IN PRACTICE

Seen and Heard: Involving Children in Dependency Court
by Andrea Khoury

All I ever wanted was to be heard and not just dismissed.
—Youth in foster care

Every significant decision in the child’s life, from entry into until exit from foster care, is in the hands of the court. Yet in many parts of the country, these vulnerable children have only limited opportunity, if any, to participate in court proceedings that so profoundly affect their future.

—Miriam Krinsky, Executive Director, Home At Last

Major national child welfare organizations agree that youth should participate to some extent in their child welfare hearings. However, little guidance exists to help professionals involve children in court proceedings in meaningful ways. This article addresses the following issues:

- How and to what extent should children participate?
- How attorneys, judges, and other child welfare professionals should encourage and facilitate children participating.
- How the system, made up of courts, agencies, and other child welfare professionals, should change to make it possible for children to participate.
- How to make the child welfare legal system more meaningful to youth by involving them in court.

This article includes an overview of national policies addressing children’s participation in court, followed by discussion of the benefits of such participation. It then offers concrete suggestions for reforming practice, policy, and systems to better engage youth in the court process.

Policies of National Judicial and Bar Associations
National judicial and bar associations addressing this issue have uniformly emphasized the importance of youth appearing in court in child abuse and neglect cases. For example:

- The National Council of Juvenile and Family Court Judges published Resource Guidelines Improving Court Practice in Child Abuse and Neglect Cases in spring 1995. These Guidelines, which were also endorsed by the ABA and the Conference of Chief Justices, discuss who should and may be present during each major type of hearing in a child abuse and neglect case.

- The American Bar Association (ABA) approved standards for representing children in abuse and neglect cases that suggest children should be present at significant court hearings. For example, the commentary explains that having a youth in court emphasizes for the judge and all parties that this hearing is about a child.

- The National Association of Counsel for Children (NACC) adopted similar standards in 1999. Their standard for children’s participation in court mirrors that of the ABA. At significant court hearings, children in most circumstances should be present.

- The Pew Commission on Children in Foster Care report, Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care, recommends that courts should be organized to enable children and parents to

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ABA Child Law Practice (CLP) provides lawyers, judges and other professionals current information to enhance their knowledge and skills, and improve the decisions they make on behalf of children and families. Topics include: abuse and neglect, adoption, foster care, termination of parental rights, juvenile justice, and tort actions involving children and families.

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What’s Happening around the Country

Many courts assume that youth should not be present in court, except in limited circumstances. Home At Last, a national outreach and education partnership headed by the Children’s Law Center of Los Angeles and supported through a grant by The Pew Charitable Trusts, conducted a national study of participation in court by foster youth. Entitled My Voice, My Life, My Future, the Home At Last survey reports that an overwhelming majority of youth respondents stated they attend court only some of the time (73%), followed by never (29%), most of the time (20%), and always (18%). These results were based on foster youths’ self reports.

The majority of youth who completed the Home At Last survey indicated that when they did attend court, it was helpful. The youth appreciated their involvement, which ranged from being informed about the hearing, to attending the hearing, to speaking to the judge. Satisfaction from attending court hearings did not rely exclusively on the youth speaking to the judge. Being allowed to attend made youth feel that they were more informed about their life and the experience was worthwhile.

However, some youth did not have positive experiences. Their responses ranged from feeling they were ignored to being bored. Some felt that they had to miss other important activities in their life for court, such as school.

Some states address youth’s participation in their state statutes. For example:
- Kansas directs the court to hear testimony of a youth 14 years old or older if the youth requests it and is of sound intellect.
- Minnesota states that children have the right to participate in all proceedings.
- New Mexico allows a child 14 and older to be present in court and requires the court to find a compelling reason and state the factual basis if the child is to be excluded. A child under 14 is permitted to be in court in New Mexico, unless the court finds it’s in the best interest of the child to exclude her.
- Florida only restricts a child’s presence in court if the court finds the child’s mental or physical condition or age is such that appearing in court is not in the child’s best interests. Additionally, Florida specifically addresses a child’s participation at hearings before the child’s 18th birthday to address the issue of independent living transition services.
- Virginia requires notice and the ability of a child 12 years of age or older to participate in foster care review hearings.
- California lists a youth’s ability to attend court hearings and speak to the judge as one right for children in foster care.
- Michigan requires youth over age 11 to be notified of review,

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Grandmother Had Enforceable Right to Visitation


After the death of his first wife, a father of three children remarried in 1993. His second wife adopted the three children soon after the marriage. A few months later, the maternal grandmother petitioned for visitation with the children. The grandmother claimed that although she had continued contact with the grandchildren after her daughter’s death, she was not permitted visitation once her son-in-law remarried.

Defendants claimed that the grandmother put down the father’s second wife in front of the children and that the visits with her interfered with their ability to nurture and build their family. They also said the children no longer wanted to visit with the grandmother and they did not want to force them. They further challenged the constitutionality of provisions addressing grandparent visitation contained in the Illinois Marriage and Dissolution Act.

In April 1994, the grandmother and defendants participated in court-ordered counseling on the issue of visitation. They entered into an agreed visitation order allowing the grandmother to visit the children one day a month for six hours and telephonic visitation for 30 minutes once a month. In June 1995, the parties agreed to a new visitation order that allowed the grandmother to visit with her granddaughter twice a month.

In February 2005, the father wrote the grandmother to inform her that the Illinois grandparent visitation statute had been found unconstitutional. The trial court denied defendants’ motion to dismiss and held the agreed visitation order was still valid. Defendants continued to deny the grandmother visitation. The court then found defendants in willful indirect civil contempt of court for failing to obey its June 1995 visitation order. The court ordered that each defendant be jailed on alternating weekends until they complied with the visitation order. Defendants appealed.

The Appellate Court of Illinois, Second District, affirmed. Defendants claimed the trial court lacked subject matter jurisdiction over the grandmother’s claim for visitation, and that even if subject matter jurisdiction did exist, the June 1995 agreed visitation order was void for lack of consideration.

Regarding subject matter jurisdiction, defendants claimed the Illinois’ supreme court’s ruling in Wickham v. Byrne, 769 N.E.2d 1 (2002), declaring the grandparent visitation statute unconstitutional deprived the trial court of subject matter jurisdiction in this case. Defendants claimed that the court’s June 1995 agreed visitation order was now void and therefore the court could not hold them in civil contempt for failing to obey it.

The court explained that Wickham did not eliminate grandparent visitation as a justiciable matter since the court’s right to exercise its power over grandparent visitation existed at common law before the grandparent visitation statute at issue in this case was enacted. Therefore, although Wickham narrowed the circumstances under which trial courts exercise jurisdiction in grandparent visitation cases, it did not deny them subject matter jurisdiction altogether.

Defendants claimed that since the grandmother petitioned under the grandparent visitation statute, not common law, common law could not be used to invoke jurisdiction. The court disagreed, explaining that the nature of the grandmother’s request was generally provided by the grandparent visitation statute. The grandmother’s failure to specifically request common law relief did not change the fact that her petition presented a justiciable issue. Therefore, the court had subject matter jurisdiction.

Defendants argued that the grandmother’s petition had no basis in law and therefore was void for lack of consideration. They claimed that as a result, the trial court improperly dismissed their motion to dismiss the grandmother’s claim and held them in contempt for violating the June 1995 visitation order. The court disagreed that there was lack of consideration. Consideration to support a contract is established when a promise is made to forgo pursuit of a legal claim. In this case, the grandmother agreed to forgo counseling and other relief by agreeing to the June 1995 visitation agreement. She also agreed to forgo her contract rights under the prior 1994 visitation agreement.

Because the June 1995 visitation order was neither void for lack of subject matter jurisdiction or lack of consideration, the court held it was still enforceable. The court therefore affirmed the trial court’s 2005 order denying defendants’ motion to dismiss the grandmother’s petition to enforce the June 1995 visitation order, and the August 2005 order holding defendants in contempt.
STATE CASES

California
In re Daniel C., 47 Cal. Rptr. 3d 137 (Ct. App. 2006). TERMINATION OF PARENTAL RIGHTS, RELATIVE PLACEMENT
Trial court’s denial of grandparents’ petition to modify agency’s order removing children from grandparents’ home was not an abuse of discretion; grandparents failed to demonstrate a change in circumstances from initial removal.

In re Hunter S., 48 Cal. Rptr. 3d 823 (Ct. App. 2006). TERMINATION OF PARENTAL RIGHTS, VISITATION
Trial court’s termination of mother’s rights was an abuse of discretion; court improperly allowed child and therapist to deny court-ordered visitation with child’s mother, thus preventing the opportunity for mother to prevent termination of her parental rights by demonstrating meaningful contact with her child.

Connecticut
Trial court’s decision that allowing additional time to improve the parent-child relationship would harm the children, and the resulting termination of parental rights was appropriate; children had been separated from mother for four years, none of the children expressed affection for her or an interest in seeing her, and the children’s therapist testified that continuing contact would cause them distress and anxiety.

In re Nasia B., 908 A.2d 1090 (Conn. App. Ct. 2006). TERMINATION OF PARENTAL RIGHTS, FAILURE TO PROGRESS
Child welfare agency presented prima facie evidence of parents’ failure to progress to show that they would be unable to resume child’s care in reasonable period in support of terminating their parental rights; mother had substance abuse and mental health issues and did not complete court-ordered requirements and father failed to support child until ordered and refused services.

District of Columbia
In re N.D., 2006 WL 2882573 (D.C.). DEPENDENCY, PROTECTIVE SUPERVISION
Although government did not file a written motion alleging specific violations of mother’s protective supervision of children, government’s oral motion at a hearing was sufficient notice to satisfy mother’s due process rights; oral motions are authorized by statute and mother’s counsel was aware she violated the order.

Florida
Trial court properly transferred child’s placement from foster home to home with half-siblings, despite foster parents’ desire to adopt child, since statute requires courts to make efforts to place siblings together.

In re J.C., 2006 WL 2516495 (Fla. Dist. Ct. App.). DEPENDENCY, DOMESTIC VIOLENCE
Dependency finding cannot be upheld when trial court fails to find domestic violence occurred in child’s presence; to find a child dependent based upon domestic violence between parents, there must at least be evidence that the violent behavior could have reasonably resulted in serious injury to the child, and that the child saw or was aware of the violence.

Dependency finding could not be upheld where trial court failed to find mental or physical injury or continuing threat of harm to children; although children witnessed an incident of domestic violence between mother and father, agency failed to show they suffered any harm from witnessing the altercation, or that the father posed any current threat to children.

Trial court improperly granted child welfare agency guardianship of child with right to place child based on evidence that mother’s home was injurious environment for child without considering father as a viable placement; father, who did not live with mother, offered safe and nurturing home environment.

Maryland
A nonbiological, nonadoptive parent who is a de facto parent is not obligated to show unfitness by the biological parent to qualify for visitation; state statute entitles those who qualify as de facto parents to visitation.

Massachusetts
Trial court’s revision of an existing order providing mandatory postadoption visitation to provide for visitation at the discretion of the adoptive parents was permissible; the circumstances of the original order had dramatically changed, and the judge revised the order for the best interests of the children in the new adoptive homes.

In re S.P., 2006 WL 3008091 (Ga. Ct. App.). DEPENDENCY, CONTINUANCES
Mother was not entitled to a continuance when she became emotionally distraught during deprivation hearing and could not continue; hearing had been previously continued, agency had presented its entire case, mother’s counsel did not have any additional witnesses scheduled to testify, and mother could not show harm resulted from denial of the continuance.
New Hampshire
Trial court properly denied father’s third request to comply with dispositional order and ordered child’s placement in another planned permanent living arrangement; father had already received extensive time to comply with dispositional order, he had just been released from prison and had to establish a life, the child was deeply vested in his foster placement and feared removal, and father recognized son was doing well in foster placement.

New Jersey
After biological mother agreed to transfer custody of child to another person, from whom child welfare agency conducted an emergency removal and was later granted custody and care of child, mother lacked right to surrender her parental rights to an approved adoption agency; since mother had transferred child’s custody, her surrender was ineffective.

New York
Evidence supported terminating mother and father’s parental rights based on mental retardation; mother’s IQ was 63, she had severe attention disorders that made it hard for her to concentrate and solve problems verbally, which would pose risk of neglect to child; father’s IQ was 50, he had few skills and had difficulty caring for himself left alone a child.

Father medically neglected child who was born with umbilical hernia by failing to obtain appropriate treatment for him after being informed of seriousness of condition and need for evaluation and treatment and leaving child with mother whose ability to care for child was suspect.

Court correctly held that mother medically neglected child since she placed child in imminent danger of impairment and neglected her by failing to provide adequate medical care; she refused to consent to transfer diabetic child to pediatric intensive care unit, and encouraged child to pull out her IV and leave the hospital.

North Carolina
Mother, children, and all parties were prejudiced by trial court’s egregious delays in termination of parental rights proceedings; trial court waited over a year after child welfare agency petitioned to terminate mother’s rights to hold termination hearing and waited seven months after termination hearing to enter termination order.

Mother was not entitled to court-appointed guardian ad litem based on her mental illness in termination of parental rights proceeding; although trial court’s order referred to mother’s depression and suicide attempt, they were the only references to mother’s mental illness out of 40 findings of fact and court did not substantially rely on them when choosing to terminate mother’s rights.

Ohio
*In re A.B.,* 852 N.E.2d 1187 (Ohio 2006). **DEPENDENCY, PERMANENCY PLAN**
Trial court lacked authority to place children in planned permanent living arrangement after temporary custody was awarded to county Children Services Board since board did not request the placement and it did not support legislative goal of providing permanency for foster children.

*In re Butler, 2006 WL 2533010 (Ohio Ct. App.). **DEPENDENCY, REPRESENTATION**
Since conflict arose between testimony of child’s court-appointed guardian ad litem (GAL), who was also appointed as counsel, and child’s in camera testimony, trial court was required to appoint new a GAL since GAL failed to advocate for child.

Pennsylvania
Changing permanency plan for mother’s two children from reunification to adoption was supported by evidence, including that mother had trouble responding to children’s emotional well-being, used inconsistent discipline tactics, showed indifference towards children and sometimes anger, and failed to provide proper care; agency had made substantial reasonable efforts to reunify family.

Texas
*In re T.N.F.,* 2006 WL 2507332 (Tex. App.). **TERMINATION OF PARENTAL RIGHTS, REPRESENTATION**
Mother’s lawyer in termination of parental rights proceeding did not have conflict with mother that prevented him from effectively representing her after mother rejected lawyer’s advice to separate herself from father and pursue individual strategy and instead joined father’s trial strategy; mother could not fault her lawyer for her decision and trial result.

Virginia
*Gibson v. Roanoke City Dep’t of Social Servs.,* 2006 WL 2685108 (Va. Ct. App.). **TERMINATION OF PARENTAL RIGHTS, RELATIVE PLACEMENT**
Evidence did not support placing children in custody of grandparents after parents’ rights were terminated since children required specialized counseling for the abuse and trauma they endured, and grandparents had previously relinquished custody of another grandchild because of their inability to care for child’s needs and were unable to set limits with children.

Father’s incarceration alone did not support termination of his parental rights where agency had had no contact with father and presented no evidence regarding children’s bond with him or his ability to care for children upon his release from prison; while evidence of a parent’s long-term incarceration may support termination of parental rights when combined with other evidence about the parent-child relationship, fact of incarceration alone does not support termination.
permanency, and termination of parental rights hearings.18

In the New York City Family Court, the administrative judge issued a policy requiring that youth 10 years of age and older appear in court regularly.19 The policy leaves many of the details up to the trier of fact, but makes clear that the general rule is children 10 years of age and older make regular appearances (at least once a year) in court.20 The policy also allows exceptions based on the case and the individual needs of the youth and family.

Benefits when Youth Participate
Attending court benefits both youth and the court. Youth have the opportunity to understand the process by seeing firsthand the court proceeding. They also develop a sense of control over the process when they actively participate. The court learns more about children than simply what is presented in reports.

Sense of control
When a youth is removed from his home, he generally has little control over when or why that occurs, where he goes, and what happens to his parents. Important things in his life are taken away, including his ability to make decisions. He generally is placed in a new home, goes to a new school, has to develop new friends, and has new parents and new siblings. All of these events are beyond his control. He is told there will be a court hearing at which a judge, whom he may never have met, will decide if he will return home. Sometimes a child advocate identifies his needs and conveys his best interests to the court. If he is not in court, he may simply be told the outcome and either continue in his foster home or go back home.

If the goal of the child welfare system is to do what is in the best interests of the child, the child should have input. When a youth has adequate representation, she is informed of the process and her role. When a youth attends a court hearing, she senses the judge who is deciding her best interests has listened to her. Regardless of the outcome, youth have reported that simply being heard by the decision maker empowers them and gives them a sense of control over what is happening to them. They feel they have a part to play and can influence the outcome.

Understanding the process
In an ideal situation, the youth has good representation, the social worker regularly communicates with the youth, the birth parents are honest with the youth about the situation, and the foster parents are present in court and openly discuss the case with the youth. However, a youth may not fully understand what is happening without seeing it firsthand. The youth is told that critical decisions are made by a judge in court. Yet, in most instances the youth is not involved in that component of the case.

When a youth attends court, he can ask his advocate questions about what is happening. He hears what the social worker says about his home, school, visitation with parents, etc. He hears what his parent(s) say about their progress. When the judge makes a ruling and discusses why she orders something, the youth hears it firsthand and can ask questions.

Information for the court
Many questions that the court will have about the case may be addressed by the child welfare agency’s and child advocate’s reports, the parent(s)’ testimony, and other service providers’ input. However, if the youth is present and the court has a question about how often the youth has seen her mother or how the youth is doing in school, the youth can provide the answer. The youth makes the case more real and vivid for the judge. For example, the court may be deciding whether it is time to change the permanency plan to adoption because the parents haven’t complied with the agency’s family service plan. If the youth is in court, the court doesn’t have to rely on the reports to see how long the child has been in care. The court can see that the child is getting older and needs permanency in her life. Indeed, the youth may say this directly to the judge. Even if the youth is not verbal, the court can observe how the youth appears and interacts with others.

If the youth is very young and cannot speak to the judge, being present in court will bring the case to life and help show the case is about a human being with wants, needs, desires, and hopes that should be considered.

When youth attend the hearing, the court is less likely to focus excessively on the parents’ circumstances as opposed to the youth’s...
needs. When only the parents attend court, the focus is on what they have and or have not accomplished. When the youth is present, there is equal attention on the youth and what the youth needs.

Policy and Practice Considerations
Regardless of how your jurisdiction views children’s participation in court, a clear policy should be in place about when and how youth should attend court hearings. This policy should provide enough flexibility to accommodate the individual needs of each child, not impose rigid requirements.

Key issues to address

What are the youth’s wishes?
Most youth have definite feelings about whether they want to attend court.

How old is the youth? Some states place age restrictions on youth attending hearings. If the youth is an infant, the court will gain insight from her demeanor, appearance, and personal interaction with her parents. An older youth can be an information resource for the judge.

What is the developmental level of the youth? Will the youth understand what is happening during the hearing?

Will attending court upset the youth? Abuse and neglect hearings can contain graphic details of abuse that may be troubling for the youth to hear. A youth may hear a judge reprimanding her parents for their behavior. They may hear things that they don’t understand. Youth may be afraid of abusive parents and may suffer additional trauma if forced to confront them. Youth may be frightened to take a position contrary to their parents. The youth may also feel responsible for what the court orders. On the other hand, it may be therapeutic for youth to be exposed to the realities of the situation.

Will attending court disrupt the youth’s routine? Generally court proceedings occur during regular school hours. The youth may have to miss school. If hearings are postponed, the youth may have to miss multiple days. Youth may have sports and other extracurricular activities that may be disrupted. Yet this concern is not insurmountable. If one values youth participation, scheduling issues and conflicts can be addressed the same way we juggle other commitments in a youth’s life, such as doctor or dentist appointments.

Will court be confusing or boring to the youth? Often multiple cases are scheduled for one day. Youth have to wait until their cases are called, sometimes for hours. Most courtrooms do not have child-friendly waiting areas and the youth have to bring something to do while they wait. Also, there must be supervision for the youth while waiting. During the hearing, attorneys and judges use words and talk about concepts that the youth may not understand. Youth have to remain quiet and attentive during hearings that can be long and boring to them if they do not understand what is happening.

Who will transport the youth? Most courts rely on the child welfare agency to transport the youth to and from court. In some jurisdictions, youth are placed far from the courthouse and transporting youth can be time consuming and inconvenient.

It’s important to remember that we empower youth by including them in court hearings. They feel more invested and more involved and more likely to be successful. Even if the final order is contrary to what the youth wants, they feel that their voice was heard and have a better understanding of why a particular decision was made. Everything in foster care is taken out of their control (school, home, friends). In court and with their lawyer, they have a say in what happens. They have some control over their future and their life.

—Melanie Klein, Maryland Legal Aid Bureau

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The presence of children in court proceedings that affect them is invaluable, even when they are too young to express themselves. The child’s presence alone can give a face to what would otherwise be simply words on paper. Nothing can substitute for personally observing and engaging a child.

—Judge William G. Jones (ret.)

without restricting testimony and information that she may hear. This occurs when the judge and parties feel the testimony will not harm the youth and the youth’s input is vital.

Present the youth’s testimony in-chambers. Bring the youth into chambers with the judge and lawyers to discuss the case. This can occur during the hearing. Most jurisdictions allow in-chambers meetings between the judge and the youth. All lawyers and a court reporter can be present, and all discussions can be on-the-record. This provides the youth with a voice directly to the judge and protects him from any potential damage from seeing abusive parents or hearing negative information about his parents. Recording the interaction protects the parties who are not permitted in chambers (i.e., the parents) by informing them what information the youth has shared.

Arrange an advance visit to the courthouse. Bring the youth to the courthouse when hearings are not occurring. Introduce the youth to the judge who makes the decisions in their case. Show the youth the courtroom and explain where everyone sits and what everyone does. It is not necessary to discuss the specific case. Simply meeting everyone involved helps the youth feel included. It also may spark the youth’s curiosity, so that she begins asking questions and playing a larger role in the case. This is especially useful with a preschool-aged youth who may not benefit from being present during the hearing. The judge will have the benefit of meeting the youth and the youth can meet some of the participants.

Have the youth wait in a waiting area for the hearing. When the youth’s input is required, bring the youth into court. The attorneys and judge can ask the youth questions and the youth can provide critical information about what is happening in her life. The youth would not be present for any other part of the hearing. This allows the youth to have input into decisions made on her behalf while protecting her from information provided or discussed during other parts of the hearing.

Exclude the youth from court during harmful testimony. Have the child present for all of the hearing except parts that may be harmful. All parties should have the opportunity to be heard on whether an issue is harmful to the youth. If the judge finds it would not be in the best interests of the youth to hear or see something, the child would be excused. For example, if the judge is going to hear graphic testimony about the sexual abuse of a sibling, the youth can be asked to leave the courtroom for that part of the hearing. This allows the youth to participate in the hearing, even when the youth’s input is not required, and have similar protections as the previous two options.

Present the child’s hearsay statements in court, without the youth present. Allow the child’s guardian ad litem to have access to the child at an offsite location or by telephone. Check with your state and local rules for procedural require-

ments when introducing hearsay evidence (e.g., provide all parties with notice of intent to introduce youth’s statements). In all cases, the child should be accessible in case the court determines the child’s presence is needed.

Systemic changes to increase youth participation in court
A majority of jurisdictions, either because they lack statutory guidance or because of common practice, work with the presumption that youth should not be present in court except in certain circumstances. Changing years of practice may be challenging, but the more comfortable lawyers, judges, and other child welfare professionals become with it, the more common it will become. Changing the system to include youth in their hearings starts with the following steps:

Statutes and court rules
Each state should have a state statute or court rule identifying who should be present at dependency hearings. The statute or court rule should state a presumption favoring youth appearing in court and criteria for exceptions. Such criteria should include age, the youth’s wishes about court participation, the youth’s cognitive ability to understand the court hearings, the youth’s emotional stability, the case facts, and other factors. A mental health professional’s opinion may be needed, particularly if a youth is to be excluded from the hearing. There should, however, be a presumption that the youth be present in court unless the court finds it is not in the youth’s best interest to attend. A court rule should require notifying the child via foster parents or other caregivers.

Court administrative policies
Absence a statute or court rule, a court can implement an administrative policy describing when youth should be present in court. The New
York City Family Court has such an administrative policy. Courts’ policies should ensure that youth do not have to attend court during school hours. If that is not possible, the court should hear these cases before others so the youth can be excused and return to school. In most cases, courts should establish specific times for hearings so youth do not have to spend many hours waiting for their cases to be called. The New York City Family Court policy directs the court to call cases where a youth is present in a “timely fashion so the child does not remain in the courthouse unnecessarily.”

The court should make clear who is responsible for transporting the youth to the hearing. In most cases, it makes sense to have the youth’s custodian responsible for transportation. A youth should also be able to have a trusted support person accompany her to court.

If a youth is not present at a hearing, the court should routinely inquire about the youth’s whereabouts. This helps the parties understand that the court expects the youth to attend the hearings.

Youth’s representative practices
The youth’s representative plays a major role in his client’s court attendance and participation. Rarely does a youth attend a court proceeding if the youth’s representative does not want his client to be there. Often the only way a youth will be brought to court is when the representative requests it. It is important for the youth’s representative to be informed of the benefits of court participation and the ways youth can participate.

As the person speaking for the youth, the youth’s representative’s first priority should be quality representation. Regardless of whether the youth attends court, the youth’s representative should at a minimum:
- Be appropriately trained in child welfare law, child development, and child psychology.
- Be familiar with child interviewing techniques and children’s communication skills.
- Have a caseload that permits him to establish a personal relationship with every client.
- Explain his role to his client.
- See his client, at minimum, before every court hearing in a setting familiar to the child (e.g., school, home, park, etc). Meeting the youth in the courthouse is not conducive to developing a trusting relationship.
- Complete an independent investigation of the case, including speaking with parents, relatives, therapists, teachers, and anyone with significant information about the youth.
- Ensure the youth’s voice is heard in every proceeding.

When deciding whether the youth should attend court, the youth’s representative should consider the factors listed in the prior section. When appropriate, he should encourage the youth to attend the hearing. He should inform the court whether there should be an in-chambers discussion, whether the youth would like to meet the judge in advance, or whether there are some issues the youth should be excluded from during the hearing.

If the youth’s representative decides, after meeting and talking with the youth, that she should be present during the hearing, he should prepare her. He should explain who will be present (and what their roles are), what will be discussed, and what decisions will be made. Above all, he should discuss with the youth what she would like to the court and the other parties to know. The representative could even do a mock hearing so the youth is comfortable. If the youth would like to speak, he should assist her in deciding what to say. He should ensure that the youth will be transported to the hearing.

During the hearing, the youth’s representative should ensure the youth is aware of what is happening and consult with her when questions arise. If the youth would like to speak, he should ensure that she is given that opportunity. He should then spend time with the youth after the hearing to discuss what occurred and allow the youth to ask questions and express any concerns. If necessary, he should request therapeutic services to help the youth more thoroughly process the court experience. He should praise her for attending and participating.

If after meeting and talking with the youth, the representative thinks she should not attend the hearing, he should also have a way to contact the youth during the hearing if something unexpected occurs. He should contact the youth directly after the proceeding and let her know what occurred, answer any questions, and let the youth know when the next hearing is scheduled.

In some jurisdictions, the representative is required to submit a report about the youth to the court. This report should bring the youth “to life” for the court. It should discuss the youth’s physical appearance and personality, strengths and needs, relationships with significant people, and results from medical and educational assessments. It should also include a picture. This report is especially important for a very young youth. During court proceedings, the representative should continually refer to the youth described in the report to help the judge and parties understand her unique needs.

Accommodations for youth in court
The national, nonpartisan Pew Commission on Children in Foster Care recommends that children under court supervision and their parents must have an informed voice in decision-making related to whether a child enters foster care.
It’s important for kids to be in court so they can understand the process. I wanted to be there so that the judge would know what my plan was for my future. I should have a say in what the plans are for me. I think the judge liked me being in court because it showed that I cared about my case and what was happening to me.
—Former foster youth

how a child fares while in care, and what kind of plan is in place to secure a safe, permanent home for that child. The Pew Commission encouraged state court leaders to consider the impact of several factors on the youth’s experience in court. These factors include courtroom and waiting area accommodations, case scheduling, use of technology in the courtroom, and translation of written materials to make the process more accessible and meaningful for all participants including children. 27

Courts around the country are beginning to create child-friendly waiting areas. Courts could solicit donations of toys, reading materials, smaller tables and chairs, and other child-friendly tools to make waiting for court hearings more tolerable for youth. Many courthouses have waiting areas with televisions tuned to news programs. During dependency court days when children may be present, the television can be changed to youth-friendly programs. In one Seattle court, a trained dog from Canine Companions for Independence is placed in the courthouse to comfort the kids. 28 There should also be separate conference rooms for attorneys to meet with youth before court. (See box on special accommodations for kids with disabilities.)

Agency policy
Agency policy and training guidelines should stress that youth must be at all hearings unless the court, agency attorney, or child’s attorney says otherwise. There should be an understanding of who is responsible for transportation. It seems reasonable that if the agency has custody, the youth’s social worker or transportation aid should organize transporting the youth to court. Some agencies around the country have transportation units that bring youth to court.

Preparing children for court should also be an agency priority. Discussing what the youth will see, who will be present, and what questions the youth should expect is critical in making the court experience more valuable for the youth. Agencies around the country have created booklets for youth in foster care explaining their rights in age-appropriate language using cartoon characters to explain the players. 29 One of the first rights typically listed is the right to attend court hearings. This tool can be used by social workers and attorneys to begin a dialog with youth about the court experience and how to make it more valuable for youth.

In addition, the social worker should follow up with the youth after court to ensure she understood what happened. If necessary, enlist the assistance of a mental health professional to help the youth process the experience.

Court orders
In addition to the judge asking why the youth is not in court, court orders should have a place to state whether the child was present. Additionally, the court should note whether the youth is to be transported to the next hearing on each court order and should enforce this requirement.

School accommodations
Schools should not penalize a youth for attending a court hearing. There should be a dialogue and a memorandum of understanding between the schools and the child welfare agency about youth in foster care. The youth should not be sanctioned for any absences for child welfare-related appointments, court hearings, visits, etc. 30

Child and Family Service Reviews
The Child and Family Service Review (CFSR) is a tool used by the federal Children’s Bureau to review states’ policies and practices for ensuring safety, permanency, and well-being for youth in foster care. Improving youth’s participation in court is linked to an important “systemic factor,” contact between youth and caseworker, in the CFSR. Greater contact between youth and caseworkers improves outcomes for youth in foster care. 31 Presence in court should provide this contact. The caseworker will often transport the youth to court and spend time with the youth while waiting for court hearings. This can provide valuable relationship-building time.

Improving youth’s participation in court is also linked to an important case outcome, family reunification. Research shows that increased visitation between youth and parents boosts the chances for reunification. 32 Contact between the child and

Judges can choose to exclude young people from court proceedings, but by doing so, they send a message that youth have no meaningful role in the process. Judges are, however, also able to empower young people by providing them with the opportunity to attend and actively participate in court proceedings that affect them.
—Judge William G. Jones (ret.)
parents before or after court contributes to this outcome.

The results from the CFSRs show that most states must improve the thoroughness and quality of the permanency hearings. Youths’ presence in court may increase the quality of hearings because the court would take time to interact with the youth. There would also be less chance of short, cursory hearings.

Conclusion

Child welfare cases are about taking care of youth and doing what is best for them. Youth need and deserve to be a part of that process. A critical component of that process is court hearings. The more guidance attorneys and judges have on incorporating youth into their child welfare proceedings, the more likely the youth will have the opportunity to participate.

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Endnotes

1. According to the Guidelines, a youth should be present at some point for the judge to observe them, at least during the review and permanency planning hearings. If the child is able to present information to the court on their needs and desires or if they have questions or concerns, they should be permitted to address the court. In addition, during the preliminary protective hearings, adjudication, disposition, and termination hearings a youth may be present depending on factors including age, physical and emotional condition of the child, and potential trauma to the child. National Council of Juveniles and Family Court Judges. Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases. Spring 1995, 69.
3. In addition, the standards specify criteria for children’s attorneys to decide whether to bring a youth to court, including whether the child wants to attend, the child’s age, and the potential trauma to the child. The lawyer or child’s representative, in making this decisions is urged to consult with therapists, caretakers, or other persons who have specific knowledge of the youth and whether attending the hearing would be damaging to the youth. Id.
6. Attorneys should not only encourage and facilitate youth attending dependency proceedings but also encourage the youth to advocate for themselves. Attorneys and judges should promote policies and practices that reflect this thinking on a systemic level. Ibid. 117, 122, 130.
8. Ibid., 11
9. Ibid., 13
10. K.S.A. § 38-1570(a)
11. M.S.A. § 260C.163
12. N.M. § 32A-3B-13(c)
13. Ibid.
14. Florida Rule of Juvenile Procedure 8.255(b)
15. FL ST 39.701
16. VA 16.1-282
17. CA Welf. & Inst. §16001.9
18. MCL §§ 712A.19(5), 712A.19a(4), and MCL § 712A.19b(2)
20. Ibid.
21. It is worth noting that in delinquency hearings, children are required to attend hearings and they are afforded the same procedural protections as adult offenders.
26. Ibid.
29. For example, The Association for Children of New Jersey published a book entitled I Can Make It! The Story of Justin and Jenn in Foster Care, by Mary Coogan and Nancy Parello. The project was funded by a federal Court Improvement Grant.
30. For example, California passed AB 490, which states: “Grades of a child in foster care may not be lowered due to absences from school because of a change in placement, attendance at court hearing or other court related activity.” Cal. Educ. Code 49069.5(h).
Mental/Behavioral Health Services

Outpatient Treatment
- Encompasses a wide range of therapeutic modalities usually rendered in an office setting. Some common services provided in an outpatient setting include:
  - Evaluations
  - Individual Psychotherapy
  - Group Therapy
  - Family Therapy
  - Medication Management
- Individuals engaged in this treatment setting are in no imminent danger to themselves or others and are generally functional.
- Issues addressed in treatment may be focused and time limited, and be addressed in long-term psychotherapy or psychopharmacological maintenance.
- When recommending this level of care, include specific appropriate modalities to be used. Justification should define the problems to be addressed. The overarching goals of treatment and the frequency of the service should be well defined, i.e., 1 hour of individual therapy per week and 2 hours of family therapy per week, etc.

Acute Partial Hospital Program
- This is a treatment program that combines elements of the inpatient and outpatient settings in a structured, therapeutically intensive program.
- Clinical services are coordinated to achieve a stable, therapeutic milieu.
- Partial hospitalization offers an alternative to hospitalization for individuals who represent no imminent danger to themselves or others.
- These programs are used for individuals discharged from inpatient or in lieu of inpatient treatment.
- Recommendation for Acute Partial Hospital Program need not include frequency of service, specific treatment modalities to be used or duration of treatment. The service provider will define frequency, duration and treatment modality. However, justification and goals for this level of care must be included within the recommendations.

Maintenance Partial Program
- A nonhospital based program that provides less than 24-hour care for individuals who are stabilized, post-crisis, but require ongoing, nonacute support other than that available in traditional outpatient or aftercare programs.
- These programs provide an array of services that include medical, psychological, social, cultural, behavioral, familial, educational, vocational, and developmental services.
- Unlike the acute partial, this array of services is offered on a longer-term basis and is more related to psychosocial rehabilitation.
- Recommendation for this level of care will, most likely, be made by an agency providing Acute Partial Hospital Program services.
- These programs are limited in number.

Family Based Services (FBMHS)
- Provides behavioral health services to children and adolescents with emotional disorders and their families.
- The primary goal of the Family Based program is to enable parents to care for their children who have serious behavioral health problems and are at risk for psychiatric hospitalization. The goal is reduce out-of-home placement and to strengthen and maintain families through therapeutic interventions.
- Interventions include traditional therapy services, assessment, planning and family support.
- Family-based staff is also responsible for linking families with other service systems and community resources.
- The program services children at risk of psychiatric hospitalization or out-of-home placement. This is a short-term program and provides transition to other community based services.
- A recommendation may be made for this level of care. As with other levels of care, justification for this service and the overarching goals of treatment must be included within the recommendation.
The coordination of service delivery to children and their families that is individually tailored to each case. The goal is to keep the family together in the community and for the youth to be able to function appropriately in all domains. BHR Services include:

- Therapeutic Support Staff (TSS)
- Behavioral Specialist Consultant (BSC)
- Mobile Therapy (MT)
- BHRS Case Management

Treatment modalities include individual and family therapy within the home setting; behavioral interventions defined by a Behavioral Specialist Consultant and implementation of those interventions by the Therapeutic Support Staff either in the home or at school.

The goal is to provide short-term interventions to prevent placement into residential treatment, if appropriate, and to prevent psychiatric hospitalization.

When prescribing any or all of these treatment modalities, specific information must be included. Any treatment modality recommended must be individually prescribed, i.e., TSS, BSC, MT, BHRS case management. The number of hours prescribed for each service must be included, as well the treatment goals to be accomplished by each specific service modality. Overarching goals for specific treatment modalities should be included in the recommendations.

The coordination of behavioral health services to children in a school setting. A team is provided to a group of children who are serviced in their own classroom. Treatment could potentially last the duration of the school year (9 months). The team consists of a:

- Teacher
- Mental Health Worker from a provider agency
- Behavioral Specialist (if prescribed)
- Mobile Therapist (if prescribed)
- Case Manager

The Behavioral Specialist and Mobile Therapist, if prescribed, will be available to the youth and family at school and at home.

The BSC and MT will work with the youth, the family, teachers, and mental health workers to develop a plan to address the behavioral health needs of the youth.

As s/he progresses, the youth is gradually transitioned back into a regular classroom setting.

When prescribing this treatment modality, a psychologist or psychiatrist evaluates the youth and recommends SBBH services. If the youth requires additional support, a behavioral specialist or a mobile therapist may be prescribed. As with BHR Services, each treatment modality must be individually prescribed with the number of service hours included. Also, treatment goals should include what symptoms will be targeted with the service.

A program that coordinates behavioral health services to children in a school setting.

A team is provided to a group of children who are serviced in their classroom.

This program is similar to the SBBH program. However, the program operates 12 months per year. The team composition is also similar to the SBBH program and may include a:

- Teacher
- Mental Health Worker from a provider agency
- Behavioral Specialist (if prescribed)
- Mobile Therapist (if prescribed)
- Case Manager

The Behavioral Specialist and Mobile Therapist, if prescribed, will be available to the youth and family at school and at home.

The BSC and MT will work with the youth, the family, teachers, and mental health workers to develop a plan to address the behavioral health needs of the youth.

As the youth progresses, the youth is gradually transitioned back into a regular classroom setting.

When prescribing this treatment modality, a psychologist or psychiatrist evaluates the youth and recommends CARE services. If the youth requires additional support, a behavioral specialist or a mobile therapist may be prescribed. As with BHR Services, each treatment modality must be individually prescribed with the number of service hours included. Also, treatment goals should include what symptoms will be targeted with the service.

RC is a service for persons with a major mental illness who may also have substance abuse problems and who may have mild to moderate difficulty in social, school-related or daily living skills.
Resource coordinators typically meet with clients anywhere from two to three times per month to every other month, depending upon need, but are also available during weekday business hours in the event of difficulty. They generally assist clients to coordinate and obtain community resources, and to provide training, support and assistance in living safely in the community and maintaining stable relationships, housing and employment.

No prescription is needed to arrange for this service. However, a referral form is completed and submitted to the Office of Mental Health. A probation officer may complete the referral form, attach the evaluation and return it to the Office of Mental Health for review. As with other levels of care, justification for this service and overarching goals of the service must be included within the recommendation.

**Intensive Case Management (ICM)**

- This service assists children with emotional disorders and their families gain access to needed medical, social, educational and other services.
- Children and adults who have a serious mental illness and have had a history of intensive treatment services are provided ICM services when indicated. ICM provides families with access to ICM staff 24/7 for assistance and for crisis intervention.
- Intensive case managers assist children and their families in obtaining services described in treatment and services plans. They also provide crisis intervention to these children and families as needed, coordinate referrals to intensive treatment services, and monitor progress in treatment.
- ICM staff assists families in obtaining entitlements as well. [The intensive case manager can manage the application process and services provided under EPSDT for those children who are enrolled in Medicaid].
- A recommendation may be made for this level of care. No prescription is needed to arrange for these services. However, a referral form is completed and submitted to the Office of Mental Health. A probation officer may complete the referral form, attach the evaluation and return to the Office of Mental Health for review. As with other levels of care, justification for this service and overarching goals of treatment must be included within the recommendation.

**Acute Psychiatric Hospitalization**

- A level of care for individuals who represent an imminent danger to themselves or others and cannot be maintained in a less restrictive environment.
- This type of facility provides 24/7 supervision. 24-hour monitoring is required by a multidisciplinary team of behavioral health professionals to keep the individual safe, effectively treated, and to have the individual progress to a less restrictive level of care.
- The primary consideration for the selection of this level of care is the type and acuity of symptoms in the individual’s clinical presentation.
- Safety of the individual is paramount. A thorough evaluation of suicidal ideation, homicidal ideation, and ability to care for self must be conducted. Individuals whose symptoms place them at acute risk of harm to self or others must be admitted to the acute setting.
- Typical care in an acute setting includes:
  - daily psychiatric nursing evaluations
  - direct services by a psychiatrist 7 days per week
  - medication management in a highly structured therapeutic setting
  - psychotherapeutic interventions as indicated
- Admission to this level of care requires an evaluation by a psychiatrist.

**Residential Continuum Treatment Facility (RCTF)**

- A residential setting for youth who require 24-hour supervision and observation.
- These facilities are capable of providing minor behavioral health treatment to youth with psychiatric disorders.
- These youth do not require the therapeutic intensity provided by a residential treatment facility. Although the treatment needs are not as great, the youth in these programs require constant supervision. This is considered to be a less restrictive level of care in comparison to an RTF.
- An evaluator, psychiatrist or psychologist, must recommend this level of service.

**Residential Treatment Facility (RTF)**

- A residential setting for youth who require 24-hour supervision and observation.
- A youth in placement at a residential treatment facility has a psychiatric disorder and presents a risk of harm to self and others requiring continuous supervision.
- Usually, other levels of care have been tried and do not provide adequate support to maintain the youth in a less restrictive setting.
- An evaluator may recommend this level of service. However, to prescribe, a psychiatrist must complete the evaluation.
### DRUG & ALCOHOL SERVICES

#### Outpatient Treatment
- Encompasses a range of therapeutic modalities, usually rendered in an office setting, to address issues of substance abuse.
- Generally used for those who are in need of treatment, however, do not require a high level of intensity.
- Therapeutic modalities that are commonly rendered in such a setting include:
  - Assessment
  - Psychiatric Evaluation
  - Medication Management
  - Individual Therapy
  - Group Therapy
  - Family Therapy
- The Adolescent American Society of Addiction Medicine (ASAM) tool provides criteria based upon the information obtained through a comprehensive evaluation and prescribes the level of drug and alcohol services applicable. The ASAM is used to determine levels of drug and alcohol treatment services.
- To prescribe, a recommendation is made based on the ASAM criteria mentioned above. There are no other referral requirements.

#### Intensive Outpatient Treatment (IOP)
- IOP is appropriate for persons with alcohol or drug problems who need assistance in beginning or maintaining recovery, but who do not require detoxification or hospitalization.
- Outpatient programs may be offered on various schedules, such as days, evenings, weekends and combinations of these.
- Programs are of varying durations, and may be used as a transitional step between an initial crisis and/or re-entry into daily living activities, depending on need.
- Specific placement criteria are used based upon a thorough comprehensive evaluation completed by any behavioral health provider.
- It is based upon the use and duration of a client’s substance use, and is recommended for individuals who require intensive support in an effort to maintain abstinence.
- IOP treatment can be provided up to nine hours per week based upon the treatment plan. The treatment provider will determine number of hours.
- To prescribe, a recommendation is made based on the Adolescent American Society of Addiction Medicine criteria (ASAM). There are no other referral requirements.

#### Detoxification Program
- A process whereby a drug or alcohol addicted client is assisted through a period of time necessary to eliminate, by metabolic or other means, the presence of intoxicating substances or dependency factors, while keeping the physiological or psychological risk to the client at a minimum.
- In many cases, this level of care is the first point of entry into alcohol or other drug treatment by many clients and represents an important point for intervention.
- To prescribe, a recommendation is made based on the Adolescent American Society for Addiction Medicine (ASAM). There are no other referral requirements.

#### Short-Term Residential Rehabilitation Program
- A facility that provides a 24-hour, professionally directed evaluation, care and treatment for addicted clients in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupational or school functioning.
- The goal of short-term residential treatment is rehabilitation.
- The length of stay is up to sixty (60) days based upon the Adolescent American Society for Addiction Medicine (ASAM).
- It provides a range of therapeutic interventions and skill building in all levels of functioning. Many individuals are transitioned into IOP programs and recovery housing to ensure continuity of care.
- To prescribe, a recommendation is made based on the Adolescent American Society for Addiction Medicine (ASAM). There are no other referral requirements.

#### Long-Term Residential Rehabilitation Program
- A facility that provides a 24-hour, professionally directed, evaluation and rehabilitation service to substance abusing/dependent clients.
- The defining characteristic of this level of care is that they service clients who need and, therefore, are placed in safe and stable living environments in order to develop sufficient recovery skills.
- The goal of long-term residential treatment is habilitation.
- The length of stay for long-term residential treatment is greater than sixty (60) days.
- Clients placed in this level of care are individuals who have chaotic, nonsupportive and poor interpersonal
relationships, extensive treatment histories and criminal justice histories with risk for continued criminal behavior, little or no work history or educational experience, and/or antisocial value system.

- To prescribe, a recommendation is made based on the Adolescent American Society for Addiction Medicine (ASAM). There are no other referral requirements.

**SUPPORT SERVICES**

**Continuity of Care Team (COC)**

- This team is a consumer-focused behavioral health care initiative that provides for a continuum of in-plan and supplemental mental health and substance abuse services that are accessible and individualized.
- Multidisciplinary planning ensures that all appropriate treatment and supportive services, as well as linkages to other levels of care, are provided.

This team functions on a short-term basis. There are four (4) primary functions of the team:

- Outreach/Engagement: Through outreach efforts, the team will immediately engage clients who have been identified as in need of immediate intervention.
- Assessment/Linking: The team will use a range of assessment skills to ascertain the need for immediate medical, psychiatric, psychological, substance abuse and environmental interventions. The assessment process is ongoing and moves from immediate stabilization to engagement to treatment and recovery.
- Intervention: Through the efforts of the multidisciplinary team, immediate interventions such as referral to medical, psychiatric, substance abuse treatment, etc. This may also include short-term supportive counseling, assisting the client in understanding the need for services.
- Advocacy: As an advocate, the team will ensure that clients have access to the array of services and supports needed to be successful.

**SCOH Services (Serving Children in their Own Homes)**

- These services are provided by contracted agencies for every family accepted for service and whose children can remain at home.
- The goals of SCOH are to maintain children safely in their own homes, and to preserve and strengthen the family’s capacity to provide appropriate care for their children. Services include:
  - Monitoring of child safety
  - Assessment and documentation of safety through face-to-face contact
  - Structured intervention which promote life skills development
  - Advocacy for acquiring, coordinating and monitoring community resources
  - Service coordination to plan and monitor family participation

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