offices (MDLOs), where lawyer-guardians ad litem and social workers collaborate to represent children in child welfare.<sup>21</sup> Collaborators presented their findings in January 2014 and stated, “While the multidisciplinary model could benefit youth by integrating legal and social work expertise, preliminary evidence suggests this multidisciplinary collaboration involves inherent challenges, and outcomes have not been well assessed.”<sup>22</sup>

Challenges include lack of a supervision structure among the team, a need for a more formal and consistent collaboration process, communication problems, power differential between the attorneys and social workers that led to tensions, and role confusion resulting from overlapping responsibilities. The evaluators concluded that these challenges, the reasons for them, and ways to alleviate them are “worthy of further study” because they also found a strong belief between both professional groups that these MDLOs are having a positive impact on the children they serve.<sup>23</sup>

## 12.3 Methods

### 12.3.1 Two Parts: Process Observation and Randomized Control Trial

The Flint MDT study uses a mixed-method approach with two distinct components. The first is an observation of the process of designing and implementing a multidisciplinary approach to representing children in child welfare proceedings from the perspective of the child’s representation. The study uses qualitative data collected from individual interviews, group meetings, and other observations to construct an in-depth

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also, Colorado’s Multidisciplinary Law Office (MDLO) presentation summary on their pilot evaluation at the Society for Social Work Research conference at <https://sswr.confex.com/sswr/2014/webprogram/Paper21252.html>.

17. Lalayants & Epstein, *supra* note 2, pg 454.

18. Walsh, *supra* note 16, p 768.

19. *Id.*

20. *Id.* p 769.

21. More information about the Colorado MDLOs can be found at <http://www.coloradochildrep.org/about-ocr/multidisciplinary-law-office-project/>

22. <https://sswr.confex.com/sswr/2014/webprogram/Paper21252.html>.

23. Jenna Brill, Jocelyn Durkay, and Timothy Ridley, *What do MDLOs Look Like and How Do They Function?*, University of Denver, 2013, unpublished.

description of the process, and to discern the essential components of an effective approach. The second component is a randomized controlled trial designed to assess outcome difference between children who are represented by the MDT (intervention) and those represented by a single attorney (control). The study analyzes quantitative administrative court and agency data to evaluate the differences in outcomes, and qualitative data to explain those outcome differences.

### 12.3.2 Study Site

The study chose Genesee County (Flint), Michigan as its site. Its juvenile court has a contract with one nonprofit law firm to handle its child representation. This law office consists of five attorneys who exclusively represent children in child welfare and juvenile justice cases. The law office had served the county for ten years, and the same five attorneys have been law partners in this law office the entire time. The law office had no hierarchy; attorneys essentially had sole discretion on how they perform his/her own job. The study agreed to provide two social workers for at least two years to the attorneys for their cases assigned to the intervention group.

The Genesee County court has five juvenile court judges, and each judge's courtroom has a closed group of attorneys that handle all of the child welfare cases for that judge. Specifically, each judge has one attorney who represents all the mothers, one attorney who represents all the fathers, and one attorney who represents all the children as the lawyer-guardian-ad-litem. One prosecutor provides legal counsel to the agency in all cases for each courtroom as well.

Michigan's child protection statute requires a lawyer-guardian-ad-litem (L-GAL) be appointed to children at the first court hearing.<sup>24</sup> The L-GALs are to "serve as the independent representative for the child's best interest."<sup>25</sup> The statute requires that in determining the best interests of the child, the L-GAL give weight to "the child's wishes according to the child's competence and maturity."<sup>26</sup> Attorneys in Michigan must maintain a "normal client-lawyer relationship" to the extent possible when clients may have diminished capacity.<sup>27</sup> The statute states the L-GAL's duty is to the child and not the court, and protects attorney-client privilege.<sup>28</sup>

Michigan's rules of professional conduct allow an attorney to reveal confidences if the attorney becomes aware of "the intention of a client to commit a crime and the information necessary to prevent the crime."<sup>29</sup> Social workers in Michigan abide by the

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24. MICH. COMP. LAWS § 712A.17c(7).

25. MICH. COMP. LAWS § 712A.17d(1)(b).

26. MICH. COMP. LAWS § 712A.17d(1)(i).

27. MRPC 1.14.

28. MICH. COMP. LAWS § 712A.17d(1)(i).

29. MRPC 1.6(c)(4).

National Association of Social Workers Code of Ethics<sup>30</sup> and are considered mandatory reporters.<sup>31</sup>

### 12.3.3 *Process Observation Design*

The study was designed to provide the resources to create a multidisciplinary team of attorneys collaborating with social workers to represent children in child protection proceedings in order to observe the process. The study did not impose a predetermined structure on the team and was not meant to test a specific model. The study did facilitate the team's exploration of how different MDTs operate, and provided guidance as they made decisions about how theirs would. The study did not directly interfere with how the team was functioning but did sometimes act to facilitate communication between the attorneys and the social workers.

### 12.3.4 *Randomized Control Evaluation Design*

The study examines the impact of a multidisciplinary approach (intervention) on outcomes for individual children using a within-subject, randomized controlled design.<sup>32</sup> It is within-subject because the same attorneys served as both intervention and control case participants. A within-subject design removes the threat of errors in data analysis due to natural variance in characteristics between different intervention and control group participants. It also conserves resources since it requires half of the number of participants that a between-subjects design requires. The one concern with the design is the possibility of carry-over effects—the possibility that the attorneys would use what they learn from the intervention cases on their control cases. Carry-over effects could potentially improve outcomes for all cases and make it harder to detect the intervention's effect.

Cases were randomly assigned on two levels - to an attorney and to a study group. The Genesee County Court was already randomly assigning cases to judges prior to the implementation of the study because of state court rules and joint local administrative orders.<sup>33</sup> As described above, each participating attorney exclusively practiced in front of the same judge in a particular courtroom. Therefore, for the study, the random assignment of filed petitions to judges at the court level provided for, in effect, the random assignment of cases to the attorneys. Then, if the court authorized a petition at the

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30. See <http://www.nasw-michigan.org/?page=Ethics>.

31. MCL 722.621 et seq.

32. See generally, Howard Seltman, *Experimental Design and Analysis*, Ch. 14 Within-Subjects Designs. (2009).

33. Case assignment is governed by MCR 8.111(B), except for allowable deviations provided in Joint Local Administrative Order, 2006-8J (circuit), 2006-5J (probate) Family Court Plan; Local Administrative Order, 2009-3, Re-Assignment of Cases—Baby Court; and Local Administrative Order 2013-4, Case Assignments.

preliminary hearing (i.e. found probable cause that one or more of the allegations in the petition are true and that the case should move forward to adjudication), the study randomly assigned the case to the intervention or control group within a week.

Thus, the potential impact of the MDT begins after the preliminary hearing. For cases randomly assigned to the intervention group, the attorneys were to collaborate with the social workers to provide legal representation for their child/youth clients. For cases randomly assigned to the control group, the attorneys represented their child/youth clients without the assistance of a social worker, as they normally would.<sup>34</sup>

The group of study participants was necessarily small. When looking for a site, the study prioritized finding a valid control group. Child welfare legal practice varies widely from county to county due to a myriad of factors such as level of experience and training of practitioners and judges, the socio-economic conditions of their populations, and county-controlled funding for family and children services, to name a few. It would be impossible to control for all of the variables that would confound a county-to-county comparison. By using a within-subject design in this particular jurisdiction (given that each courtroom makeup of attorneys does not change between its child welfare cases) there were no other differences between the intervention and control group cases other than whether the child's attorney had access to a social worker for the case.

Random assignment of cases ensured that all of the various factors that could potentially influence a case outcome, such as which judge heard the case, the age of the child, the severity of the allegations, or other services/programs the child and family were receiving, were equally distributed to both groups. This created two statistically equivalent groups where the only difference between them was the method used to deliver legal representation. Differences observed between the two groups of cases can be directly attributable to the intervention.

### *12.3.5 Data Collection*

The qualitative data collected included notes transcribed during periodic individual interviews with the participating attorneys and social workers, notes from regular team meetings and meetings with each group of professionals, and other observations made during routine interactions with the team through email and in-person settings. The meeting agendas always included a discussion of what was working well, what could be done better, and of shared examples of success stories and challenges. Individual

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34. The number of cases the attorneys handled did not change. The study only altered their ongoing practice by making a social worker available to them on their new child welfare case that were randomly assigned to the intervention group. Also, there was an absolute ban on the attorneys employing the social workers in any way on their control cases, which was captured in the agreement between the University of Michigan and the attorney participants. All participants were routinely asked about the ban and there was never an indication of it being violated.

interviews were semi-structured so that each individual conversation touched upon the same topics.<sup>35</sup>

The study collected administrative and other data from the court's web-based database and paper files. Those data include child and family demographics, court hearing dates and hearing results, placement information, allegations, disposition court ordered and additional services for parents and children, sibling contacts, and permanency outcomes.

## **12.4 Creating an MDT Approach to Representing Children**

### *12.4.1 Getting Started*

The attorneys got to choose the two social workers for the project. One of the social workers hired was an individual who had worked in the courts as a juvenile probation officer for many years, was well known by the attorneys, and was considered an effective advocate for children, even though she did not have direct experience in child welfare. This candidate did not have a master's in social work, but was the type of social worker the attorneys anticipated potentially wanting to hire—someone with a good reputation in their courts for being an effective advocate for children. The other candidate was not known to the attorneys, but held an MSW and had several years' experience in the child welfare field.

The social workers' job initially lacked direction. Neither the attorneys nor the social workers had experience working as an MDT, there was no existing supervision structure, nor were there written office policies or procedures manuals. The attorneys acknowledged that they really did not know how these social workers would be best put to use on their cases. So, the MDT spent the first few weeks getting oriented and developing a structure.

The attorneys had a two-week training schedule for the social workers that included shadowing each of the attorneys at different types of court hearings, training on office procedures and the web-based case management tool, and reviewing existing case files. There was a full team meeting the first week to begin to discuss the challenging issues that the team could expect to face. The team also traveled to New York City to visit two law offices that practice child welfare law in multidisciplinary teams.<sup>36</sup> These early

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35. The study attempted to interview youth aged 14 and older about their experience with their representation, but had to abandon that data collection effort due to the difficulty locating the youth after the case closed. A month of active recruiting, including an afternoon tracking youth in the community, yielded one interview. The study determined that it did not have the resources for such an intensive effort.

36. The Legal Aid Society's Juvenile Rights Practice and Lawyers for Children agreed to host the entire team at their offices for a day each. Both of these offices were profiled for the QIC-ChildRep's Need Assessment as model MDT practices. See <http://improvechildrep.org/NeedsAssessment/NotableOffices.aspx>

implementation activities were designed to build confidence in each other and to assist them in formulating their own MDT practice.

In reality, the first few weeks the social workers were in the office were harder than expected, and core challenges revealed themselves immediately. For example, the first team meeting exposed a deep divide between the two professional groups. The group participated in conversations about the common challenges to an MDT practice, including understanding and managing the differences in their professional ethics, the possibility of having the social workers testify in court, and confidentiality expectations. The team constructively explored the first two topics, but the conversation about confidentiality turned contentious. The attorneys wanted the social workers to abide by the attorney/client privilege and viewed the social workers' role as an extension of theirs for the clients. When the MSW social worker expressed concerns about the risks to her licensure, which made her a mandated reporter, the tone of conversation escalated into a confrontation. Specifically, one of the attorneys stated, "We will sue you, and then take your license if you report against any of our clients."

The study team reminded the group that they would have the opportunity to explore how other offices approach this issue when they travel to New York. However, this incident did permanent damage to the social worker's attitude. This was one of several examples of the difficult culture to which the social workers were being asked to acclimate.

The climate challenges between the two professions, aggravated by the ambiguity of the initial lack of project structure, quickly proved unworkable for the MSW social worker. Within the first two weeks, she and the attorneys clashed in regards to case management, court appearances, and general professional conduct. The social worker was offended by the attorneys' unfiltered, direct, and often impolite styles of communication. The attorneys thought that the social worker dressed inappropriately for court, lacked promptness, and was unable to collaborate. At the beginning of the third week, it was clear that this social worker was a bad fit and she left the project.

Meanwhile, the other social worker was performing well. She had previously worked with the attorneys as a juvenile probation officer for youths the attorneys represented in juvenile justice cases and was well aware of their personalities. Despite the tensions with the other social worker, she remained enthusiastic about the project and was willing to be flexible and think creatively during its implementation. Fortunately, another top candidate with an MSW and experience working in foster care was hired and joined the project a few weeks later. Study case assignments began five weeks after the project started.

#### *12.4.2 First Six Months*

Early on, all participants agreed that the teams were adding value to the work with cases. Individual participants, however, held different perspectives on how well things

were working and how things could be better. The social workers reported a wide range of attorney attitudes about how they prefer to collaborate, ranging from two of the attorneys wanting to do the first visit with the child before or with the social worker and who expressed, “Don’t do anything without me,” to two giving free rein and expressing, “Do what you need to do and get back to me,” and one attorney in the middle of those two perspectives. The attorneys mirrored what the social workers said. Some attorneys described how they directed the social workers, and stated “They are doing what I want them to do,” while other attorneys discussed how they let the social workers dive into the cases and said they told the social workers that, “They don’t have to ask permission. Just do it. I don’t want them to tell me how to handle the legal issues so I don’t want to tell them how to do the social work.”

During the first few months of the study, the attorneys seemed willing to try the MDT approach but, to various degrees, were struggling with handing over some control over their cases. In fact, during the trip to New York, the majority of the attorneys shared that they expected to have a hard time “letting go” because for a long time, they have felt accountable for all aspects of their young clients’ lives.

Most of the attorneys slowly began to afford social workers the liberty to be creative with the MDT cases and expressed appreciation for the social workers’ ability to do so. The social workers, by contrast, expressed reservations about some of the attorneys’ commitment to the MDT approach, citing a lack of access to them and the unwillingness from some of them to fully use the social workers’ skillset on their cases.

Despite these differences, everyone had examples of how the social workers were having a positive impact. The social workers felt they were helping by building rapport early on with the children and families and keeping the case kid-focused. The attorneys especially appreciated the additional visits and the assessments that the social workers were providing. They were identifying needed services and then working to ensure that the services were provided.

The team also believed that the social workers were helping to keep cases moving. For example, one social worker attended a hearing for which the attorney needed an alternate attorney to stand in. The day of the hearing, the alternate attorney did not know a sufficient amount about the case and wanted to ask for an adjournment. But, the social worker was able to brief the attorney before the hearing and spoke directly to the judge during the hearing. As a result, the case was closed instead of being adjourned.

In a separate example, a client needed a placement change but the attorney was in trial that entire day. The social worker was able to participate in the decision with the agency and keep the attorney informed of the progress throughout the day. Having a social worker on the case avoided delay and ensured that the child’s voice was represented in an important decision.

Sometimes the social worker’s contribution changed the trajectory of the case. For example, the social worker’s assessment of one case convinced the court to refer the

parent to Baby Court<sup>37</sup> instead of ordering the agency to pursue termination. Many of these impacts occurred early in the cases, in particular for three the attorneys who took a more hands-off approach to what the social workers were doing.

While the participants agreed the MDT approach was working, perceptions differed sharply regarding the office climate. The attorneys thought that the social workers were fitting in, but the social workers reported feeling like outsiders. The attorneys' long work history together created a family-like environment in the office, both in terms of camaraderie and conflict.

The attorneys came and went without much conversation or interaction. The social workers were treated the same way the attorneys treated each other. There was no concerted effort made to help them feel comfortable or welcome on an ongoing basis. The attorneys thought that the social workers had blended well, but to the social workers, the environment felt cold and disrespectful.

Communication was the one challenge everyone recognized. The social workers said that it was sometimes hard to get the attorneys' attention on their cases, that they were not meeting regularly, and they expressed wanting more frequent and regular access to the attorneys. The attorneys admitted that communication was not great, but felt it was getting better. But all of the attorneys admitted that they could be spending more time with the social workers.

The team continued to make steady progress in developing how they approached multidisciplinary representation of children. The social workers expanded the types of support they were providing the attorneys, which included emotionally preparing and supporting child witnesses, finding and developing resources for children and families, defusing tensions between the agency and parents/caregivers, and speaking on the record both informally and through sworn testimony. The attorneys were learning to trust the social workers and how to let go of having total control over their cases. When the attorneys were asked why they were able to do this, one attorney said, "I could see the benefit. I get to be the lawyer and not have to be the social worker also."

Communications improved somewhat over time. The teams found a rhythm of email, text and phone contacts that helped keep them up to date, and case materials got to the social workers more reliably. The social workers were diligent about typing their notes into the law office's web-based case management system, and the attorneys said they relied on those notes. But routine meetings between the attorney/social worker pairs continued to not happen, and the social workers felt that the communication tended to flow one way.

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37. The county has an intensive infant-toddler court team program called Baby Court. See Zero to Three's Safe Babies Court Teams for information on the model used in Flint. <http://www.zerotothree.org/maltreatment/safe-babies-court-team/>.

At hearings, different courtrooms treated the social workers differently. In two, the social workers were at the table with the attorney and were always introduced. In two other courtrooms, the social workers were present but were called upon only when needed. And in one courtroom, the judge was not willing to hear directly from the social workers and they were never recognized on the case.

Despite the operational challenges, the social workers were satisfied with the work they were doing with the children and felt they were making a difference in their lives. And, the attorneys had glowing praise for their contributions. In the words of attorneys, “It’s been awesome,” “They get the whole picture,” and after describing a successful case, “They couldn’t have done more.”

There was a sense that the child’s voice was clearer in court hearings and that the MDT cases were keeping the focus on the children. For example, one social worker developed a rapport with one client such that the youth stated he no longer wanted to visit with his previous caregivers from a disrupted adoption. The social worker worked with the youth and the youth’s therapist to prepare a letter supporting those wishes for the next hearing. The social workers took part in family team meetings, advocated for the children outside of court such as ensuring kids were able to stay in their home schools after a removal and ensuring caregivers received proper reimbursements. They were regularly visiting institutionalized youth, doing independent investigations of the cases, and identifying needed services for the children. In fact, the attorneys saw that the up-front work that the social workers did on the MDT cases resulted in the court dismissing cases at the adjudication phase.

But closing cases quickly was not the social workers’ mandate; the social workers were focused on keeping the children safe and on serving their wellbeing. In a few cases, the social worker’s assessments led to the court taking additional actions against the parents. For example, the children in one case were about to be placed with their father, who was not listed on the petition. The social worker did an independent investigation of the home for the attorney and discovered an unsafe environment and criminal activity. The social worker’s investigation prevented the placement and a potential future removal for the children.

The social workers felt varying degrees of being valued among the attorneys. One attorney engaged with them regularly, would ask, “What do you suggest?” and would act on their recommendations. Three attorneys gave the social workers freedom to work their cases, but did not really collaborate with them as a team. One attorney was half-engaged with one social worker and seemed to be actively avoiding the other. Overall, the social workers generally felt that they were “carrying the cases” without consistently getting the “right amount of credit” for their work.

When asked individually, four of the attorneys felt that they were fully utilizing the social workers’ services, but seemed unaware of the perceived lack of credit being given

for their contributions. One attorney admitted that if anything, they were overly relying on the social workers and that they probably should spend more time on the MDT cases.

The social workers had an easier time getting information from the agency workers than the attorneys did. The social workers seemed to have a gentler approach and could relate more with the agency workers compared to the attorneys. The attorneys acknowledged that they were not able to track the agency's actions between hearings like the social workers could. The social workers were able to better ensure the agency was doing what it was supposed to between hearings. And, when the agency failed to perform, the social workers' tracking was used in the hearing against the agency. The social workers sometimes even provided an assessment of the case that differed from the agency. For example, an agency worker reported in court that an infant had attachment issues with its mother. The MDT social worker started attending visitations to make an independent assessment and observed that the infant was comfortable in mom's presence and looked to her for help, and that the mother was affectionate and attentive.

By six months, the social workers were enjoying their freedom to work on their cases, but now wanted to strengthen working as a team. They continued to feel like outsiders and were struggling to get the attorneys' attention on the cases they shared. As a result, the social workers sometimes acted unilaterally. For the most part, the social workers were operating on their own and updating the attorneys through the notes they kept in the law office's web-based case management tool or in person right before a hearing. The attorneys were also acting without consulting with the social workers first, but would often bring the decision to the social worker's attention, after the fact, to get their opinion.

#### *12.4.3 Team Climate Issues Come to the Forefront*

At eight months into the project, the social workers disclosed that the office climate was deteriorating and was increasingly hostile, in particular, between them and two of the attorneys. Ultimately, these two attorneys decided to withdraw from the study.

The withdrawals did not surprise the rest of the team, but at the first meeting with the remaining team members there was a sense of uncertainty about how to move forward. C

Conversations leading up to this moment highlighted core obstacles to making the MDT approach work for both professionals. The three remaining attorneys acknowledged that the climate in the office was difficult at times, and explained that these tensions existed before the introduction of the social workers. When asked what they needed from the attorneys to make this work, the social workers replied, "Respect, to be treated professionally, and to have greater access to the attorneys."

Specifically, they wanted more one-on-one time with the attorneys, a uniform way of presenting their work at hearings, and a protocol for handling problems. The attorneys understood that they needed to provide the social workers with a comfortable and appropriate working environment, and they communicated a commitment to meet that need. One attorney specifically said she wanted the social workers to be happy working there because they were doing such great work. Soon afterwards, the social workers reported that things were better.

#### *12.4.4 The Second Year*

At twelve months, the remaining three attorneys were treating the two social workers with more courtesy but they still did not make themselves available to the social workers more. The de facto MDT structure was the attorney and social worker working the cases separately and then coming together only at critical moments, such as during a crisis or for a hearing. And this is how the team operated for the duration of the project.

While there was consensus that this approach was having a positive impact on cases and clients, the social workers continually expressed wanting more communication with the attorneys. Over the course of the subsequent year, the social workers gradually gave up trying to engage the attorneys. They stopped going to every hearing and asked the attorneys to request their presence if they wanted them there. The attorneys rarely did.

With six months left in the two-year project, the team met to explore the possibility of continuing the social worker services after the study ended. The attorneys still very much appreciated what the social workers were doing. However, when the attorneys were presented with potential funding options that they could pursue to continue the MDT, they had concerns about meeting the bureaucratic demands for such funding.

And at this point both of the social workers had decided that they did not want to work for the law firm after the study. Case assignments stopped as scheduled and the team took three months to wind down the study cases. At the end of the project, the attorneys no longer had social worker support on any of their cases.

## **12.5 Primary Findings from the Evaluation<sup>38</sup>**

### *12.5.1 MDT Resulted in Quicker Resolution of Some Cases and the Preservation of More Family Connections*

The data confirm what the MDT reported—that the multidisciplinary approach impacted cases in positive ways. The study found that children represented by the MDT

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38. The author collaborated with the University of Michigan's Center for Statistical Consultation and Research (CSCAR) on the outcome evaluation. Thank you to Kerby Shedden, Ph.D, Professor of Statistics and CSCAR Director, who assisted with designing the study, performed the preliminary power analysis, and conducted all analyses.

were more likely to have their cases dismissed at adjudication rather than have the court take jurisdiction. When children were removed, they were more likely to be placed with relatives and less likely to be placed in foster care. Parents of children served by the MDT had fewer petitions to terminate their parental rights filed. Observationally, the MDT group had 38% fewer removals after the intervention was assigned.

### 12.5.2 *Sample*

The quantitative data include 409 individual children involved in 216 child abuse and neglect petitions authorized (accepted for consideration by the court) in Genesee County, MI. The study included every new case assigned to a participating attorney's court between March 17, 2014 and October 30, 2015.<sup>39</sup> The court randomly assigned a filed petition to a judge/attorney pair and the attorneys participated in the preliminary hearings. If the court authorized the petition, the study assigned the case to the intervention or control group within a week, so the potential impact of the MDT begins after the preliminary hearing. Forty-five percent of children were still in their homes at the time their petitions were authorized. The remaining 55% were either placed shortly before the initial hearing on an emergency basis or at the initial hearing.

A greater proportion of control cases were already in placement when the intervention began (61% vs 50% for the MDT group). Because social workers began assisting with the cases randomly assigned to receive the MDT representation after the preliminary hearing, this difference is not a result of the MDT.

Observations ended January 31, 2016. Overall, 60% of the cases were assigned to the MDT group and 40% were assigned to the control.<sup>40</sup> See Table 12.1 for distribution of demographics. There were no significant differences in distribution of these categories between treatment and control group.

### 12.5.3 *Analytical Approach*

The study used regression analyses<sup>41</sup> for dependent data to assess the relationships of each outcome with the intervention. The correlation between individual child outcomes

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39. For the attorneys who withdrew from the study, the sample includes all of their intervention and control cases that were closed at the time of their decision to withdraw. All of their cases that were open were removed from the study. The study included 15 cases and removed 7 for one attorney, and included 25 and removed 14 for the other.

40. The social workers' caseloads started small and accumulated over time. For the first six months of case assignments, individual cases had a 2/3 chance of being assigned to the intervention group so that the social workers' caseloads accumulated faster to capacity. After six months, the chance was reduced to 50%. After six months, each social worker carried an average of 51 active child/youth clients, with the range being 37–67 at any given time.

41. For binary and count outcomes, the study used logistic and Poisson regression, respectively, fit using generalized estimating equations (GEE). The study fit models using only the

**Table 12.1 Sample Demographics**

	Frequency	Percent
<b>Sex</b>		
Female	208	51%
Male	201	49%
<b>Age</b>		
0-5 years old	239	58%
6-11 years old	100	24%
12 & older	70	18%
<b>Race</b>		
White	203	50%
Black	158	39%
Bi-racial	39	9%
Other	9	2%
<b>Severity level<sup>1</sup></b>		
Abuse	176	43%
Neglect	233	57%

1. Cases were coded as “abuse” if there were allegations of physical or sexual abuse, and coded “neglect” for cases that did not have allegations of physical or sexual abuse.

and family outcomes was nearly 1 (.98) making the study’s effective sample size for analyses 216 (number of families). The models accounted for this. The analyses also controlled for age range, gender, race, judge, and severity level. Since the intervention groups were randomized, these other factors are unlikely to be confounding. But to the extent that they are independent predictors of outcomes, power for assessing the intervention effect is increased by controlling for such factors.<sup>42</sup>

#### 12.5.4 Study Limitations

There were still about half of the cases still open at the end of the study. There may have been differences in how those cases were resolved, had the intervention continued, that the study will not detect. While the study’s internal validity is high (almost every confounding factor was controlled to isolate and measure the intervention’s impact),

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intervention status as a predictor, and separately fit models with intervention status and other relevant potential predictors.

42. Reported statistics include the controls.

the external validity may be lower in that the study had a small group of participants in an idiosyncratic environment. However, the current MDT literature predicted the study's challenges and successes, which suggest the lessons learned here are likely to be broadly applicable.

### 12.5.5 *Impact Analyses*

The first impact the study tested was adjudication, that is, whether the case was dismissed (and therefore closed) during the adjudication phase, or whether the court found it had jurisdiction to continue involvement with the case. This decision point was reached for nearly all cases in the study and included cases where children had been placed prior to this point. Cases served by the MDT were more likely to be dismissed and closed (31% compared to 11%) without the court finding it had jurisdiction (Table 12.2).

The second impact analyzed for all cases was the frequency of termination of parental rights (TPR) petition filings and orders. Parents of children served by the MDT had fewer petitions to terminate their rights filed (16% v. 30% for mothers, 20% v. 30% for fathers) but equivalent percentages of TPR orders.

The third set of impacts analyzed for all cases was the proportion of children who were placed at some point and whose cases were closed because of reunification, guardianship or adoption. Because all children in both the MDT group and the control group could have experienced a placement and a discharge, this analysis also includes all children. There were no significant differences in these impacts: children were equally likely to have been placed and discharged to permanency.

The fourth impact analyzed was for children who were still in their homes at the time their petitions were authorized and their case was randomly assigned to the MDT or control condition. There were too few cases of subsequent removals in this subgroup to test significance of this finding, but observationally, among these children, 15% of the children served by the MDT and 23% of the control group were removed<sup>43</sup> after the intervention was assigned.

The fifth set of impacts analyzed was for children who were ever removed. Among this group, the children represented by the MDT group were more likely to be ever placed with relatives (61% compared to 46%). In a closely related finding, fewer children in MDT cases who were ever removed were ever placed in non-relative foster care (46% compared to 64%).<sup>44</sup>

There were too few petitions (6) subsequently authorized after the close of the family's original case to evaluate whether the intervention affected reentry rates.

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43. For the purpose of this study, a child was considered "removed" if the child was removed from her original home to anywhere but a biological parent's home.

44. The study calculated if the child ever had each type of placement. The categories are not mutually exclusive and do not necessarily total 100%.

**Table 12.2 Analyses of Case Outcomes**

	MDT		Control	
	Freq	% of Sample/ % with outcome	Freq	% of Sample/ % with outcome
<b>All Children Randomly Assigned</b>	<b>243</b>	<b>100%</b>	<b>166</b>	<b>100%</b>
<b>Adjudication—almost all</b>	<b>242</b>	<b>100%</b>	<b>163</b>	<b>98%</b>
Dismissed at or prior to adjud.***	75	31%	18	11%
<b>Termination of Parental Rights - all</b>	<b>243</b>	<b>100%</b>	<b>166</b>	<b>100%</b>
Petition for Mother**	38	16%	49	30%
Petition for Father*	49	20%	50	30%
Order for Mother	18	7%	16	10%
Order for Father	20	8%	17	10%
<b>Permanency - all</b>	<b>243</b>	<b>100%</b>	<b>166</b>	<b>100%</b>
Case closed after placement and reunification	29	12%	25	15%
Case closed after placement and discharged to guardianship	6	2%	7	4%
Case closed after placement and adoption	4	2%	1	1%
<b>Child at home at case assignment<sup>1</sup></b>	<b>121</b>	<b>50%</b>	<b>65</b>	<b>39%</b>
Child removed after case assignment <sup>2</sup>	18	15%	15	23%
<b>Ever removed<sup>3</sup></b>	<b>140</b>	<b>58%</b>	<b>115</b>	<b>69%</b>
Ever placed with relative**	86	61%	53	46%
Ever placed in foster care**	65	46%	74	64%
Ever placed in residential	19	14%	3	3%
Ever placed with siblings	93	66%	59	51%

\* p < .10, \*\* p < .05, \*\*\* p < .00

1. Note that a greater proportion of control cases were already in placement when the RCT began. This difference is not a result of the MDT.

2. This is an observational finding because the frequency of the event is low and the sample size is small. Descriptively the MDT group has a 38% lower rate of removals within this group.

3. Note that the differences in the proportion of cases ever removed is due in large part to the greater proportion of control cases that were already in placement with the RCT began.

These analyses point to the MDTs impact on preserving family connections in early experiences of court involvement and during placement. The absence of an impact on permanency after placement suggests that either the MDTs differential influence on more complex cases was limited or that the MDTs did not have enough time to demonstrate a differential impact: 43% of their cases were still open at the of the study.

## **12.6 Reasons for the MDT's Impact**

### *12.6.1 Respect for Social Work Skillset*

Throughout the study, it was clear that the social workers were driving the creative process. The social workers conducted independent case investigations, talked to collateral parties, met with the child in their homes or placements to assess their needs, monitored implementation of case service plans and court orders, and ensured timely and purposeful delivery of services.

For their treatment cases, the attorneys learned to recognize and accept the social workers' skillset and divided the casework along those lines. Prior to the study and to various degrees, the attorneys were making attempts to handle the needs assessment and case planning aspects of all their cases. They did their statutorily required visits and tried to stay involved in the decisions the agency made about their clients. But once some of their cases began to be assigned to the treatment group, they increasingly relied on the social workers to do the out of court work for those cases.

The attorneys understood that the social workers were contributing in ways that they could not have imagined and were doing things for which the attorneys neither had the training nor time. For example, one attorney shared that when one case was assigned as a MDT case she thought a social worker was not needed. But the social worker "worked magic" and the case closed quickly. The attorney's reaction was, "Oh, that's how that's supposed to work." The social workers thrived when they were trusted to creatively approach their cases and were given the flexibility to do what was needed, as they determined it.

### *12.6.2 Collaboration with the Child Welfare Agency*

Prior to the beginning of case assignments, the study met with the county's Department of Health and Human Services leadership to garner their support for the project. The study also asked them to communicate to all of their employees that the children's attorneys now had social workers working on their behalf for some of their cases.

The agency workers were reticent at first with the social workers, but they came to rely on them. The MDT social workers were able to build a rapport and trust with the agency workers. This led to the MDT social workers being included in communications, which in turned enabled them to intervene if necessary. For example, the MDT social workers were routinely invited to and attended family team meetings where they often felt that they were critical facilitators, particularly when the relationship between the parent and the caseworker had broken down.

In fact, the social workers' effectiveness was sometimes due to them acting as a buffer between the parents and the agency. In cases where the relationship between the parents and the agency turned hostile, the MDT social workers' involvement mitigated the effect of the poor relationship. For example, the social workers would visit the families at the same time the agency caseworkers were there, which often helped

facilitate effective services for the parents. And the agency caseworkers were grateful. A caseworker said to an MDT social worker, “I don’t know what I would do if you were not on this case.”

The MDT social workers contributed to the service plans that the caseworker produced and had a direct influence on placement decisions due to this open communication with the agency. When caseworkers changed on the cases, the social workers were able to remain for the duration. The continuity that the MDT social workers provided for the families and for each new caseworker helped avoid delays in the case.

Unlike many of the agency caseworkers, the MDT social workers were not overly burdened with paperwork and case management, and had the time for frequent visits. They were able to see and learn things that the caseworkers were not. In many cases, the MDT social workers gained a reputation for knowing the most about the families. Some parents reached out directly to the MDT social workers instead of their caseworkers for help. The social workers were mindful of client confidentiality issues and were careful to refer parents to their attorneys. But, the social workers would do what they could for the parents when they believed that it was in the child’s best interest to be with her parents. Supporting the parents was part of and consistent with their role in supporting the child.

### 12.6.3 Early Intervention

For the cases where the petition was authorized with the children still in the home, the MDT operated much like traditional family preservation services.<sup>45</sup> The MDT social workers employed all the best practices of their trade—they focused on their clients’ needs, identified strengths as well as deficits, provided concrete support, promoted competence, demonstrated respect for their clients, and engaged in a wide variety of problem-solving and advocacy activities.<sup>46</sup>

When the children were still in the home at the time the petition was authorized, the social workers began working with the parents right away. Again, they built rapport and that trust often led to the parents being able to resolve whatever situation they were facing. The social workers were able to identify barriers and helped remove them. They were providing concrete services such as access to food, furniture, transportation, childcare, or medical attention. The social workers would “get in there and do the social work.”

The role the social workers played as buffer between the parents and the agency was particularly important for these cases. As one of the study’s social workers explained, removals can be “personal” and the data collector for the study observed that the

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45. Becky F. Antle, Dana N. Christensen, Michiel A. van Zyl, Anita P. Barbee, *The Impact of the Solution Based Casework (SBC) Practice Model on Federal Outcomes in Public Child Welfare, Child Abuse and Neglect* 36 (2012) 342-353.

46. *Id.* at 36.

caseworker's anger towards a parent is "palpable" in court reports. The MDT social workers believed that their ability to defuse tensions and keep the parties focused on resolving the issues was key to their ability to positively impact cases.

## **12.7 Weaknesses within the MDT**

### *12.7.1 Team Climate*

While the findings from this study provide evidence that social work services provided through the child representative result in quicker resolution of some cases and the preservation of more family connections, another critical lesson is that the availability of those services for attorneys may be threatened when the social workers are not treated with respect and do not feel part of a team. Specifically for this study, the office climate and the different expectations of professional culture proved to be the most persistent challenge of the MDT. Even after two of the attorneys withdrew, the remaining three attorneys continued to engage with the social workers infrequently and the social workers continued to feel isolated and unappreciated.

For the majority of the cases, the MDT did not function as a team and this was primarily due to the social workers' general lack of access to the attorneys. The social workers were grateful for the eventual freedom that the attorneys gave them on their cases, but for much of the project the social workers wished they could establish a more team-like approach. In fact, the social workers felt that they could have accomplished even more if a team approach would have taken root. By the end of the project, the social workers decided not to continue working with the attorneys and the project disbanded.

### *12.7.2 Inadequate Protection for Client Privileges*

The MDT never established a clear process for protecting their clients' confidences and they practiced in a culture that tolerated blurred lines of privilege. Michigan's Rules of Professional Conduct required the MDT social workers to abide by attorney-client privilege for their clients and to have permission before talking with represented parties.<sup>47</sup>

The social workers were trained on confidentiality issues and reported being responsible in protecting the child's confidences. However, they were not routinely asking their clients their perspectives on sharing information and they were not explicitly asking permission to talk with the parents. The social workers routinely provided reports to the court and the other parties' attorneys were aware of the contact the social workers were having with the agency workers and parents.

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47. MRPC 5.3 (responsibilities regarding nonlawyer assistants) and rule 4.2 (communications with persons represented by counsel).

The culture in these cases was such that the parents' attorneys did not object to the reports the social workers were giving in court, asked the social workers how their clients were doing, and sometimes complimented them on their achievements on the case, which created a sense of implicit permission.<sup>48</sup>

## 12.8 Conclusion

The lack of teamwork between social workers and attorneys did not prevent the MDT from resolving some cases more quickly and preserving more family connections. However, ongoing and inadequately addressed poor office climate conditions within the MDT damaged the attorneys' ability to retain the social workers. A study of MDT's in Australia concluded that, "The danger is that tensions will escalate to the point where each profession would prefer not to work with the other. . . If this were lost, it would be a loss to both the legal profession and clients."

To avoid this loss, the legal profession should provide greater exposure to opportunities to collaborate with social workers and work to break down the silos in which each profession tends to work. These opportunities should include trainings or workshops that focus on improving understanding of how each profession contributes to successful outcomes and encourage recognition and appreciation of those contributions. Only through increasing understanding, recognition and appreciation can mutual trust and respect grow. And, as this MDT experience has highlighted, a professionally respectful climate is key to ensuring that the two professions continue to collaborate.

The Flint MDT study demonstrated that having social work services delivered as part of the child's representation in child welfare proceedings resulted in quicker resolution of some cases and the preservation of more family connections. The MDT's social workers' only objective was to do what was in the best interest of the child and every decision was filtered through that lens.

The social workers were able to enter the child's world and better understand his needs and wishes. This meant to the social workers that sometimes to help the child, they needed to help the parent. This thinking is contradictory to the adversarial legal system in which they were operating, which assumes one party's rights are opposed to another's. Reconciling the process of providing quality representation to individuals while maintaining the ability to effectively advocate for the family, when that is what's best, should be key when employing MDTs.

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48. Walsh, *supra* note 16 p 769.

