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# Meeting the Needs of Infants in Child Abuse and Neglect Cases

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## A Process Evaluation of the Strong Starts Court Initiative

By Josephine W. Hahn

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# Executive Summary

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Each year, nearly 200,000 infants and toddlers enter the child welfare system in the United States (Administration on Children, Youth and Families 2014). Often, these young children are removed from their families while abuse or neglect allegations are handled in complex and adversarial family court deliberations. The court cases often take years to resolve, with limited contact between and children and their parents and with multiple foster care placements (i.e., moves in care). Developmental delays of infants in the child welfare system (Dicker & Gordon 2001) and the complex needs of birth parents (e.g., trauma, victimization and substance abuse) are routinely not identified or addressed in a timely manner (James Bell Associates 2009; Lederman and Osofsky 2004). Further, multiple transitions in care (e.g., moving between several foster homes) disrupt critical processes of early child development, such as bonding and attachment (Silver and Dicker 2007).

Despite a clear need to improve practice, specialized approaches for infants involved in child abuse and neglect cases and accompanying research remain limited. To address current gaps in the field, the Center for Court Innovation launched the Strong Starts Court Initiative (also called Strong Starts) in the Bronx Family Court on June 2015. The program has four primary goals:

1. To develop a specialized court approach and increase the family court's capacity to bring positive changes to children ages three years and younger and their families involved in child abuse and neglect cases in the Bronx Family Court;
2. To assess and understand the needs of court-involved infants and their families;
3. To enhance delivery of targeted services for court-involved infants and their families; and
4. To reunite court-involved infants and families.

To understand the pilot operations of the Strong Starts Court Initiative, researchers conducted a process evaluation consisting of four days of court observations, three client interviews, and 13 staff and stakeholder interviews. The pilot study lasted from September 2015 to February 2016, and examined the first nine months of program implementation.

## Program Model

Strong Starts cases were seen by one presiding judge in the Bronx Family Court. Cases eligible for Strong Starts include: child neglect and abuse cases at an early pre-plea stage (prior to a fact-finding hearing and dispositional hearing) involving at least one child, three

years old or younger. Cases where older siblings (over three years old) are involved in a family court case are not eligible for Strong Starts. In most cases, the child had been removed from the home. Cases can be referred by either the presiding judge or an attorney in the case.

Strong Starts is staffed by one full-time program coordinator who works with clients and all other parties in the case (e.g., infants, additional children in the family, parents, foster parents, the Administration for Children's Services attorney, the attorneys for each client and service providers). On average, four attorneys, up to two Administration for Children's Services case workers, and one foster care representative (if the child was placed in foster care) were assigned to Strong Starts cases. The program engages clients in activities including: comprehensive screenings and assessments, individual and family case management, monitored parent-child visits, community-based referrals for children and adults, and monthly court appearances. The program also conducts monthly clinical conferences to review children and parent status and address any barriers to client progress.

As of February 2016, 13 families and their children were assessed for potential eligibility, and nine families became program participants in the Strong Starts Court Initiative. Clients included 11 infants and toddlers (three years old and under) and 23 adults (including 14 respondent parents, three non-respondent parents and six foster parents).

## Major Findings

### Participant Perceptions

- **Procedural Justice:** All three clients interviewed said that their current case was handled fairly in the court. They described positive interactions with the presiding judge that exemplified key principles of procedural justice. Examples included the judge looking directly at them, treating them fairly, knowing about their case, asking questions to understand their situation and needs, providing clear explanations, and asking whether clients understood case proceedings. Court observations confirmed that the judge regularly used these procedural justice principles when overseeing Strong Starts cases.
- **Role of the Coordinator:** All three clients pointed to the important role played by the Strong Starts coordinator. Examples included serving as an advocate for the clients and their children, explaining what was going on in court, providing court and social service reminders, offering referrals, and following up with service providers.

- **Service Linkages:** All clients interviewed had received a range of referrals for themselves (e.g., parenting, mental health, substance abuse, job referrals) and their children (e.g., early intervention, medical and mental health referrals).
- **Challenges:** All three clients noted long wait times at the Bronx Family Court (e.g., at security and before hearings). One client suggested that the court ask parents what would work in scheduling future court appearances, given that parents often had to juggle required social service appointments. Court observations confirmed that scheduling was largely centered on attorney and court schedules, without consideration to client schedules. All three clients reported problems with their respective Administration for Children’s Services caseworkers (e.g., difficult attitude, poor treatment of them and their children). All three clients reported mixed experiences when attending referrals for themselves or their children (e.g., housing, drug treatment, job referrals, child health and medical services).

## Perceptions of Staff and Stakeholders

- **Strengths:** Findings from qualitative interviews with staff and stakeholders indicated that the role of the dedicated presiding judge, regular court appearances, and the use of clinical conferences were integral components of the program model. Several of those interviewed perceived that more frequent court appearances resulted in positive interactions between the clients and the judge and enabled the judge to have a positive impact through her strong implementation of procedural justice principles (e.g., speaking directly to clients, giving clear orders and expectations, and encouraging clients to stay on track).
- **Challenges:** A few of those interviewed cited a lack of buy-in from players on some of the cases (e.g., attorneys, Administration for Children’s Services and other service providers) and a lack of familiarity with Strong Starts. Several cited ongoing problems with scheduling and court delays. A few of those interviewed complained about regular court appearances and clinical conferences. Several responses demonstrated the ongoing challenges of shifting family court cases from an adversarial stance to a more collaborative approach. One asserted that family court cases were adversarial by nature and had to remain adversarial. Several respondents noted that agreements made during clinical conferences (where the judge was not present) did not always carry through to court hearings, which seemed to defeat the purpose of the conferences.

## Recommendations

The following recommendations are based on client, staff and stakeholder perceptions and independent researcher observations.

- 1. Build an administrative database:** A program administrative database did not exist at the time of the study. As the program grows, consistent data collection will enable administrators to understand who is engaged in Strong Starts; how children and families are proceeding through the program (e.g., court mandates assigned, referrals received, services attended, client progress); and what outcomes are being achieved (e.g., moves in care, time to permanency, any recurrence of child abuse and neglect). Absent effective data collection, conducting an impact evaluation in the future will be unfeasible.
- 2. Develop formal program protocols:** Formal protocols do not yet exist with regard to handling client noncompliance, which concerned several stakeholders. As conveyed by those interviewed, clear protocols can help to establish guidelines, promoting consistency and better communication among the players on Strong Starts cases.
- 3. Assign dedicated attorneys and service providers:** The Strong Starts Court Initiative has a dedicated judge, viewed as a key strength among clients, staff and stakeholders. However, unlike the dedicated teams involved in comparable models in other jurisdictions (e.g., Zero to Three court team models in Florida, Iowa, Louisiana, Mississippi and Texas jurisdictions), a wide range of attorneys and local services providers were assigned to different Strong Starts cases. Where feasible, and especially as program volume grows, Strong Starts may benefit from having a team of dedicated attorneys and service providers.
- 4. Solicit client and stakeholder feedback:** Beyond this study, Strong Starts may benefit from efforts to incorporate client and stakeholder expertise on an ongoing basis. Examples might include: seeking to address clients' concerns about scheduling; adding an optional, confidential client exit survey; or having future graduates speak at Strong Starts trainings and/or to current clients. In terms of stakeholder feedback, Strong Starts currently convenes a steering committee, but attorneys and service providers working directly with Strong Starts clients do not usually attend the meetings. We recommend that these stakeholders be invited to provide feedback to Strong Starts. In addition, several stakeholders did not appear to know about or had not attended Strong Starts trainings. We recommend trainings be required for attorneys and service providers working with the program.



# Chapter 1

## Introduction

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Child maltreatment<sup>1</sup> remains a serious problem in the United States. According to the Administration on Children, Youth and Families (ACYF), there were more than 3.2 million reports of child maltreatment in 2014. Over one-quarter (27%) of victims were the youngest children (under three years) with the highest victimization rate seen for infants under one year (24.4 per 1,000 children). Among substantiated cases (N = 702,000), child neglect was the most common form of victimization (75 percent), followed by physical abuse (17 percent), sexual abuse (8 percent), and psychological abuse (over 8 percent). The majority of perpetrators were parents (nearly 80 percent) acting alone or with others, putting victims at risk of multiple forms of recurring abuse (Administration on Children, Youth and Families [ACYF] 2014).

Key risk factors for child maltreatment include parental substance abuse, parental mental health, parental unemployment, exposure to family violence, and individual, family and neighborhood-level poverty (ACYF 2014; Goldman et al. 2003). Studies show that poverty may exacerbate the risk of child maltreatment, given associated adverse conditions (e.g., family adversity, homelessness, unstable housing, substance abuse, trauma, mental health, parental unemployment or underemployment, exposure to family or community violence) and a lack of resources to address these conditions (Earls, McGuire and Shay 1994; Gewirtz and Edleson 2007; Molnar, Buka and Kessler 2001).

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<sup>1</sup> According to the Centers for Disease Control and Prevention, “child maltreatment” (also called “child abuse or neglect”) is defined as the following: words or actions that cause harm, potential harm, or threat of harm to a child (e.g., younger than age eighteen); acts of commission that are deliberate and intentional. Although harm to a child may or may not be the intended consequence, intentionality only applies to the caregivers' acts—not the consequences (e.g., a caregiver may intend to hit a child as punishment, but not intend to cause a concussion). Types of maltreatment may include: (1) physical abuse, when physical force is used against a child with potential for injury; (2) sexual abuse, any completed or attempted sexual act or abusive sexual contact; and (3) psychological abuse, acts to convey fear, worthlessness, isolation or terror (Leeb et al. 2008).

Each year, nearly 200,000 infants and toddlers enter the child welfare system (ACYF 2010). Although the majority of child maltreatment victims are white (44.0%) followed by Latino (23%) and black (21%) children (ACYF 2014), black and Native American children remain overrepresented in the child welfare system, which contributes to detrimental impacts (Child Welfare Information Gateway, 2011). A 2002 study showed that infants and toddlers entering the foster care system averaged 2.5 years or longer in foster care (Wulczyn, Hislop Harden 2002). During foster care involvement, developmental delays of infants (Dicker & Gordon 2001) and the complex needs of birth parents (e.g., trauma, victimization, substance abuse, unemployment, lack of stable housing) are not identified or addressed in a timely manner (James Bell Associates 2009; Lederman and Osofsky 2004). Further, child welfare cases often take years with limited parental contact and multiple transitions in care (e.g., a typical occurrence where a child is moved between several foster homes; also called moves in care). These realities disrupt critical processes in early child development, such as bonding and attachment (Silver and Dicker 2007).

Well-established research shows adverse experiences in early childhood (e.g., 0 to 3 years) may result in life-long impairments. At younger stages, chronic stress and trauma can contribute to slower cognitive and physical development, poor attachment, withdrawal, and aggressive (e.g., behavioral and coping difficulties) and regressive behaviors. Without proper care and early intervention, these issues can contribute to chronic medical conditions, emotional and mental health disorders, academic failure and criminal justice involvement (Finkelhor et al. 2009; National Research Council 2000). Research also demonstrates that engagement in high quality early childhood services (e.g., staffed by well trained, professional staff who build positive relationships with children and families) can be highly effective, due to the high adaptability (also referred to as plasticity) of the infants' and toddlers' developing brains (National Research Council 2000).

Despite a clear need to improve practice, specialized approaches for infants involved in child abuse and neglect cases and accompanying research remain limited. The 1997 Adoption and Safe Families Act (ASFA, Public Law 105-89) was passed to improve outcomes for infants and toddlers, including: to reduce recurrence of child abuse and/or neglect; to reduce incidence of child abuse and/or neglect in foster care; and to reduce time to permanency (including time spent in foster care), where a safe and permanent home may include family reunification, legal guardianship or adoption.

Since the early 2000s, a small number of specialized court interventions for infants and

toddlers have been implemented. Jurisdictions include the Miami-Dade County Juvenile Court (Florida), the 328th District Court in Fort Bend County (Texas), the Fifth District Court in Polk County (Iowa), the Youth Court in Forrest County (Mississippi) and the Child Protection Division of the Orleans Parish Juvenile Court (Louisiana; James Bell Associates 2009; Lederman, Osofsky and Katz 2001). Additional states with jurisdictions implementing a similar court model are Arkansas, California, Connecticut, Georgia, Hawaii, Nebraska, North Carolina and Pennsylvania (Zero to Three 2014).

Accompanying research of these collaborative models remains limited. A 2007 process evaluation conducted by Osofsky, Kronenberg and colleagues examined the Infant and Young Child Mental Health Pilot Program implemented by the Miami-Dade County Juvenile Court in collaboration with the University of Miami. The program was designed to facilitate earlier identification of families with children (three years and younger) who are at risk for abuse and neglect; to improve clinical evaluation; and to connect families to more effective treatment services. The sample (N = 46 parent-child pairs) showed improvements by the end of the program, seen in caregiver increases in behavioral responsiveness, emotional responsiveness and positive discipline in pre-post assessments of parent-child relationship. However, the study was not a valid test of program impact, as there was not a comparison group that was assessed during equivalent pre-post periods of time. The study was also limited by a small sample of participants completing both pre-post assessments. Process findings underlined a low parental compliance rate as a key program challenge.

In 2009, researchers examined the specialized court models piloted in Texas, Iowa, Mississippi and Louisiana jurisdictions called Zero to Three Court Teams (ZTT; James Bell Associates 2009). Key features of the court team models included the following:

- Judicial leadership or dedicated judges (who provided oversight of court cases);
- The presence of a community coordinator or expert in early childhood development (who monitored cases, attended court hearings, facilitated referrals and service linkages, maintained contact with all relevant parties, participated in case reviews or clinical conferences, and maintained a database to track cases);
- A collaborative court team of dedicated judges, attorneys (e.g., assigned lawyers for respondents, non-respondents and children) and service providers involved in child maltreatment cases;
- Monthly oversight via regular court hearings and clinical conferences (designed for

all parties to identify child needs and barriers, and implement tailored service plans);

- Child-focused services (e.g., medical and mental health services), treatment services for parents/caregivers (e.g., mental health and substance abuse) and a variety of family interventions (e.g., parenting and family functioning) in each site; and
- Stakeholders engaged in ongoing trainings to enhance knowledge on early childhood development.

In 2011, McCombs-Thornton conducted an impact evaluation using propensity scores and survival analysis techniques, comparing children and families engaged with the same four ZTT Court Teams (N = 298 cases) with a national comparison sample (N =511 cases) of young children engaged in the welfare system. Results showed that the ZTT cases achieved faster time to permanency and exited the foster care system earlier than comparison group cases (averaging 15.5 months in ZTT cases vs. 27.5 months in comparison cases). In permanency placements, ZTT cases were more likely than comparison cases to experience reunification (38% ZTT vs. 29% comparison) or have a family relative as legal custodian (25% ZTT vs. 8% comparison), whereas comparison cases were more likely to experience adoption (15% ZTT vs. 41% in comparison cases). Of course, the use of a national comparison group rather than one drawn from the same jurisdictions or intentionally matched jurisdictions is highly problematic, rendering these impact findings of limited validity.

To address current gaps in child abuse and neglect cases<sup>2</sup> involving infants (3 years and under), the Strong Start Court Initiative (also called Strong Starts) launched in June 2015, and cases began court hearings in September 2015. The program has four primary goals:

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<sup>2</sup> In New York State, an abused child is under 18 years of age whose parent, or other person legally responsible for his/her care, inflicts or allows to be inflicted upon the child physical injury by other than accidental means, or creates or allows to be created a substantial risk of physical injury by other than accidental means, which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ. A neglected child is one whose physical, mental, or emotional condition has been impaired or is at imminent danger of becoming impaired; and a parent or custodian fails to provide a minimum degree of care (New York State Office of Children and Family Services 2011).

1. To develop a specialized court approach and increase the family court's capacity to bring positive changes to children ages three years and younger and their families involved in child abuse and neglect cases in the Bronx Family Court;
2. To assess and understand the needs of court-involved infants and their families;
3. To enhance delivery of targeted services for court-involved infants and their families; and
4. To reunite court-involved infants and families.

To understand the pilot model of the Strong Starts Court Initiative, researchers conducted a qualitative process evaluation consisting of four days of court observations, three client interviews, and 13 staff and stakeholder interviews. The pilot study lasted from September 2015 to February 2016, examining the first nine months of program implementation.

## Chapter 2

# Research Design and Methods

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Researchers from the Center for Court Innovation conducted a process evaluation to examine how the Strong Starts Court Initiative approached child abuse and neglect cases involving infants and toddlers. For this initial process evaluation, we examined the following topics:

- 1. Examining the Intended Collaborative Approach:** Documenting the Strong Starts model, including how the program helped to build a collaborative problem-solving approach for child abuse and neglect cases involving children, three years and younger;
- 2. Strengths and Challenges:** Examining strengths and challenges of the Strong Starts model, with a focus on how the program addressed the needs of infants and parents; and
- 3. Recommendations:** Lessons learned from the Strong Starts model.

## Methods

Researchers planned and conducted a study with the following three components from September 2015 to February 2016, and examined the first nine months of operation:

- 1. Activity 1:** Court observations of Strong Start cases
- 2. Activity 2:** In-depth client interviews with adult parents, guardians and foster parents (see Appendix A for the Client Interview)
- 3. Activity 3:** Brief staff and stakeholder interviews with program staff and court-based and community-based partners (See Appendix B for the Staff/Stakeholder Interview)

## Court Observations

Researchers conducted four days of court observations in the Bronx Family Court, consisting of four court appearances and three clinical conferences. The purpose of these observations was to record court procedures for child abuse and neglect cases, types of court mandates and other requirements, and interactions between defendants with the judge and other court staff. Researchers also observed clinical conferences to examine the new court practice and interactions between all parties, with a focus on the clients (e.g., parents and infants). Results can be found in Chapter 3.

## **Client Interviews**

Researchers recruited current Strong Start participants (e.g., parents, guardians and foster parents in the case) with assistance from the Strong Starts coordinator. Due the sensitivities around family court cases, researchers worked closely with the trained Strong Starts coordinator to identify and conduct recruitment outreach only with adult participants who indicated interest in research participation. Three in-person interviews were conducted, where initial outreach was conducted with four clients (75% completion rate). Clients interviewed included two respondent parents and one non-respondent parent. At the time of their interview, clients had been engaged in the program for approximately six months. Results can be found in Chapter 4.

## **Staff and Stakeholder interviews**

Researchers recruited for interviews Center for Court Innovation staff who worked with the Strong Starts Court Initiative (e.g., Center staff and consultants who planned and implemented the program) and stakeholders consisting of judges, attorneys and community-based providers working directly with the program. All staff and stakeholder interviews were conducted via an online survey without any identifiers collected (e.g., no individual or organization names). To protect confidentiality, trends from Center staff and stakeholders are reported without distinctions between staff types (e.g., whether Center staff, judge, attorney or social worker).<sup>3</sup> In total, 13 staff and stakeholders completed interviews, where outreach was conducted with 26 individuals (50% completion rate). Three declined to participate and 10 did not respond after three follow up attempts. Results can be found in Chapter 4.

## **Data Limitations**

The current study was a process evaluation examining clients engaged in Strong Starts within the first year of the program and described the model as of study close in February 2016. No program administrative database existed at the time of the study, and thus, key performance indicators and outcomes (e.g., moves in care; time to permanency; any recurrence of child abuse and neglect) were not available for this study. As a result, all three study methods were qualitative components consisting of small samples with no comparison groups.

Observations cannot be generalized to all Strong Starts cases, and perspectives cannot be generalized to all clients, program staff and local stakeholders.

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<sup>3</sup> At the time of the study, one full-time program staff was employed.

## Chapter 3

# Strong Starts Court Initiative Model

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In this chapter, a brief overview of the Strong Starts Court Initiative is provided, including findings from court observations.

## Program Overview

### Program Staffing

At the time of the study, the Center employed one full-time program coordinator,<sup>4</sup> a licensed social worker, to oversee all Strong Starts cases and one part-time consulting clinical psychologist who provided clinical supervision. Both had extensive early childhood intervention experience. The program was overseen by the Center for Court Innovation’s director of domestic violence and family court programs.

### Background on the Bronx Family Court

In the Bronx Family Court, all child abuse or neglect cases were randomly assigned to one of twelve judges. Each child abuse or neglect case typically involved the following individuals:

1. Presiding judge
2. Attorney for Administration for Children Services (ACS; New York City’s child welfare agency who investigated reports of child abuse or neglect; also called the Special Assistant Corporation Counsel who prosecuted child abuse or neglect cases)<sup>5</sup>
3. ACS caseworker assigned to the case to supervise child and family
4. Child or children, 3 years and under, involved in the alleged abuse or neglect.
5. Attorney for the child (or children)
6. Respondent parent (named in the case for alleged abuse or neglect against their children)

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<sup>4</sup> Throughout the report, the terms “program coordinator” and “Strong Starts coordinator” are used interchangeably.

<sup>5</sup> Of note, in family court cases, ACS as the petitioner issues specific case requirements (e.g., treatment and other social service mandates), based on ACS investigations and ongoing case monitoring. The court’s role is to provide judicial monitoring and oversee whether requirements are met. The court can also issue additional mandates (e.g., alternate or additional social services) in conjunction with ASC requirements.



7. Attorney for the respondent parent
8. Non-respondent parent or guardian (another person legally responsible for child)
9. Attorney for the non-respondent parent or guardian
10. Foster parent (if applicable; where possible, a family member called a kinship foster parent)
11. Attorney for foster care agency (if applicable)
12. Foster care agency caseworker assigned to the case (if applicable)

In the Bronx and other jurisdictions nationwide, family court cases involving child abuse and neglect operating as usual were highly complex, time-consuming and adversarial. Having so many parties involved in each case also contributed to scheduling and case delays. Even following an initial permanency hearing, the case, the status of the child and their placement are usually under ongoing review. As such, time to permanency<sup>6</sup> (referring to final case outcomes of permanent placements for children) could last several years. Typical permanency outcomes in most child welfare cases included: 1) releasing the child to the custody of parents (e.g., reunification for children who have been removed from their homes); 2) placement with a relative; or 3) issuing an order of custody to a relative or other suitable person (e.g., legal guardian). Of particular concern, if child (e.g., developmental, behavioral or medical needs), parent (e.g., substance abuse, unemployment) and family needs (e.g., homelessness, parent-child relationships) were not adequately addressed, children were often returned to foster care following reunification due to recurring abuse or neglect (James Bell Associates 2009).

### **Program Referrals**

Strong Starts cases were seen by one presiding judge in the Bronx Family Court. Given random case assignments seen in the court, only eligible cases assigned to the Strong Starts presiding judge were considered—i.e., the Bronx did not change its preexisting process of randomly assigning cases to one of five judges in order to move more cases involving children ages 3 and younger to the dedicated judge. Cases eligible for Strong Starts are: cases

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<sup>6</sup> Permanency in child abuse and neglect cases refers to the final court decision on the permanent placement of the child/children. Generally, the first permanency hearing must be held eight months after a child has been placed (e.g., if removed from the home and placed in foster care) and every six months after that.

at pre-plea stage,<sup>7</sup> and child abuse and/or neglect cases<sup>8</sup> involving at least one child, three years old or younger. Of note, cases where older siblings (over three years old) were involved in a family court case were not eligible for Strong Starts.<sup>4</sup> In most of these cases, the child had been removed from the home.

During the study, the presiding judge was the primary source of case referrals. Attorneys advised their clients on whether to engage in Strong Starts. If clients were interested, the Strong Starts coordinator who introduced the Strong Starts and obtained respondent and family consent.

### **Program Engagement**

To address the complex needs of infants and families, the Strong Starts coordinator worked with clients and collaborated with all parties involved on the case (e.g., children, parents, foster parents, attorneys and service providers). To achieve program goals, clients engaged in the following primary activities:

- 1. Activity 1:** Clients (e.g., infants, parents and foster parents) received comprehensive screenings and assessments (e.g., psychosocial interviews with parents, child development assessments, and brief mental health screenings for both parents and children) conducted by the Strong Starts coordinator;
- 2. Activity 2:** Infants, parents and foster parents engaged in individual and family case management delivered by the Strong Starts coordinator in collaboration with attorneys, ACS and foster care agencies;
- 3. Activity 3:** Parent visits with children were monitored by ACS and the Strong Starts coordinator;

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<sup>7</sup> In child abuse and neglect cases, the pre-plea stage refers to the case stage prior to the fact-finding hearing (where the court decides whether or not the child has been abused or neglected) and dispositional hearing (to decide what should be done if the court finds the child has been abused or neglected; e.g., temporary placement of the child with a relative in kinship foster care or another foster placement). To date, Strong Starts cases have been engaged at pre-plea, but this criteria is reviewed by the presiding judge on a case-by-case basis. The end of case is marked by permanency hearing (see footnote above).

<sup>8</sup> Strong Starts cases involved the following: domestic violence (child witnessed or was present in the home), substance abuse (child tested positive for illicit substance at birth or parent actively using illicit substance; failing to provide child with proper supervision), and a derivative child abuse case (current case was being monitored based on a prior case where the parent had been found of a child abuse).

- 4. Activity 4:** Clients received and attended community-based referrals to child and adult services, which included follow up between the Strong Starts coordinator and providers;
- 5. Activity 5:** Clients attended monthly clinical conferences held by the Strong Starts coordinator and including all parties involved (clients, attorneys, service providers) except the judge;
- 6. Activity 6:** Clients attended monthly court appearances to enable the judge to monitor service provision and family response to services, and potentially improve client perceptions regarding the clarity and fairness of the court process.

The Strong Starts coordinator was also responsible for identifying a network of high-quality community-based service providers<sup>9</sup> (e.g., child development, parenting, parent-child therapy services and substance abuse treatment); and leading trainings on early childhood development to increase knowledge among court and community stakeholders (e.g., judges, lawyers and ACS). At study close, the Strong Starts coordinator and consulting clinical psychologist organized or led at least eight trainings for the entire court community (e.g., judges and attorneys)<sup>10</sup> as well as community providers working with family court cases. Training topics included: attachment, health and medical issues of infants and toddlers, implicit bias, home visiting programs, early intervention and other early childhood programs, case processing of a child protection case, and adult mental health and parenting (e.g., mental health diagnosis, forms of treatment and working with a parent with mental illness).

As of February 2016, 13 families and their children were assessed for potential eligibility, and nine families were actively engaged in Strong Starts, consisting of 11 infants and toddlers (one month to three years of age) and 23 adults (including 14 respondent parents, three non-respondent parents and six foster parents). Of the remaining cases, two cases were

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<sup>9</sup> Organizations partnered with the Strong Starts Court Initiative include: ACS Early Learn, Child Protection, Family Permanency Divisions and Bronx Field Offices; Association to Benefit Children; Bronx Works; Cardinal McCloskey Early Childhood Programs; Chances for Children; Early Head Start; Child Care Association; City Pro; Good Shepard Services; Healthy Families New York; Jewish Odyssey House; Leake & Watts Family Resource Center; Montefiore Division of Psychiatry; the New York City Early Intervention Program; NYC Department of Homeless Services; NY Foundling Safe Care; Osborne Association; Parent Child Home Program; Safe Horizon; Samaritan Village; and St. Luke's Roosevelt Parent Infant Center.

<sup>10</sup> Continuing Legal Education credits are offered for attorneys when trainings include legal components.

never engaged in the program,<sup>11</sup> and two were pending consent. For all engaged families, comprehensive child and family assessments had been completed, or were in process.<sup>12</sup> Instead of a dedicated team of attorneys and service providers (as seen in Zero to Three court teams in other jurisdictions), usually four attorneys (one attorney for each parent, the child attorney and the ACS attorney), one ACS case worker and one foster care representative (if the child was placed in foster care) were assigned to each Strong Starts case.<sup>13</sup>

Since September 2015, all Strong Starts families had monthly clinical conferences with the presiding judge and monthly clinical conferences led by Strong Starts Coordinator. The latter included the family members, the baby when possible, and all attorneys and service providers working with the families.

At the time of the study, no formal policy had been developed to define compliance, non-compliance and consequences for non-compliance. In general, clients in compliance regularly showed up to their court appearances and clinical conferences, attended community based services and were in touch with the program coordinator (via in person, phone, text or email check-ins). Clients who were out of compliance usually did not attend court appearances, clinical conferences or mandated services, and did not respond to program check-ins. Of note, because several clients were struggling with severe drug and alcohol issues, these clients could fall in and out of compliance throughout their case. For noncompliant parents, the program coordinator notified the court and all parties. Client barriers and ways to address these barriers were discussed at clinical conferences and court hearings. In many cases, the presiding judge decided on additional mandates (e.g., another

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<sup>11</sup> One case was settled prior to program involvement, and the other case was not interested in participating (the parent in the case reportedly had a comprehensive support system and did not require the level of intervention that Strong Starts provides).

<sup>12</sup> Once a family consents to Strong Starts, screenings and assessments were completed on an ongoing basis, depending on family's status. For example, if family is in crisis, the program supports this need first to achieve stabilization (e.g., securing drug treatment and/or housing solutions). As such, assessments were often ongoing and completed when family were able to respond openly and honestly. This was so that needs were identified accurately and tailored to appropriate referrals.

<sup>13</sup> A total of 20 attorneys (ACS, Bronx Defenders, Legal Aid and 18B) were assigned to Strong Starts cases.

treatment referral, random drug testing) and consequences (e.g., limiting child visits, remanding children to foster care).

As of study close, program completion was defined as Strong Starts participants whose case reached resolution in court (e.g., reaching dispositional hearing and/or permanency) and the required supervision period (usually one-year) has ended.<sup>14</sup> As of February 2016, two cases had reached permanency, where the child was returned to their parent within six months for first case and eight months for the second case (compared to an average time to disposition of 17 months in Bronx family court cases). Both cases were issued an Adjournment in Contemplation of Dismissal in 12 months, with ACS supervision for the one-year period. During supervision for these cases, Strong Starts has stayed involved with ongoing monitoring and contact with families, and with the coordinator leading clinical conferences every other month. As such, no cases had been closed in the program as of February 2016. Program engagement length for Strong Starts cases was expected to be at least one year.

### **Steering Committee**

Since the program planning phase, Strong Starts has convened a Steering Committee made up of the presiding judge, child welfare court improvement project liaison (who is part of the Child Welfare Court Improvement program that aims to improve child welfare case processing throughout New York City), the Strong Starts coordinator, the consulting clinical psychologist and leaders from city agencies (e.g., ACS, Division of Homeless Services, Department of Health and Mental Hygiene), attorney groups (e.g., Legal Aid, Bronx Defenders and 18B), foster care agencies and service providers. The committee meets every month or every other month to discuss the latest program updates and recommendations.

### **Court Observations**

From September 2015 to February 2016, monthly clinical conferences (the third Monday of each month) and court hearings (the third Thursday) were held. Due to scheduling challenges to coordinate all parties (e.g., parents, children, foster parents, all attorneys and service providers), many cases had to be scheduled on different days for both court hearings and

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<sup>14</sup> Of note, a parent can decide to leave the Strong Starts program at any time, though their case will continue in family court proceedings.

clinical conferences. Researchers observed four Strong Starts court appearances and three clinical conferences in the Bronx Family Court.

## **Conferences**

Clinical conferences were a new practice in the Bronx Family Court, introduced by Strong Starts.<sup>15</sup> All conferences were facilitated by the Strong Starts coordinator. The purpose of the conferences was to ensure that all child and family needs were met, to assess family progress and to work towards permanency, as well as to build communication and collaboration between parties. In addition, any barriers identified (e.g., parental substance abuse relapse or housing challenges) were discussed by all parties such that coordinated solutions could be presented to the court. Following each clinical conference, the coordinator also submitted in-depth reports of client progress (child and parent), any barriers and ways to address these barriers to the court.

**Observations:** Conferences observed were usually attended by all parties on the case except for the presiding judge.<sup>16</sup> The three clinical conferences observed were facilitated by the Strong Starts coordinator, who repeatedly stressed putting the child at the center of the decision-making. The coordinator began meetings promptly, and they lasted approximately 30 minutes, which a few stakeholders commented was not enough time. Updates for each family member were given by representing attorneys or adult clients themselves. Because clinical conferences were a less formal setting than court hearings, parents and foster parents seemed to be more comfortable speaking up during the meetings. One client asked to speak about his progress and expressed his desire to be reunited with his child.

Generally, case conference topics included: ways to encourage client progress; ways to address client non-compliance and overcome key barriers; whether all parties were on board with expanding visits for clients (e.g., recommending the court to grant expanded visits, or changing from supervised to unsupervised visits). Two clinical conferences exhibited evidence of strong collaboration, where all parties focused on client barriers (e.g., one parent struggling with treatment, one parent in relapse, and two parents struggling to find housing)

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<sup>15</sup> Clinical conferences are separate from court conferences held by attorneys on the case in between court appearances.

<sup>16</sup> Exceptions were made for children when care could not be arranged. In one case, a non-respondent parent was running late, but called into the meeting. In another case, a respondent parent was not present because she was recently engaged in detox treatment.

and ways to resolve them. The third case conference was more contentious, seen in a few arguments between attorneys (whether or not a client was in compliance) as well as about several early childhood interventions. In each conference, the Strong Starts coordinator reminded parties to keep the child at the center (e.g., what the infant needed and how best to meet these needs), which appeared to help refocus clients and stakeholders.

### **Court Appearances**

Attendance at court appearances were also required by all parties on the case.<sup>17</sup> In a few cases where parents were not present, attorneys for these parties continued to represent their clients. All parties seemed well apprised of these clients' circumstances and needs, due to prior clinical conferences and updates provided by the Strong Starts Coordinator.

Court hearings lasted anywhere from 10 to 25 minutes. In each appearance, the presiding judge asked for updates from each party (e.g., child, parents and, if applicable, foster parents) and any concerns. These included reports of parent-child visits, parent attendance at court-mandated social services (e.g., substance abuse treatment and parenting services), and child receipt of services (e.g., early childhood, medical or mental health). Most updates were given by attorneys for each party (e.g., ACS attorney, attorneys for children, respondent parent and non-respondent parent), and corroborated by service providers and clients, when prompted by the judge. Parties highlighted client barriers, such as lack of quality inpatient treatment and urgent client needs like housing that had been discussed in clinical conferences.

When interacting with clients, the judge exhibited key principles of procedural justice, such as looking directly at clients, asking probing questions (i.e., not yes/no questions) to clients, listening when clients spoke, and trying to understand their situation and needs. The judge also took the time to explain court mandates to clients (e.g., attending court hearings, clinical conferences and tailored social service referrals), consequences of not meeting requirements and her decisions (e.g., granting unsupervised visits with conditions; adding alcohol testing to existing drug test requirements). She seemed to understand the circumstances of each case

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<sup>17</sup> Exceptions were made for children where care could not be arranged. In one case, the respondent parent was not present because she was recently engaged in detox treatment. In two cases, the respondent parent and/or the non-respondent parent missed the court hearing, but both had notified the Strong Starts program coordinator that they were on their way but running late and/or held up at the security line in the Family Court. In another case, the non-respondent missed the hearing, due to transportation delays with multiple children.

and what was going on with children and parents. She also paused to ask whether adult clients understood court requirements and to answer their questions. The judge repeatedly stressed the child's safety and wellbeing in each case.

### **Challenges**

In three of four court hearings, participants experienced long delays before hearings (although one delay was due to a courthouse fire drill), ranging from 20 minutes to over an hour. A few staff and stakeholders confirmed that court delays were typical in family court. Based on observations, subsequent dates seemed to be centered on attorneys and court availability. Although final dates were confirmed with parents, it was unclear from the few hearings observed whether parents could reject the dates, given how difficult it was to schedule any future court appearances and clinical conferences.

As mentioned in client, staff and stakeholder interviews (see Chapter 4), scheduling was seen as a challenge. At each court appearance and case conference, it was difficult for parties to come to agreement on subsequent dates. Attorneys had numerous conflicts due to high family court caseloads. Observations also showed that scheduling was largely centered on attorney and court schedules, rather than asking parents what worked. Further, having a wide range of attorneys and service providers assigned to Strong Starts cases, rather than dedicated team members, seemed to make juggling schedules even more difficult.



## Chapter 4

# Findings from Client, Staff and Stakeholder Interviews

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Below we highlight key themes from client, staff and stakeholder interviews.

## Client Perspectives

This section highlights the perceptions of three clients interviewed about the Bronx Family Court and Strong Starts. These views cannot be generalized to all program participants.

### Participants Views of the Bronx Family Court

We asked the three clients whether they experienced key procedural fairness principles when engaged in court proceedings for their current case as a Strong Starts participant (e.g., whether participants understood their case and what was expected of them, and whether they were treated fairly by various court players).

**Strengths of Court:** All three clients interviewed described positive interactions with the presiding judge. Two respondent parents and one non-respondent parent described experiencing key principles of procedural justice, where the judge treated them fairly, knew about their case, looked directly at them, asked clients direct questions to understand their situation and needs and provided clear explanations. Two clients said the judge made the children’s safety a top priority. Another client said that she could speak up in court and have a voice in court when she wanted. This client also stated, “[The judge] looks at me. She gives me small encouragements when I’m doing well. Once the judge said she was proud of me, when I was doing good. No judge ever looked at me before [and] gave me respect. She’s just trying to be fair.”

In terms of additional players who are involved in their cases (e.g., attorneys and service providers), two clients said they received fair treatment from most other players. But all clients said they had limited interactions with everyone except for the judge, their own attorneys and the Strong Starts coordinator (see next section detailing client interactions with program staff). A respondent parent and a non-respondent parent said that their respective attorneys represented them well on the case and strongly advocated on their behalf.

When asked whether their case was handled fairly in the court, all three clients agreed. Two clients said the judge was the reason they felt their case was handled fairly. One client said the case was handled in a timely fashion, due to regular clinical conferences and court hearings. For example, this client recently requested an extended unsupervised visit with her child over the holidays. Due to her record of compliance and frequent hearings, she obtained the court's permission soon after her request.

**Prior Cases:** When asked about prior family court cases, two clients had been involved in cases in the Bronx Family Court but with a different judge and attorneys. One reported positive experiences and fair treatment in the Bronx Family Court but poor treatment in the Manhattan Family Court. Another reported not being satisfied with a prior case due to poor treatment in the Bronx Family Court. When asked about any differences with prior cases, this client said the Strong Starts coordinator made a positive difference (see next section).

**Challenges in Court:** When asked about challenges for the court process, two clients said they wished their case would go faster. One cited the need to shorten case times for custody or permanency. Another said she understood because there were so many family court cases in the Bronx. Two clients also mentioned that long wait times at court were difficult (e.g., long lines at the court entrance and long waits before their case was called). Two clients flagged scheduling issues, where one said that court scheduling centered around attorneys with no input from parents, which was disrespectful. She suggested that the court ask parents what would work in scheduling future court appearances, given that parents often had court-mandated social service appointments. Another client said he struggled to travel with multiple young children.

All three clients reported having a problem with their ACS caseworker. Two clients reported that their caseworker had an "attitude." One parent was not happy with how the caseworker treated his children. Two clients said their caseworker claimed that they contacted the client, when they had not received this notice. In one case, the caseworker submitted a report saying that they were not compliant. These clients expressed concern because ACS had a lot of power (e.g., determining whether they could visit their child and where their child was placed) and a report of non-compliance affected their time with their children. One client said that the Strong Starts coordinator stepped in on their behalf to resolve issues with ACS saying, "She [the program coordinator] cuts out the 'he said/she said' hearsay, and provides the role as referee when the judge isn't present."

## **Client Views of the Strong Starts Court Initiative**

We asked program participants about the purpose of Strong Starts, goals for themselves or their children, any program impacts, as well as strengths, challenges and recommendations for the program.

**Purpose of Strong Starts:** All three clients showed understanding of the program. One client said the program was for children under three years old and was meant to reunify the child with their parents as fast as possible. Another client stated that the program was meant to provide more resources and support to parents and address underlying problems of the parents. Two clients said the program was meant to make their case go faster (e.g., “keep things rolling”) by seeing the judge more frequently in court.

When asked why they agreed to participate in the program, two clients said they liked the sound of getting the help and advocacy they needed for their case and obtaining community-based services. Another said he knew that family court cases could take years, and his case was seeing a much faster track towards case resolution. One client also said, “It sounded awesome to me. Felt like I would be given back to the community. I’d be doing good for others by being a part of something big [Strong Starts].”

**Strengths of Strong Starts:** All three clients agreed that the program was fair and reported high satisfaction, because they felt respected, treated well, that their voice was heard and they were receiving help where needed. These clients consistently stressed the efforts of the program coordinator and the key roles she played. Client examples included: the Strong Starts coordinator serving as a strong advocate for them and their children (e.g., how she listened to clients; one said she went the extra mile for her children, including one not involved in the case); being available and helpful; explaining what was going on in court; providing various court and program reminders for clients; and being in constant communication with clients and all other parties on their case.

One client said, “[Program coordinator] is the best. She talks to everybody about appointments and when to come back to court. If I have any problems with services or family, she will help. She’s always on top of everything. She does a great job. I call her all the time.” Another said, “Personally, I can tell she really cares. I call her for anything. Without her, all the parties would not be on the same page.” The third client said, “It’s a good program—[program coordinator] helps with court, the lawyer and ACS, help with housing, parenting programs, programs for my kids.”

**Referrals:** In terms of social services referrals received through Strong Starts, clients interviewed had received a range of referrals for themselves (e.g., parenting, dyadic therapy, substance abuse treatment, housing and job referrals) and their children (e.g., child evaluations, early intervention services, Head Start placements, medical insurance and health referrals). A few clients had also received referrals on their current case from other sources such as ACS. All clients described the coordinator’s role in calling and finding referrals (including replacement referrals when original referrals did not meet their needs), setting up appointments, and following up with both clients and providers. One client said, “[The program coordinator] refers you to quality services. Helps with anything that you need.”

In terms of referrals prior to Strong Start, one reported an ongoing positive experience at a parenting program that provided counseling, parenting groups and various services for children (e.g., on-site health services, speech therapy and play therapy). One client had not received referrals prior to her current case. Another was engaged in prior substance abuse services, and reported positive experiences in methadone treatment, counseling and psychiatry sessions attended.

**Challenges of Strong Starts:** In general, clients interviewed had mixed experiences when attending referrals for themselves or their children. Two clients reported more positive experiences when attending referrals with their children, but another said a few child providers were difficult and would not coordinate services for multiple children. Clients reported several barriers when trying to obtain critical social services such as securing safe and adequate housing. One client also mentioned barriers posed by some health providers who were unwilling to help with coordinating paperwork and services for his children, despite multiple attempts. This client said he received limited help from ACS but more help from the Strong Starts coordinator, when the local housing authority had lost his paperwork and health services refused to serve his children. Another client reported a negative experience, where she was treated rudely and kept waiting for a long period when attending a job-related referral.

The third client reported leaving inpatient treatment, because of “disrespectful and inhumane” treatment at an understaffed facility, where patients were forced to clean and break down boxes, rather than focus on treatment. But, this client reported attending outpatient services consistently, such as methadone treatment and weekly sessions with a counselor and psychiatrist. Given her record, this client also said that she did not agree with the drug and alcohol screenings that were mandated by the court. She claimed she was

staying clean and found the additional screenings “insulting.” These comments highlight limited quality resources to meet their needs, as well as clients feeling overburdened in their court case. Still, these clients expressed willingness to work with the program coordinator to find new referrals.

**Client Goals:** When asked about their personal goals while in the program, clients listed a number of common goals; to obtain full custody or be reunited with their kids; to stay clean and sober; and/or to finish the program and their court case successfully. For longer term goals, two clients said they wanted to find a job, two needed housing and one wanted to obtain a GED.

Clients also detailed goals for their children and families, including: to obtain services for their child (e.g., evaluation, early intervention services and health services), and to get along better with family members. One client said she hoped her children would not remember the court case in the future and hoped for a better future for their children. All three clients said they wanted their children to be happy.

**Client Motivations:** When asked who helped clients with their court appearances and program appointments, two clients said that they were self-motivated to do well and stay sober to prove they could have more visits with their children. All three clients cited the program coordinator who helped with frequent reminders via calls and/or texts, contacted attorneys and the foster care agency. One said that the program coordinator took the burden off of her because she knew all about the case and how to help her and her child. Two mentioned that when ACS forgot to bring metro cards (a provision to help clients attend services for themselves and/or their children), the program coordinator would fill this gap by providing metro cards. One client also said another family member who helped with transportation and ensured the client could attend treatment.

**Perceived Effects on Participants’ Lives:** When asked how they were affected by the program, two clients said they noticed positive changes in themselves. One client said, “With [the program coordinator], I am better and do everything that I have to do. It’s worth it to be in the program. I have made progress in all aspects. I’ve been sober 4 months. [I] am good with my child—I have [a] better relationship with her and my mother.” Another client said, “I am more confident in myself. If I would have done program before, I would have been very different. Now I stand up for myself. I’m confident to explain why, talking more, and

opening up more.” The third client said the Strong Starts coordinator helped him and his children, especially when some community-based agencies moved too slowly.

Two clients also reported that family members and others had noticed positive changes. One client said her mother, her attorney and the program coordinator had commented on the client’s positive progress. Examples included encouraging comments about the client staying sober, sticking with treatment, and doing better (compared to the start of her program engagement when she had begun treatment). Another client said family members had noticed that she was different in Strong Starts, saying that she was working hard and seemed determined not to lose her sobriety. This client also said, “They are a little happier, knowing I’m taking steps and services to stay off drugs. My family—they know my bad side. I broke it [their trust] and I need to fix it. But I’m going to groups, staying focused and keeping busy. It makes my relationship with my family better.”

**Client Recommendations:** When asked about what they wanted to see for Strong Starts, two clients said they wanted to see the program expand. One wanted the program to be known worldwide. The second client specified, “I want to see the program in every court. Someone like [the program coordinator] helping parents and children in cases, cuts out nonsense, [who] communicates with ACS and all parties, and reports accurately to the judge.”

When asked to give advice to other Strong Starts participants, all three clients encouraged others to take advantage of the program and get help for themselves and their children. One stated, “My advice is to always ask questions, to understand what’s going on and what you have to do. Take risks or you will regret it. If you think something not going to work for you, you can ask [the program coordinator] for help to try something else—like going to another place [a different service provider].” Another said, “All should know about Strong Starts. All good parents can use to help themselves with their kids. Others—bad parents—they might just fake it.” This client also said that being in a program like Strong Starts ensured more eyes, monitoring and accountability for parents that were “just faking it.”

Clients also had recommendations for stakeholders, specifically judges, lawyers or politicians involved in Strong Starts. One client said, “[Stakeholders] should know that everyone makes mistakes. Parents do not want to hurt their child and some really want their kids back. They really need help, but some don’t know how to ask for it. They should not judge by court papers alone.” The third client said that if the courts removed children from their parents, then oversight of ACS was also important, given that ACS caseworkers were

given a great deal of responsibility over them and their children (e.g., from parent-child visits to child placements).

## Stakeholder and Staff Perspectives

### Strengths of the Court

**Building a Collaborative Approach:** Several staff and stakeholders highlighted positive interactions between clients and the judge. Examples included: the judge spoke directly to clients; the judge gave clear orders and set clear guidelines with clients; and the judge gave encouragement to clients who were complying and staying on track. A few of those interviewed highlighted the strength of more regular court appearances and clinical conferences, which resulted in ongoing oversight of cases to address problems; improved interactions between clients and the court system; and increased collaboration among all parties to the case, including community providers. Several respondents noted that clients were willing to comply with the court because of faster and improved case processing (i.e., more court appearances, regular review of the service plan, and regular review the status of children/parents) in a less adversarial setting. According to respondents, ongoing client compliance could result in more unsupervised visits and moving towards reunification. As one respondent noted, the clients' priority was being reunified with their children.

Several respondents noted that the collaboration fostered by Strong Starts. Examples included stronger working relationships between attorneys, collaboration between program staff and service providers to facilitate high quality referrals to families, and building a team approach among clients, attorneys and service providers to empower clients. One respondent described clinical conferences as a place for collaborative work with the goals of keeping parents and infants in mind.

### Strengths of the Strong Starts Court Initiative

**Building an Infant- and Family-Centered Approach:** Half of the stakeholders cited the program coordinator as a key strength of Strong Starts. Examples included: how the program coordinator built good working relationships with clients, made them feel comfortable and “met them where they were at,” (e.g., being respectful of family schedules, doing home visits, providing a child-friendly environment in court); how the coordinator provided a

strength-based approach in client advocacy and support; how the coordinator communicated clearly and regularly with birth parents, foster parents and family members; how the coordinator worked to balance child and parent needs with any safety concerns or barriers posed (e.g., a parent’s substance abuse relapse) and ways to address barriers. One respondent noted that the coordinator had much more energy than other service providers, including ACS and foster care agencies, and the coordinator consistently advocated in the best interest of the child, rather than being “bogged down by bureaucracy.”

Several highlighted the coordinator’s holistic approach to family planning, as seen in more immediate assessments for infants and adults to guide service planning and appropriate referrals, in addition to respecting families’ needs, limitations and experiences. A number of respondents noted that children and families received improved services across a range of complex needs. Several noted that the efforts of the program coordinator were crucial to identifying appropriate services that were able and willing to support court-involved families; to follow up with specific referrals, including meeting providers in person and becoming the point person for improved communication and updates around client progress; and to offer trainings for local providers working with Strong Starts.

### **Challenges of the Strong Starts Court Initiative**

**Barriers to Collaboration:** A few respondents said that barriers to collaboration included lack of cooperation by some parties (unspecified) and one referred to, “a disconnect between social work side of the case and the legal side.” Several respondents said it was too early to tell whether the program was useful. A number cited ongoing problems with scheduling future dates and delays in the court on the dates when appearances were scheduled. A few complained that regular court appearances and additional clinical conferences (where the latter was a new practice in the Bronx Family Court) contributed to additional delays. One said that having another person in the process (the program coordinator) was an additional burden. Another respondent called for a formal mechanism for non-compliant parents and also did not know when client engagement in the program formally ended. Yet another respondent said that the process sometimes had to remain adversarial, such that requesting more hearings and advancing the case was necessary on behalf of their clients. These comments showed a lack of program familiarity and lack of buy-in among some respondents.

**Barriers Facing Clients:** Several stakeholders highlighted barriers for clients, including the challenges and shame of having a child welfare case, the burden of court and program



mandates, and gaps in high quality services for clients. One respondent highlighted that clients felt an overall sense of shame for having a child welfare case. Another pointed out that clients also had to be stabilized enough (e.g., prioritizing substance abuse and housing issues) to take advantage of additional services offered.

Two respondents said that more court dates and required services placed a greater burden on parents, where numerous appointments were a lot to juggle while in crisis. One highlighted additional problems for parents or adults caring for young children, “Whoever created this program seems to have forgotten what it is like to have young children and trying to get places with them...In-home services would be so much more helpful.”

**Current Limitations of Strong Starts:** Several stakeholders reiterated their support for the program, but also cited the inherent limitations of having one staff member (the coordinator). As the coordinator was such a strong advocate, one respondent said that the clients may begin to rely too much on the coordinator rather than taking initiative for themselves. Another recommended that the program explain to parents more clearly that the coordinator did not have the same legal confidentiality protections given to attorneys (i.e., attorney-client privilege). This respondent asked for the program to explain more clearly to clients the limits of confidentiality measures (e.g., what Strong Starts had to report to the court).

A few respondents pointed out that the current model was only sustainable while it operated at a small-scale, serving a few families. Another called for expansion of the program saying, “It’s an excellent model that should be extended to include all infants known to the court is limited to relatively few infants/families. [It] needs greater fundraising efforts to produce much needed systems change for a greater number of young children.”

**Barriers of Referrals:** Several respondents complained about the lack of high quality services for children and families, where one said that too many providers followed a “deficits-based” approach (as opposed to strengths-based). Another respondent said that clients shared how they had been treated poorly by local service providers, which could also hinder their progress during the case. A few respondents also said that local providers were often difficult to work with and that communication with providers remained challenging. Another highlighted the lack of early childhood training among stakeholders, especially ACS caseworkers.

## Staff and Stakeholder Recommendations

Although a few respondents cautioned that it was too early to tell, most agreed with the Strong Start goals to keep more children at home, to support parents who were struggling with raising their children (e.g., poverty and addiction) and to interrupt cycles of violence. Several staff and stakeholders recommended the following to strengthen the program:

- **Drafting more formal compliance policies:** A few respondents called for clearer policies and court actions around parental noncompliance, even if it were a menu of sanctions and responses to address client noncompliance.
- **Find ways to decrease burdens for parents:** One respondent asked for more home-based services. Another asked for parents of young children to be excused from coming to all court hearings and conferences, if they identified the appointments as a burden. This respondent also pointed out that Strong Starts and most other family programs focused on mothers. This individual asked for greater attention given to fathers engaged in Strong Starts, such as hiring program staff who worked specifically with fathers.
- **Coordinating clinical conferences and court appearances:** Several respondents noted that agreements made during clinical conferences (where the judge was not present) did not always carry through to court hearings, which seemed to negate the purpose of the conferences. A few asked for greater transparency, especially when court decisions were at odds with what stakeholders had agreed upon during clinical conferences.
- **Ongoing feedback and training for stakeholders:** A few respondents asked that stakeholders like attorneys and service providers be solicited for feedback regularly. Although Strong Starts offers regular trainings, some stakeholders did not appear to know about or have attended these trainings. Several respondents asked for increased knowledge of infant development and evidence based interventions in the infant/family field on the part of court professionals and service providers assigned to Strong Starts. In addition, one respondent cited the general need to address racism and classism in the child welfare system, and ways that poor families of color and their parenting styles are judged more harshly, due to stakeholders' lack of cultural understanding. Such feedback showed the need for additional trainings in topics including cultural and intergenerational trauma, as well as structural oppression in the child welfare system (Brave Heart 2003).
- **Gradual program expansion:** If Strong Starts proved to reduce time to permanency and reduce recurrence of abuse and neglect, a few respondents recommended gradual expansion to serve more infants and families. One recommended expanding criteria for client participants with older children in the Bronx. Two recommended expanding Strong Starts into other boroughs with dedicated judges and infant coordinators to serve more court-involved infants and families.

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# Appendix A: Client Interview

## STRONG STARTS PARTICIPANT INTERVIEW

Interview ID: \_\_\_\_\_

Program Start: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Interviewee's Role (Please circle below):

*Respondent*

*Non-respondent Parent*

*Guardian*

*Resource: Foster Parent*

*Resource: Family Member*

### A. Current Case: Court Experiences

First, we'd like to know about your current case and your experiences in court as a Strong Starts client. Remember that you can share only what you feel comfortable with about your case or any other topic.

1. a) On your current case, please describe what is expected of you in court (*e.g., what you have to do in your case, what will happen if you don't do what is expected*).
  
- b) How has this information been communicated or shared with you? (*e.g., by the judge, your attorney, by the Strong Starts Director, or anyone else*)?
  
2. On your current case, please describe your interactions with the judge during your court appearances at the Family Court as a Strong Starts participant (*e.g., the judge treated you with respect, whether you were treated fairly, looked directly at you, explained what was happening, knew about your case, asked you or your lawyer questions, tried to understand your situation and any needs*).
  
3. Please describe your interactions with other court staff during your court appearances as a Strong Starts participant (*e.g., how they treat you, whether they treat you fairly, whether they explain what was happening, know about your case, are responsive to your questions, ask about your situation and needs*).

- a. Attorney for ACS/Petitioner
  - b. Attorney for Respondent
  - c. Attorney for Non-respondent Parent(s)
  - d. Attorney for the Child/Children
  - e. Attorney for the Foster Care Agency (if applicable)
  - f. Court Officers
  - g. Any other court staff (please specify)
4. Do you think your current case being handled fairly by the court? Why or why not?
5. How would you change the court, in terms of the following:
- a. Information about your case (*e.g., information on future hearings, what will happen, and what is expected of you*)
  - b. Case processing (*e.g., time with judge, time with attorney, wait times, time between hearings, time to permanency planning/when your case ends*)
  - c. Court environment (*e.g., getting around, clear signs or staff who provide directions, building appearance, court security, and parking*)
  - d. Court staff (*e.g., judges, lawyers, officers, and court administrators*)
  - e. Anything else?

## **B. Prior Experiences:**

Now, I'd like to ask about prior experiences with any community-based services to understand what you thought about these programs.

1. a) Have you ever been offered help for family-related services agency (*e.g., parenting, child care, family counseling*)?
  - b) If yes, were you satisfied with these programs? Why or why not?
  - c) If yes, how were you treated in these programs?
  
2. a) Have you ever been in any counseling programs (*e.g., individual or group counseling, substance abuse treatment, anger management*)?
  - b) If yes, were you satisfied with these programs? Why or why not?
  - c) If yes, how were you treated in these programs?
  
3. a) Have you ever asked for/gotten help from any other nonprofit or government agency for anything in your life (*e.g., for education/GED, jobs, ID assistance, benefits, legal help*)?
  - b) If yes, were you satisfied with these programs? Why or why not?
  - c) If yes, how were you treated in these programs?

Now, I'd like to ask you about prior experiences with family court. This is to ask about how you were treated, and any similarities or differences with your current case as a Strong Starts client. Again, please share *only* what you feel comfortable with.

4. a) Have you been involved in a case at the Bronx Family Court before becoming a part of Strong Starts? **If yes**, please specify for what type of case (e.g., child abuse and neglect, juvenile, custody or visitation order) and your role (e.g., respondent or non-respondent).
  
- b) If yes, were you satisfied with your experience(s) in court? Why or why not?
  
- c) If yes, how were you treated in court?
  
- d) If yes, were there any similarities or differences between your Strong Starts court experiences versus your prior experiences at the Family Court? Please be specific.

### **C. Current Case: Program Experiences**

Now, we'd like to ask you about your experiences with the Strong Starts program. We'll also ask you about your background, so that we can understand ways that Strong Starts impacts your life.

1. In your own words, what is the purpose of Strong Starts program?
  
  
  
  
  
  
  
  
  
  
2. Why did you agree to participate in Strong Starts?
  
  
  
  
  
  
  
  
  
  
3. a) Please describe what you need to do while in the Strong Starts program? (*e.g., what you have to do in the program, what will happen if you don't do what is expected*)
  
  
  
  
  
  
  
  
  
  
- b) How has this information been communicated or shared with you? (*e.g., by the judge, your attorney, by the Strong Starts Director, or anyone else*)



4. Do you think that being in Strong Starts is fair? Why or why not?
  
5. Goals in Strong Starts: Now I'd like to ask what you hope to get out of the Strong Starts program (*e.g., what are your goals, things you are working on, things you want to see change by the end of the program*).
  - a. What do you want for yourself
  
  - b. What do you want for your children
  
  - c. What do you want for your family (*e.g., people you consider to be your family*)
  
  - d. Anything else you want to see
  
6. Strong Starts Staff:
  - a. Please describe your interactions with Strong Starts staff throughout the program (*e.g., how they treat you, whether you were treated fairly, whether they explain what was happening, know about your case, are responsive to your questions, ask about your situation and needs*).
  
7. Strong Starts Services:
  - a. Are you satisfied with services you're receiving in the Strong Starts program (*e.g., individual case management, clinical support, emotional support, or any increased collaboration between all parties*)? Why or why not?

b. Are you getting what you need out of Strong Starts so far? Please be specific.

8. Referrals: I am asking about referrals to understand how you are being treated in other organizations outside of Strong Start. Only share whatever you feel comfortable with.

a. i) What referrals did you receive from Strong Starts (*e.g., parenting, child care, counseling, substance abuse, housing, or other services*)? Please describe which ones and whether they were useful to you.

ii) How did Strong Starts assist with these referrals?

ii) Were you satisfied with these referrals? Why or why not?

iii) How were you treated in these programs?

iv) Would you go back to these places for yourself *after* your current case has ended? Why or why not?

b. i) What referrals did your child/children receive from Strong Starts (*e.g., day care/early learning health, mental health, or other services*)? Please describe which ones for which child and whether they were useful.

ii) How did Strong Starts assist with these referrals?

iii) Were you *or* your child/children satisfied with these referrals? Why or why not?

iv) How was your child/children treated in these programs?

- v) Would you go back to these places for your child/children *after* your current case has ended? Why or why not?
9. Engagement/Support: I'd like to know who or what is helping you through your current court case and the Strong Starts program.
- a. Who or what helps you attend your court appearances?
  - b. Who or what helps you attend your appointments at Strong Starts?
  - c. Who or what helps you attend your referrals (e.g., other community-based services)?
  - d. Are there any barriers to your engagement in Strong Starts or in court? Please describe.
10. Any Changes: Now, we'd like to ask about ways being in the program has affected you.
- a. Have you noticed any changes in yourself while in Strong Starts? If yes, what are they?
  - b. Has your family or anyone close to you noticed any changes in you since you started with Strong Starts? If yes, what have they said?
11. Relationships: Now we'd like to ask about how being in the program has affected your relationships, specifically with your children, family and community.
- a. Has being in Strong Starts affected your relationship with your children?
    - i. If yes, let us know some key changes you've noticed?

- b. Has being in Strong Starts affected your relationship with your family?
  - i. If yes, let us know some key changes you've noticed?
  
- c. Has being in Strong Starts affected your relationship with your community?
  - i. If yes, let us know some key changes you've noticed?

10. What do you like the most about Strong Starts? (What works for you?)

11. What do you like the least about Strong Starts? (What does not work for you?)

12. Recommendations:

- a. What do you want to see at Strong Starts?
  - i. Over the short-term (in the next year)
  
  - ii. Over the long-term (in the next few years)
  
- b. What would you recommend for new Strong Starts parents or participants—e.g., what is something you think every parent, guardian or foster parent should know that would be helpful?
  
- c. What do you want court stakeholders and policymakers to know about Strong Starts—e.g., something you think judges, lawyers or politicians should know about Strong Starts or about the adults and children participating in Strong Start?

13. Is there anything else you'd like to say?

# Appendix B: Staff/Stakeholder Interview

## STAFF/STAKEHOLDER INTERVIEW QUESTIONS

1. In your own words, what is the purpose of the Strong Start Court Initiative?
  
2. What are the strengths of the Strong Start program? *Please discuss specific examples (e.g., court approach, program approach, relationship with clients, collaboration with stakeholders, case management, referrals, any unique program features), or the program overall.*
  
3. What are key challenges for the Strong Start program? *Please discuss specific examples (e.g., participant engagement, referrals, gaps in services), or the program overall.*
  
4. *[For staff and stakeholders working directly with participants only]* What are some strategies that have helped to engage Strong Start participants?
  - a. In court
  
  - b. In the Strong Starts program
  
  - c. In community-based services
  
5. What opportunities exist for Strong Start clients while engaged in the program?
  - a. In court
  
  - b. In the Strong Starts program

- c. In community-based services
- 6. What challenges exist for Strong Starts clients while engaged in the program?
  - a. In court
  
  - b. In the Strong Starts program
  
  - c. In community-based services
- 7. What potential solutions do you recommend for any of the key challenges identified for the Strong Starts program?
- 8. What potential solutions do you recommend for any of the key challenges identified for Strong Starts clients?
- 9. What do you want to see at Strong Start over the short-term (in the next year)?
- 10. What do you want to see at Strong Start over the long-term (in the next few years)?
- 11. What do you want other court stakeholders and policymakers to know about Strong Start—*e.g., something you think judges, lawyers or politicians should know about Strong Start or about the parents and children participating in Strong Start?*
- 12. Any other comments