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Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Research article

Early childhood court in Florida: Qualitative results of a statewide evaluation

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ARTICLE INFO

Keywords:

Child maltreatment
Criminal justice
Program evaluation

ABSTRACT

Background: Child maltreatment, removal from the home and foster care placement are all associated with poor physical and developmental outcomes for children. Early Childhood Court (ECC) is a specialized, trauma-informed, team-based approach designed to meet the unique needs of young children and their families in the dependency court system.

Objective: The objective of the study was to evaluate the ECC program in 20 Florida circuits.

Participants and setting: Participants in the evaluation were 53 ECC professionals (e.g., judges, attorneys, mental health providers, caseworkers, etc.) and 9 parents and caregivers. Focus groups were conducted in person, and interviews were conducted either in person or on the phone.

Methods: Interviews and focus groups were transcribed verbatim and analyzed with a hybrid deductive/inductive process using MAX QDA. Two coders (trained doctoral student researchers) established inter-coder reliability with a Kappa greater than 0.80 and used an iterative process to discuss, refine, and describe each theme throughout the analysis.

Results: Participants described who is involved in ECC and most discussions focused on professional versus parent/caregiver team members. Participants also described how ECC is different from traditional dependency court and several themes, such as *Child and Family Friendly*, *Judicial Leadership*, and a *Team-Based Approach*, aligned with the national model. Emergent themes were *Relationships* and *Success*.

Conclusions: Future research could explore the selection of parents into ECC.

1. Background

Child maltreatment and removal from the home are traumatic experiences for children (Georgetown University Center for Child & Human Development, 2020, n.d.). Childhood trauma and foster care placement are associated with poor physical health and developmental outcomes (Cameron, Eagleson, Fox, Hensch, & Levitt, 2017; Norman et al., 2012; Szilagyi et al., 2015; Turney & Wildeman, 2016) and children placed in foster care are more likely to have experienced adverse childhood experiences (Turney & Wildeman, 2017). In addition, childhood trauma may contribute to the inter-generational risk of behavioral health problems (Schickedanz, Halfon, Sastry, & Chung, 2018). Unfortunately, the youngest and most vulnerable children, those ages birth to 3 years, are overrepresented among documented cases of child maltreatment. In fact, children ages 0–12 months have a maltreatment rate double that of the next age category, children ages 12–24 months (25.3 per 1000 compared with 11.7 per 1000). In the United States,

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<https://doi.org/10.1016/j.chiabu.2020.104476>

Received 2 November 2019; Received in revised form 11 March 2020; Accepted 18 March 2020

Available online 03 April 2020

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children ages 0–3 represent 28.5 % of all child maltreatment victims nationally for ages 0–17 (U.S. Department of Health & Human Services, 2019). In Florida, among children age 0–17 removed from the home in January 2020, 22 % were younger than 12 months old; 43 % were age 0–3 (Florida Department of Children & Families, 2019).

The Safe Babies Court Team (SBCT) approach is a reunification program serving families who have had children ages zero to three removed from the home due to maltreatment and boasts promising research evidence to support its use (California Evidence-Based Clearinghouse, 2018). The SBCT approach is meant to 1) protect vulnerable infants and toddlers from further harm, 2) address existing mental health needs of the child and parent(s) and 3) identify the structural barriers within the child welfare system that impede family success. Moreover, team members build rapport with parents by demonstrating dignity and respect (California Evidence-Based Clearinghouse, 2018). In Florida, this approach is referred to as Early Childhood Court (ECC), and is based on Miami's Child Well-Being Court model and the SBCT approach from *Zero to Three* (2019), a national organization dedicated to the well-being and outcomes of babies and toddlers. ECC in Florida began with only a few sites in 2014 and has grown to 24 sites as of February 2020, spanning 13 of Florida's 20 circuits (Florida Courts, 2020a). Notably, ECCs are located within five of the six Florida Department of Children and Families (DCF)-designated regions (i.e., Northwest, Northeast, Central, Suncoast, Southeast). The Southern Region, which includes Monroe and Miami-Dade Counties, does not have an ECC.

1.1. Florida's ECC model

1.1.1. Problem-solving approach

The Office of Court Improvement (OCI) with the Florida Office of the State Courts Administrator oversees seven problem-solving court initiatives (Florida Courts, 2020b), most with the intention of being delivered with a trauma-informed lens. Problem-solving courts are specialized dockets aimed at addressing social problems associated with criminal offenses (National Center for State Courts [NCSC], 2020, n.d.). Generally relying on a judge to lead a team of professionals on a case, problem-solving courts address myriad populations (e.g., veterans, homeless individuals) and problems (e.g., mental health, truancy) (National Center for State Courts [NCSC], 2018). A main tenet of problem-solving courts is therapeutic jurisprudence, or “the selection of a therapeutic option—an option that promotes health and does not conflict with other normative values of the legal system” (Rottman & Casey, 1999, p. 14). The differentiation between traditional and “transformed” court processes are apparent in their approach (e.g., dispute resolution vs. problem-solving dispute avoidance, adversarial process vs. collaborative process, judge as arbiter vs. judge as coach, efficiency vs. effectiveness; Warren, 1998). Research on other types of problem-solving courts indicates success, particularly for drug-courts, which also began in Florida (Wilson, Mitchell, & Mackenzie, 2006).

1.1.2. Key ECC stakeholders

ECC is a specialized, trauma-informed, team-based approach designed to meet the unique needs of young children and their families in the dependency court system. Unlike other problem-solving courts, ECC is not considered criminal court, but part of the family court system (C. Toy, personal communication, April 2, 2019). Key components of ECC are judicial leadership, a local community coordinator, and a team of other stakeholders with a problem-solving focus (Florida Courts, 2020a, 2020b). Importantly, the judge leading the team is charged with setting the expectation for thoughtful, non-adversarial court proceedings and keeping the team focused on resolving families' issues for timely permanency (California Evidence-Based Clearinghouse, 2018). The local community coordinator co-leads the team with the judge, brokering resources and services for ECC-served families (California Evidence-Based Clearinghouse, 2018). In addition to parents, examples of other stakeholders include case managers; clinical mental health providers with specialized, trauma-informed training; guardians ad litem; and foster parents/caregivers.

1.1.3. Key ECC components

As a problem-solving court, focusing on healing trauma and repairing the parent-child relationship is a major goal of Florida's ECCs (Florida Courts, 2020a, 2020b). The promotion of trauma-responsive courts is woven throughout the Florida ECC Best Practice Standards (Supreme Court of the State of Florida [Supreme Court], 2019). For example, Standard VII.F.2 specifies, “Team members receive training regarding trauma-informed care, adverse childhood experiences, and impact of trauma” (Supreme Court, 2019, p. 13). Additionally, Standard III.E.3 directs judges to treat participants respectfully and “avoid actions that would trigger additional trauma” (Supreme Court, 2019, p. 6). Other components of the ECC are the central role of infant mental health specialist and child-parent psychotherapy (CPP), a continuum of behavioral health services, a collaborative court team, cross-agency training, developmental support for the child, parent education and support, placement stability and concurrent planning, monthly family team meetings, parent-child contact (family time/visitation), co-parenting, evaluation, and funding and sustainability (Falconer & Sutherland, 2017).

1.1.4. Eligibility and exclusion criteria

The Florida ECC Best Practice Standards suggest specific eligibility and inclusion criteria. The target population are children ages 0–36 months who have been removed from the home due to maltreatment and are currently in out-of-home care given the increased risk for developmental, physical, and mental health issues due to their age and early trauma (Supreme Court of the State of Florida [Supreme Court], 2019). Participants (i.e., parents or children) are not necessarily disqualified based on co-occurring clinical issues (e.g., mental health disorders, medical conditions) as long as adequate treatment is available in the community (Supreme Court of the State of Florida [Supreme Court], 2019). ECC sites may disqualify participants if they “cannot be managed safely or effectively” (p. 3) or if there have been sex crimes or other aggravated child abuse (Supreme Court of the State of Florida [Supreme Court], 2019).

There are no caseload restrictions for ECC sites; instead, caseloads are determined by local site need, available resources, and the team's ability to apply best practices and deliver evidence-based interventions with fidelity (Supreme Court of the State of Florida [Supreme Court], 2019). The final decision to involve families in ECC is ultimately made by the court and additional inclusion/exclusion criteria may vary by court site. However, typical exclusion criteria are cases where the perpetrator of abuse is unknown, when termination of parental rights is being sought by DCF, or in cases of severe mental health issues, intellectual disability, or other situations that will limit parents' ability to benefit from ECC services (Falconer & Sutherland, 2017). The Best Practice Standards suggest careful program monitoring once a caseload extends beyond 20 per community coordinator. At the time of the present evaluation, the Best Practice Standards had been drafted and disseminated to ECC teams, though were not officially adopted by the Supreme Court until November 2019.

1.2. Supporting evidence

There is some empirical evidence to support the use of the ECC approach. McCombs-Thornton and Foster (2012) conducted a quasi-experimental study comparing foster care exit outcomes of children receiving ZTT court services, the model on which ECC was partly developed, in 4 sites in the South and Midwest and a national sample of children receiving services as usual. Children in ZTT court most often exited foster care through reunification (37.6 %), while children receiving services as usual were most often adopted (40.7 %). Moreover, compared to children receiving services as usual, children receiving ZTT court services exited foster care faster, regardless of placement (McCombs-Thornton & Foster, 2012).

Similarly, another evaluation of the Miami Child Well-Being Court Model used a pre-post design without comparison to assess outcomes of 33 children in out-of-home placement. Findings included that more than half (58 %) of children were reunited with parents, 12 % were adopted and 10 % had a relative or non-relative caregiver as their legal guardians. Notably, none of the children in their evaluation re-entered the system during the 6 months after case closure. In addition, they found improvements in children's developmental risk and parent-child relationships (Casanueva, Fraser, & Gilbert, 2013).

Another evaluation of the Infant Parent Court Project in New York utilized CPP as a core component of the intervention model, with a strong focus on parent-child interactions. Parents and children were recruited via referrals from judges, child welfare agency staff, and other child welfare professionals. Inclusion criteria were the child's age younger than 3 years, and a goal of reunification (i.e., not seeking termination of parental rights). Among the 142 parent-child dyads who participated, researchers found improvements in child-parent interactions, a very low rate of maltreatment recurrence (3.5 %), and a significantly higher rate of reunification with birth parents than would otherwise be expected (86 %) (Chinitz, Guzman, Amstutz, Kohchi, & Alkon, 2017).

Using Florida's Dependency Court Information System, OCI analyzed Florida's data comparing outcomes for children served by ECC to those served by traditional court services (2018, Florida Courts, 2017). The 2018 data indicates that time to permanency is significantly shorter for ECC-served children ($M = 552.9$ days) than non-ECC served children ($M = 695$ days), with a mean difference of nearly five months (Florida Courts, 2018). Upon closer examination, this significant difference held for cases closed via reunification and permanent guardianship, but not for adoption (Florida Courts, 2018). There was no significant difference by group for re-removal of the child (Florida Courts, 2018).

1.3. Evaluation aim

Previous studies have focused primarily on program outcomes, but few have examined implementation processes and participant perspectives. Between July 2018 and June 2019, the authors conducted a statewide, mixed-methods program evaluation, collecting data through quantitative surveys and qualitative interviews and focus groups. This combination of methods was selected in order to gain depth in understanding and explore how this promising model is being implemented across Florida. The overarching goal of the evaluation was to examine the processes of ECC sites, including who is involved (e.g., professional team members, families served) and how services are provided, including how ECC differs from regular dependency court. This paper presents results from the qualitative component of the evaluation. Specifically, this exploratory analysis aimed to understand professional team member and caregiver experiences in ECC and their perceptions of the functioning of their teams and the ECC model.

2. Methods

2.1. Participants

The present qualitative analysis includes the diverse perspectives of ECC professionals, such as judges, attorneys, case managers, guardians ad litem, and community coordinators, as well as biological parents, foster parents, and one caregiver (Table 1). At the time of the present data collection (Fall 2018 – Spring 2019), there were 20 ECC sites across 12 circuits. Interviews and focus groups were conducted with 62 ECC team members (50 professional ECC team members and 12 parents/caregivers). Though some participants offered their geographic location, we did not uniformly collect data on their individual sites as part of the qualitative component. Notably, many teams are small, with some singular roles by site (e.g., judge, community coordinator). Thus, to protect participant confidentiality, we do not report geographic location. However, the authors know there to be representation from disparate locations. For example, the nine Phase Two interviews were with participants from six different Florida counties.

Table 1
Participant Roles and Data Collection.

Role	Data Collection Method	n
Phase 1 (Fall, 2018)		
Professionals		
Judge	Focus groups during national conference	13
Community Coordinator	Focus groups during ECC community coordinator meeting	14
Case Managers/Supervisors	Focus groups during national conference	7
CPP Clinical Provider	Focus groups during national conference	7
Attorney	Focus groups during national conference	7
Administrators/Policy Experts	Individual interviews	3
Caregivers		
Foster parents/Parent Partners	Focus groups/interviews during national conference	3
Total		53
Phase 2 (Spring, 2019)		
Caregivers		
Foster parents/Parent Partners	Individual phone interviews	6
Biological parents	Individual phone interviews	2
Caregiver	Individual phone interview	1
Total		9

Abbreviations: ECC = early childhood court; CPP = child-parent psychotherapy.

2.2. Data collection

Data were collected in two phases. Phase 1 data was collected between August and October 2018 and focused mainly on attendees at an annual conference which focuses on exploring approaches and strategies to promote well-being for infants, toddlers, and families who are involved with the child welfare system. Several weeks prior to the conference, the evaluation team informed conference participants about the evaluation and invited them to participate in focus groups or interviews that would be conducted during the conference. Data collected during Phase 1 included 9 focus groups (n = 48) and 4 interviews (n = 5; one interview involved two participants per their request). Each professional participated in one focus group. Parents participated in interviews only. Participants were grouped by their role during focus groups (i.e., attorneys, community coordinators, case managers/supervisors, CPP clinical providers, judges, and administrative/policy experts) (Table 1). However, to accommodate schedules of participants, some groups included participants with different roles (e.g., some clinicians joined the case manager focus group). Evaluators conducted in-person or telephone interviews for those who could not participate in a focus group. Administrators and funders (i.e., community-based care agencies, DCF) were invited to schedule individual interviews at their convenience, during or after the conference. Focus groups with community coordinators were conducted after the conference during the Office of the State Courts Administrator ECC Community Coordinator Meeting in October 2018. No incentive was offered for professionals' participation.

Phase 2 involved data collected exclusively from parents/caregivers who were involved in ECC. Although Phase 1 data included information from some parents/caregivers who attended the annual conference, this number was small (n = 3). To get more insight into their specific experiences, parents, foster parents, and caregivers were recruited through ECC community coordinators, ECC foster parent informal networks, and other ECC team members, who invited interested participants to schedule individual interviews. The evaluators also used snowball sampling by asking participants to refer ECC-served friends or acquaintances. Parent/caregiver interviews were conducted during March and April 2019. Interviews lasted approximately 30–45 min. Parents and caregivers were given a \$20 gift card in appreciation for their participation.

Informed consent was obtained verbally prior to all focus groups and interviews. This program evaluation was reviewed and determined exempt by the Institutional Review Boards at the University of [blinded] and the [blinded] University.

2.2.1. Instrument

Evaluators used a semi-structured focus group guide to ask ECC team members questions about (1) their perceptions of their role; (2) their ECC clients; (3) the process of implementing ECC, including how it differs from traditional dependency court; (4) ECC collaborations; and (5) if and how the community context influenced their ECC team. Parent interviews were conducted with a semi-structured interview guide adapted from the one used with ECC professionals to cover the same topics and include questions designed to elicit more depth and understanding of their unique experiences. All focus groups and interviews were audio-recorded, transcribed verbatim, and analyzed using MAXQDA 2018 software (VERBI Software, 2017).

2.3. Data analysis

A hybrid deductive/inductive process was used for analysis (Fereday & Muir-Cochrane, 2006; LeCompte & Schensul, 1999). First, an a priori codebook was developed based on the interview guide and used to apply thematic analysis using constant comparison and deductive coding. Next, evaluators used inductive coding to understand and describe the themes that emerged from the data. This analysis process was selected because of the unique role of professionals compared with parents/caregivers, and the evaluators expected some themes to be different between the two groups of respondents while other themes would be common across them. The

two coders (trained doctoral student researchers) established inter-coder reliability with a Kappa greater than 0.80 during the first part of the evaluation and met weekly to discuss, refine, and describe each theme using an iterative process throughout the analysis.

3. Results

3.1. Who is involved in ECC?

3.1.1. The ECC team

All respondents described the ECC team as consisting of a variety of stakeholders, including a community coordinator, judge, CPP provider, various attorneys (including parent(s) and child welfare attorneys) and a case manager. In alignment with ECC's community-based approach, respondents also described some flexibility for court circuits to incorporate additional team members based on family circumstances, such as representatives from relevant social service agencies, or other supportive people identified by the family. Parent partners, who are ECC parents who had previously been through the ECC program and serve as mentors, could also be included. One policy expert summarized the flexibility of the program:

It's a little bit flexible site to site, but your community coordinator is your central hub person at every ECC site along with the judge. Then every site also has primary clinicians usually from one, maybe two agencies and then every site has primary social service agencies, parent's attorneys, and child welfare attorneys. In a sense, the core team is that group of people... [but] exactly who's in that core team may be different from site to site depending on the agency's involvement and so on, but it's generally key social service agencies, clinicians, community coordinator, judge and attorneys. (Administrator/Policy Expert)

Interestingly, although parents and caregivers attend ECC meetings and court hearings, the respondent does not include them in the description of the team. In fact, throughout the evaluation few professional respondents conceptualized parents or caregivers as members of the ECC team. Notably, foster parents did talk about working closely with parents: "I think that the foster parents need to be mentoring the biological parents because that's ultimately what is helping the children more long-term. A lot of the biological parents have never seen appropriate parenting behaviors."

These discrepancies were not only applicable to the role of parents, as perceptions of who comprises the core team varied by participant role. One case manager supervisor described meetings with a core team, or subgroup:

We have a core team meeting where we meet as a team with our frequently used providers. We meet with the sheriff's office, the judge, the coordinator, the infant mental health therapist, the attorney, myself, the assistant director, and the case manager. (Case Manager)

Similarly, one attorney described having separate meetings for participants who could not attend the regular meetings:

We have pre-courts, right before court, because that's the chance for the parents, attorneys and whoever doesn't go to the family meetings or the staffing and we brief the cases with everybody for half hour before court... it's quick but it really avoids a lot of—we very rarely have contested issues. (Attorney)

Community coordinators spoke most inclusively about various other participants, considering children and families, judges, clinical providers and agency staff as part of the ECC team:

I act as that middleman between everybody to keep the case focused on ECC and to make sure that we are approaching it with an ECC model. Caseworkers have their tasks and service providers have their tasks, but one of my roles is to bring that all together to really hone in on the ECC model and to make sure that we are child-focused, that we really are thinking of the child first. (Community Coordinator)

Overall, respondents across roles tended to describe the ECC team based on their interactions and experiences with others, rather than one uniform core team, demonstrating the flexibility of the model within communities.

3.1.2. ECC families

ECC families were described as having high levels of social risk, such as young age of the parent(s), substance misuse, mental health, intimate partner violence (IPV), and other history of trauma and institutional involvement. Although many of these factors were consistent among responses, one area of variation was described by some ECC professionals; the selection of cases for ECC based on risk profiles may occur in some circuits. For example, some talked about prioritizing selection of less complex cases (i.e., cases involving families with lower levels of social risk), such as parents who were in the dependency court system for the first time. As one case manager supervisor observed:

It's better if the family hasn't already—like if the family doesn't have family history, that they don't already have—the mom wasn't exposed to—she wasn't a child victim. That's one of the things we look at, because the likelihood of them succeeding is higher if they weren't already exposed to so much trauma themselves. We also looked at how many prior reports they have. If this is the second or third report, it's probably not going to be a good ECC case. (CM Supervisor).

Describing an opposite strategy, others talked about prioritizing the selection of more challenging cases, reasoning that previous efforts had been unsuccessful: "[Our judge] was like, 'That's the kind of person we want [in ECC], the person that's been through this so many times but they haven't gotten these services, so this time will be different for them.'" (Case Manager).

3.1.3. High levels of risk

Across respondents, ECC families were described as having high levels of social risk factors. “If you look at the risk conditions of the families [who] come in [from] site to site, they’re no different, and these families have tremendously high levels of social risk trauma, substance abuse and domestic violence” (Admin/Policy Expert). Clinical providers talked about ‘the three-headed monster’ of substance abuse, mental health, and violence: “Gosh. Substance abuse, mental health, domestic violence. Trauma, trauma, trauma, trauma. The parents really, really, really need a lot of support” (CPP Provider). Finally, young age of one or more biological parents was cited as a common factor among ECC parents: “[biological mom] was 15 when she had [the child]... she’s only 18 now” (Foster Parent).

3.1.4. Inter-generational trauma

Both parents and professionals talked about the inter-generational nature of trauma, and the desire to prevent trauma from passing from parent to child. One parent shared her own experiences as a child and wanting to avoid her children experiencing the same: “[long pause] It’s difficult because I um [pause] I myself am an ACE [adverse childhood experiences] kid and I’m trying to prevent that for my little children.” (Biological Parent). A CPP provider also described how some parents have trauma from their own childhoods and are now experiencing their own child being removed, and how those past traumas can influence their participation: “This mother is severely traumatized. She was in the dependency system herself for years and years... So, it’s very difficult to get her to trust you.”

Similarly, several judges described parents in their ECC cases with histories in either dependency, foster care or criminal justice systems:

One of the first kids I ever had in delinquency [court] 15 years ago is now one of my [ECC] moms. She was through the dependency system herself and... [now] she was involved in a domestic violence relationship... she was sobbing in every court hearing. My suspicion is that she’s finally now confronting her own trauma. (Judge)

Another judge also recognized that the parent in a current case was a child that they remember from a previous case when the parent herself was a child: “Some of mine [parents in ECC] were children that were in the system as parent-abused and it reflected over in the children... I have apologized to them. I’ll say, ‘I’m sorry I didn’t know then what I know now,’” (Judge). This quote also demonstrates how intergenerational trauma is linked to dual involvement, which is discussed further below.

A CPP provider provided more detail about how the history of violence and exploitation stays with children into adulthood and contributes to an inter-generational cycle:

They’re giving stuff [drugs] to children so they will sleep... Some moms with that [history of] violence are more low functioning, not just uneducated but maybe don’t have the cognitive abilities, a little dull. Maybe that dullness comes from being so victimized for so long or maybe using substances for so long. The victimization probably started with them when they were children. (CPP Provider)

3.1.5. Dual involvement

Dual Involvement emerged as a concept and it was used to describe any situation in which either or both biological parents had any current or previous involvement with child welfare or the criminal justice system in addition to their current court involvement. This came up across respondents when describing families who participate in ECC. Several described parents who were current or former foster youth: “[The child’s] dad is in prison out of county, so they haven’t brought him over [for court], but they did last month... [he] actually aged out of the foster care system” (Foster Parent). Similarly, a CPP provider described a biological mother: “She was a child that grew up in foster care. She was abused in foster care. She was very open to the CPP process, and really worked hard to get her kids back.” Finally, an attorney explained how many ECC families have current or previous involvement in the court systems via various risk factors:

We have a lot of families with substantial history, with prior removals [of their children]. I’d say there’s definitely a lot of trial history [and] involvement in criminal justice system. Substance abuse... and domestic violence is an aspect in almost all of our cases.” (Attorney)

3.2. How is ECC Different?

Overall differences between ECC and regular dependency court described across respondents were (1) *Time*: greater time commitment, frequency of meetings, and services involved with ECC as well as faster time to permanency; (2) *Child and Family Friendly*: use of child and family-centered services; (3) *Trauma-Informed and Compassionate*: more trauma-informed and child-focused lens compared with regular dependency court; and (4) *Judicial Leadership and a Team-Based Approach*: use of a team-based, problem-solving and supportive approach, which was often contrasted with the more adversarial culture of a courtroom environment. Two additional emergent themes were *Relationships* and *Success*.

3.2.1. Time

Time was often described as a key feature of how ECC differed from regular dependency court, both in terms of more frequent meetings as well as the emphasis on timely and safe permanency for the child. A CPP Provider commented: “It’s night and day

compare to regular dependency versus the ECC. I think a lot of it has to do with us being in court so often.” An Administrator/Policy Expert said: “Absolutely. I mean look, in traditional dependency court hearings are every three-plus months; in Early Childhood Court [hearings are] every month plus a family team meeting every month.”

Some responses from parents suggested that the prospect of quicker time to reunification can be a powerful motivator. When asked why she chose to participate in ECC, one parent explained she did so because “they said that the court case would be more often... more hands-on... also potentially be a shorter amount of time and I would really get the help that I needed.”

Foster parents also described more frequent services and a greater time commitment. One explained that for parents and caregivers, the time demands of participating in ECC are not compatible with working full time: “I feel like [ECC] is how all courts should be running. But also, when I tell my friends about it, I say, ‘Listen, if you’re working a full-time job and you’re not available to go to these team meetings, your unavailability breaks the whole point of ECC.’” Similarly, a caregiver shared:

It’s difficult being a caregiver and getting off work every month at least twice a month, and that’s at least two days... and in addition, you may have children that are sick, or you have your own personal life and your own personal emergencies. I think that the actual ECC schedule, it can be a little demanding for those that are involved. (Caregiver)

A final aspect of *Time* is whether ECC provides enough time to appropriately address underlying challenges faced by parents (such as substance misuse). A foster parent who had experienced children being reunified with the biological parents and then come back into foster care, commented: “The hard lessons that I’m learning in other cases is that in order to deal with the underlying causes of substance abuse, you have to take an appropriate amount of time in order to do that.”

3.2.2. Child- and family-friendly

Another important way that ECC was described as different from regular dependency court is that the courtrooms and environments were generally more child and family-friendly, with children welcome to attend court. One community coordinator describes how she sets up the courtroom so that children and families feel welcome: “We try to make sure it’s very child-focused, family-friendly environment... They set up a kid table and then I put like puzzles and books and stuff, and then a bowl of snacks and juice boxes and applesauce.” Similarly, a foster parent with multiple children describes how different it feels to walk into an ECC courtroom:

If I walked into her courtroom with [my two very young children], and [one child is] having his tantrums... and then I got my newborn asleep on my shoulder... if I were to walk in any other dependency courtroom, I’d have the bailiff – like escorting me out. But in an ECC courtroom, like the ECC people are all of a sudden at my side [helping me]. (Foster Parent)

3.2.3. Trauma-informed and compassionate

Several respondents, especially those with experience in both ECC and regular dependency court, described a different feeling across experiences in ECC in contrast with traditional court. One CPP provider said: “it’s very different. Just the way you’re spoken to, the way that you’re treated, and kind of what your position is within the system is very different.”

Participants explained how even in potentially contentious proceedings, ECC incorporates compassion. A judge explains how the termination of parental rights (TPR) process is different in ECC compared to regular dependency court:

[Parents] get to mediate the terms of the TPR. So, yes. [For example:] ‘...and I get to do a video and you show the video to [the child]’ – even if they want closed adoption, ‘You promise that you’ll show the video that I do, my love for my child when they turn 18 and you’ll give them this video’ [or] ‘Can I give them a birthday card every year?’ I mean most parents that go into a TPR situation know they’re failing... Now, it’s just negotiating a way that they can keep their dignity and allow the child to thrive. (Judge)

In this description the judge demonstrates compassion for the parent and encourages them to do what they need to do to have a sense of positive closure in a traumatic situation, and facing the finality of TPR with magnanimity, which is also what is best for the child.

3.2.4. Judicial leadership and a team-based approach

Participants described how the judge served a sort of dual role in that the judge was both the leader of the ECC team but also very much a team member and literally ‘at the same level’ as other participants in meetings. One judge describes their role as a leader in that they are: “setting the vision and setting the tone and making sure that we’re keeping true to that model.” Another judge describes how they “talk about coming to the table... I don’t sit on a bench and I don’t wear a robe.” (Judge). A foster parent confirmed that the judge physically places himself or herself at the table and on the same level with all participants: “Her courtroom had shelves of books... [and] stuffed animals and she actually did not sit up higher on a bench. She had a table down below that she sat at and was at the same level as everybody else.” (Foster Parent)

The influence of the judge in ECC processes made an impression on parents as well. One parent described how important it was for her participation and progress to not feel “judged” by the ECC judge:

I did have a fallback... and I made a mistake... the first thing the judge said was, “I see we’ve had some struggle since our last court hearing. What can we do to make sure we keep you on the right track?” That was the first thing she said. She didn’t judge me. [Soft crying] I mean, she’s a judge, but you know what I mean... She didn’t tell me how stupid I was. She didn’t tell me I

should know better. She asked what they could do to help me. (Parent)

This example illustrates how the judge acts as a leader in addressing the issue, engages the parent as a part of the team, includes all team members in addressing the issue, and uses their training and focus on trauma-informed approaches to treat the parent with compassion, exemplifying several aspects of ECC simultaneously.

3.2.5. Relationships between caregivers

Parents and caregivers are the experts on the children, and as such, are critical participants to engage in ECC processes. As one foster parent said: “I know [this baby] because I’m with her 24 hours a day.” Supportive relationships between parents and caregivers were described as facilitating ECC processes (such as meetings, visitations). For example, one foster parent described voluntarily driving the child to the parent and supervising a third weekly visit because the community agency could only provide two supervised visits. She reflected on how that third visit gave her special time with this mom, and they developed a bond: “I got the chance to know the mom and spend that time with her and just kind of co-parent... it just made it more of a connection for us.” Another foster parent also credited the ECC model with supporting a positive relationship between herself and the mom, stating:

I feel like [the ECC model] sort of normalized our relationship with [biological mom]. So even with going through all of this... we’re all waiting for court to even start and [biological mom] and came and sat down right next to me... (Foster Parent)

Several other respondents described positive relationships between parents and foster parents allowing them to put the child’s needs first. One foster parent described working out a highly sensitive issue when the biological parent with a positive drug test could no longer take the child for an important planned holiday. Emotions were running high and the biological parent was upset and several times left the room and returned. This respondent described trying hard to maintain trust with the biological parent even under very difficult circumstances, as well as acknowledging the child’s need to be with someone they know and trust. This example illustrates how trust can reflect across the child/foster parent/parent triad:

We were able to sit down and hash it out and put together a plan that [was] not [what] mom and dad wanted, I figured it was in the best interest of the kids... I was able to say to her... ‘the girls... can also come... with us and they can be with somebody that they know... honestly that was the best thing for the girls, to be with people that they knew... [during that time]. (Foster Parent)

This same foster parent describes a similarly broad perspective of relationship building and fostering the whole family: “When we met [the parents] in court... we realized... these are real people and we need to treat them with dignity and love... To me it’s critical because I see it as a holistic approach to foster care that we’re sort of fostering the whole family.”

However, negative relationships between parents and caregivers do occur in some cases, and have the potential to impede ECC progress. Parents/caregivers acknowledged that the situation of having a child placed in care with a person who is not the parent can present emotional challenges at various stages throughout the process. A foster parent shared her experience of a very young child referring to her as “mom” in the presence of the mother, and succinctly summarized the experience as a “really hard moment.” At times, these emotional challenges can influence parental participation. The same participant reflected on another specific parent interaction: “Then after, we all kind of... debrief and talk about what happened. Sometimes [the parent] sits in for that. Sometimes she really is upset and she leaves.”

In other situations, a perceived lack of engagement by the parent can impede the relationship between parents and foster parent. One foster parent described their frustration with a parent:

The [mother] never passed a single drug test...She never had stable housing. She only had a job for barely three months...There were so many things that she wasn’t doing...She wasn’t literally doing anything, so that’s why I think it was so aggravating that it continued to drag out. (Foster Parent)

This same participant shared that it is “not always a good idea to have a relationship with the [parent]” and described having to end communication when the parent “started getting ugly.”

Another foster parent identified an important middle ground in the complexity of parent/foster parent relationships. First, she described her disappointment in the parent who simply did not show up for important court hearings: “last month, we had our preliminary hearing of [terminating parental rights]. [Mom] did not show... it was so disappointing.” However, they go on to describe some of the positive memories: “When things are going really good, they are so good and we’re all going to lunch and celebrating [child’s] birthday together and things like that. Then... she really went missing... [and missed the court date]... [but] we have some really good memories.”

3.2.6. Relationships between caregivers and professionals

Similar to how relationships between parents/caregivers are described as important for ECC processes, the relationships between parents/caregivers and professionals are also important. The same issues of trust and communication could be seen in examples of relationships between parent/caregiver and professionals. One parent described feeling generally supported by her relationships with ECC professionals in the community, stating:

All the people I’m surrounded with, the ECC coordinator, [name], and her intern [name], and everybody that I work with, I feel I have an open line of communication... they all have open doors. There’s a lot of positivity. ‘You can do this,’ and even when things don’t work as well as I want them to, ‘Don’t worry about that. We’re going to keep moving forward.’ There’s just a lot of encouragement and a lot of positivity overall. (Parent)

Another parent similarly described how her relationship with an ECC professional team member facilitated her search for a job: “My case worker, she tells me about new jobs, that are hiring - she texts me all week long with new information. They’ve been great.” This same participant went on to describe in more depth how the entire ECC team has “gotten to know her” and helps her feel cared for and identifies that she needs assistance without her having to ask:

...they’ve gotten to know me and they could just tell something was off. I wasn’t saying anything and they always ask me, you know, “What’s going on,” ... and I wasn’t saying anything, but they could just tell. And I thought that was pretty significant that they’ve gotten to know me so well, that they even care, that they could tell something was wrong. It might seem little to a lot of people, but for me it was a big deal because it got me to open up. (Parent)

Communication between parents/caregivers and professionals occurred in a variety of ways and could facilitate supportive relationships. A foster parent explained how important the communication between herself and the caseworker was, focusing on how the caseworker established a positive relationship with the child and provided an important link with the mother:

I have, like, a constant texting conversation with our caseworker. She comes over to our house every other week to check on [the child]...We just have a really good relationship with her. She’s been really supportive of us...she’ll give rides to [the child] when she needs to and she’s also communicating with [the mother] which is helpful. (Foster Parent)

Communication was often described as important and one participant described effective communication as respectful and validating her expertise as the child’s caregiver:

I think that the case manager was always very thoughtful and considerate and she always weighed my opinions and my interactions with the family very heavily because I think she recognized and acknowledged that I spent more time interacting with the family than she did. (Foster Parent)

Communication was not always described as effective and this potentially influenced relationships between parents and other team members. One parent described a lapse in communication regarding her case manager:

She just had so many other caseloads... she’s actually left and I have a new [dependency case manager, DCM] that I was just appointed this week. And again, unfortunately, there—as much communication as I’ve maintained with the previous DCM, I was not even aware that my DCM was changing, so that was never communicated to me. (Parent)

Poor communication could also negatively impact relationships when participants did not feel heard or respected in their roles: “I think that that wasn’t really taken into consideration because some of the things that I suggested to the team to look into, it wasn’t looked at until maybe about six months later.” (Caregiver)

Finally, participants described that they were expected to actively engage with the ECC program and communicate with the professional team as well. A parent agreed there was an expectation for participation and she felt the team valued what she had to say: “They don’t just let me come in there and say nothing. They want to know what’s going on with me, how I’m doing... it’s nice... last week I was able to share [about a problem I was having] and not feel like it’s a burden.”

3.2.7. Definition of success

Although respondents universally agreed that safety and permanency represented success for the child, their descriptions of the factors associated with positive outcomes varied. Respondents seemed to agree that parent engagement was a critical factor influencing challenges and successes during ECC cases. As one community coordinator stated: “We have not seen a successful case if the parent does not get engaged in CPP... they really start acknowledging, ‘Wow, I wasn’t parenting correctly,’ or ‘I can do better.’” Similarly, an attorney described how important parent involvement is: “It’s really up to what the parent does, they have a lot more control over what happens to their case versus a traditional case where no one’s watching... I feel like the parents have a lot more say [about what’s] going to happen to their kids [in ECC].”

Others describe success as the relationships continuing beyond the case. One foster parent shared that: “[The child] was back and he actually was at my house. Two weeks ago, he spent the night with us... his mom, if she has questions about anything or if she needs parenting advice, she still reaches out to me.” A case manager confirmed that sometimes foster parents and parents keep in touch, signifying a positive bond between the adults and also providing additional support for the child and family:

One of our moms, she’s been reunified with her children but one of the foster parents for her daughter has really, really worked well with this mother and the child called her grandma, everything, and so that woman has been a huge support to the mom and is still involved and treats all her kids like they’re her grandchildren. The little girl comes and spends the night with her younger daughter. They do sleepovers, they’re very involved. (Case Manager)

It is hard to know whether the ECC model can be successful in all situations. One judge described a challenging case in which the ECC model was not effective and they regretted including the mom in ECC due to the depth and complexity of her previous trauma:

The trauma is so deep, and I had a mother who – she had [been] in the system but she aged out... Unfortunately, her mother used to sell her - trade her to sex work for drugs. So she was very wounded... So we tried her in an Early Childhood Court and we thought that it was – we were making great progress [but]... We ended up in a contested TPR [termination of parental rights] trial... While I still want to work with her, it was a mistake to have taken her in, in my opinion. She shouldn’t have been in ECC. In

the end, the depth of her use and abuse was so deep that there wasn't anything we can do in the short term to help... Anyway, it's that old trauma and us not intervening fast enough, and seeing – in my opinion, that's really tough cases. (Judge)

However, another judge described how it is difficult to know beforehand which cases are going to succeed in ECC: "I've worked with probably 20 families so far. The outcomes have been really good although, we had a couple of good outcomes of people that I never, never would've believed would ever be reunified."

4. Discussion

This paper qualitatively explored perceptions of individuals in diverse roles within the Early Childhood Court systems of Florida. Analyses revealed themes describing families and professionals involved in the early childhood court and how services are provided in this child-centered, trauma-informed approach. Professionals who were members of the team included legal professionals, mental health providers, community coordinators, and social service providers. Some professionals in their roles were always part of the ECC team while others were invited in based on the specific needs of the particular family being focused on. Lewandowski and GlenMaye's (2002) exploration of teams in public/private partnerships also found that team members in a child welfare system tended to subdivide by child welfare and ancillary social services groups. Similar to our findings, they identified agreement on the roles of professional and family team members, mutual respect, unified purpose, and communication, among other factors, as important for successful team process (Lewandowski & GlenMaye, 2002).

Parents were not often included in descriptions of the team, although the model includes parents as members of the team. The roles and experiences of parents in situations of child removal are complex, and parents are likely experiencing myriad intense emotions, including shock, grief and anger. Other studies have also examined this phenomenon and the need to include parents in court processes in ways that are respectful and build trust during a traumatic time (Broadhurst & Mason, 2017; Schofield et al., 2011). One study conducted interviews with professionals and birth parents, finding that the systems of care negatively influenced role expectations and experiences for parents and professionals both, and a need for system improvement (Marsh, Browne, Taylor, & Davis, 2019).

Our findings regarding key components of the ECC model aligns with the national model, namely judicial leadership, a child-centered, team-based and trauma-informed approach (Florida Courts, 2018). A child-centered, trauma-informed approach as well as family support via positive relationships were salient program elements in a previous journey mapping evaluation of a county ECC program (Mackie et al., 2019). The concept of child-centeredness could also be seen in respondents' descriptions of program success. Several respondents emphasized that success was not necessarily equal to reunification, but was centered on whatever was best for the child in terms of achieving safety and permanence.

Other components of the model (central role of infant mental health specialist & child-parent psychotherapy, continuum of behavioral health services, collaborative court team, cross agency training, developmental support for the child, parent education and support, placement stability and concurrent planning, monthly family team meetings, parent-child contact/visitation, co-parenting, evaluation, and funding and sustainability) (Falconer & Sutherland, 2017) were not discussed quite as much during this evaluation. However, team members and caregivers did discuss that being involved in ECC requires a significant time commitment probably because components such as monthly family team meetings, parent education and support, and parent-child contact require time investment.

Themes that focused on relationships emerged strongly during our analyses. These included the relationship between caregivers and the relationship between caregivers and professionals. Participants highlighted the importance of fostering relationships based on trust and positive communication both between caregivers and between caregivers and professionals. Even when participants were not explicitly asked about relationships, their responses frequently incorporated discussions of relationships. This reflects the broad purpose of the ECC which aims to bring together individuals who are all mutually invested in positive outcomes for the child.

4.1. Limitations

One of the strengths of this evaluation is that it draws from qualitative data collected from a broad sample of participants with diverse roles in ECC, including parents. Given the small sub-sample sizes by team, and that some roles are singular by site, we did not collect background information on participants other than their role in ECC. Information as to which particular ECC sites participants belonged to was not collected in order to preserve the anonymity of participants. This resulted a limited ability to identify if participants' views varied according to their ECC site. In addition, qualitative methods enabled an in-depth understanding of various roles and processes. There was a limited number of parents included in our interviews and future studies should include a larger sample of parents as their views are unique and pertinent to understanding ECC. Inherent to qualitative research and program evaluation, there is limited generalizability of findings. However, few studies have aimed to understand the process of ECC and other scholars may draw from the present methods to inform continued evaluation of this promising approach in child welfare (California Evidence-Based Clearinghouse, 2018).

4.2. Implications

This study has implications for future evaluation efforts. Future research should examine the process of selecting families to be involved in ECC, which was not clearly gleaned from our interviews, although survey data show that most circuits have written

criteria in place (Magruder, Tutwiler, & Pryce, 2019). Identifying clear selection criteria from the program side would include understanding what criteria are implemented and why; how family risk is assessed; and the implications of selection criteria for program operation. Although some criteria for selection of participants exist, the selection of families that eventually take part in ECC is at the discretion of the court (Falconer & Sutherland, 2017) and this could explain why some of the discussions with study participants included mention of focusing on participants who are low-risk and possibly more likely to succeed. The number of families that can be served at a point in time is limited (Falconer & Sutherland, 2017), so it is unlikely that all families meeting the criteria for ECC can be enrolled. From the families' point of view, further research could study how and why families decide to participate ECC programs. How is the program offered? At what point in the overall process is the program offered? What is the acceptance rate? What are the characteristics of families who accept or decline participating in ECC? Addressing these questions would further enrich our understanding of the program.

Additional future research could also assess the effectiveness of this intervention in short and long term child outcomes. Finally, because relationships emerged as an integral part of the ECC process, identifying strategies to improve relationships between caregivers as well as between caregivers and other members of the ECC team may lead to a more seamless implementation of the program.

Acknowledgements

This work was funded by a grant from the Florida Office of Court Improvement, United States, to the Florida Institute for Child Welfare Project #042358. The Florida Institute for Child Welfare contracted via a subaward to the University of South Florida Project #6414109800. The Office of Court Improvement provided initial suggestions related to study design and facilitated recruitment by providing contact information of potential participants to the evaluation team. Data collection, analyses, and interpretation were conducted solely by the evaluation team. A representative from the Office of Court Improvement reviewed and approved the initial submission of this manuscript.

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