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Chapter I

Review of the Literature

Current State of Foster Care

In 2004, an estimated 517,000 children were in foster care in the United States (U.S. Department of Health and Human Services [USDHHS], 2006). Foster children are separated from their biological parents for a number of reasons, most commonly neglect, parental incapacity to care for the child (due to physical or mental illness or substance abuse), physical abuse, abandonment, or sexual abuse (Vig, Chinitz, & Shulman, 2005). Ideally, foster care is a short-term arrangement that provides safety and stability for children until a permanent home can be found, either through adoption or reunification with the original caregiver. However, many children who are placed in foster care experience further abuse, multiple placements in different homes, and lengthy stays in what is designed to be a temporary system. In 2003, the average stay in the foster care system was 31 months (USDHHS). Legislation passed in recent decades has aimed to decrease the number of children in foster care and the amount of time these children spend in temporary arrangements; improvements seen in the wake of these laws have been promising, but temporary (Rosenfeld et al., 1997). In 1977, 504,000 children – more than 7 in 1,000 - were in foster care (Fenster, 1997). By 1982, that figure had dropped to 243,000 only to increase again during the 1990’s, peaking at 570,000 – about 8 in 1,000 children - in 1999 and declining somewhat during the current decade.
A number of social and political factors contributed to the upward trend in foster care enrollment in the 1990’s. First, social service programs designed to help families in crisis avoid foster care placement received inadequate federal funding (Simms, 1991a). In addition, societal problems such as HIV/AIDS, drug abuse, and homelessness increased. Since these problems can impair parents’ capacity to care for their children, the need for foster care subsequently increased. D’Andrade and Berrick (2006) explain that the large number of children in out-of-home care is partly attributable to the fact that more children enter the foster care system each year than exit from it. Increasing the efficiency with which foster children are placed in permanent homes could serve to correct this imbalance. If this process is not made more efficient, delays in making permanent living arrangements for children in foster care will likely result in continued growth of the foster care population as new children enter foster care and children already in foster care linger there for years, moving from one temporary arrangement to another.

Children exiting the foster care system typically enter one of several types of permanent placements. The most common placement outcome is reunification with the parent or primary caretaker (if the parent did not have custody of the child at the time of removal), which occurs in 55% of cases; other possibilities include adoption (18%) or placement with relatives, also known as kinship foster care (11%). Other, less common outcomes include emancipation, guardianship, transfer to another agency, or runaway from the foster placement (USDHHS, 2006). Although a majority of children exiting care are transitioning into “permanent” placements, these placements may prove unstable or unsafe. In a study of California’s foster care system Needell et al. (2006) found that nearly 20% of children entering foster care in 2005 were entering for at least the second time. These
children were removed from their homes and placed in what was considered to be a safe and permanent home only to return to foster care after subsequent abuse, neglect, or parental incapacity made the home unsafe. In a broader study that included data from 45 states, 7% of children who experienced maltreatment in 2003 experienced another instance of maltreatment within six months (USDHHS). These findings underscore the concern that out-of-home placements and reunifications may fail to protect children from further harm.

**The Importance of Stable Placements**

Following removal from an abusive or neglectful situation, a child is better able to form new attachments to caregivers in the presence of certain favorable conditions, including consistent caregiving rather frequent changes of caregivers (Ritchie, as cited in Howes, 2005). Disruptions and inconsistencies in care are considered undesirable for the child and likely to result in poor long-term outcomes in terms of the child’s neurological, cognitive, and psychological development (American Academy of Pediatrics, 2000). In a study involving over 1600 children who spent at least nine months in foster care, Rubin et al. (2004) found that multiple placements were predictive of increased use of mental health services. Children who experienced three or more foster placements (41% of the total sample) were more than twice as likely as children with fewer than three placements to be “high mental health users,” defined as being in the top 10% of mental health care consumers by cost in the year following foster care placement. These studies provide compelling evidence for the association between placement stability and poor outcomes; however, no direct causal relationship between these variables has been established.

Numerous placement changes have been associated with increased behavioral problems for foster children. Newton, Litrownik, and Landsverk’s (2000) prospective study
of problem behavior and placement instability followed 415 foster children aged three years and older for 18 months. The children’s caregivers completed the Child Behavior Check List (CBCL; Achenback, 1991) on two occasions, at approximately 5 months and 17 months following the child’s entry into foster care. Children with CBCL scores in the normal range upon entering the foster care system had in many cases shifted into the symptomatic range by the end of the study, demonstrating increased internalizing behavior (withdrawal, physical complaints, anxiety/depression), externalizing behavior (delinquency, aggression), and total behavioral problems. Again, given the correlational nature of the data, a causal relationship between foster care and behavior problems cannot be inferred from this study. Nonetheless, the data reveal associations between several variables of interest. Number of placement changes was predictive of increases in problem behaviors. In the portion of the sample that experienced four or more placement changes, 9.7% of the variance in internalizing behavior and 6.7% of the variance in externalizing behavior was explained by number of placement changes. This study also revealed that for children entering foster care with significant behavior problems, externalizing behavior score upon entry into care was significantly related to number of placement changes, such that increased scores predicted more changes. Thus, placement instability is associated with both externalizing behavior problems upon entry into foster care and increased behavior problems after several months in foster care.

Penzerro and Lein’s (1995) qualitative study of 20 male foster children (75% of whom had been diagnosed with externalizing or disruptive behavior disorders) in residential treatment described a pattern of increased antisocial behavior associated with transitions to new placements. The authors considered such behaviors to reflect anxious-avoidant
attachment styles (Ainsworth, Blehar, Waters, & Wall, 1978) established in response to the recurrent personal losses associated with multiple out-of-home placements. Continued inconsistency of care and perceived rejection by care providers reinforced the anxious-avoidant attachment. The researchers also noted that the official tally of these children's placement changes underestimated the degree of instability they actually experienced. These children moved through an average of five recorded placements; however, the children's subjective reports, which included informal placements with family friends or relatives and brief psychiatric hospital stays, indicated an average of 12 placements.

The reason the child enters out-of-home care, the age of the child, and the presence of behavioral or psychological problems may predict the stability or instability of the placement. Barber, Delfabbro, and Cooper (2001) found that among a sample of 170 Australian children in foster care, those who were removed from their homes due to parental neglect were significantly more likely to have a single, stable, out-of-home placement than children who entered care for other reasons. The sample of children removed due to neglect tended to be younger and score lower on a measure of conduct disorder than those removed for other reasons. Increased age and the presence of mental health or behavioral problems, particularly conduct disorder, were significantly associated with placement instability. These results provide further support for the association between behavior problems and frequent placement changes and identify older children with these problems as particularly vulnerable to instability.

Given the well-documented problems associated with multiple placement changes, stability is a primary goal of case managers in making placement decisions for children in foster care. Typically, stability or lack of stability has been measured by counting the
number of temporary placements through which the child moves before a stable or permanent situation is obtained (Clark & Prange, 1994; Newton et al., 2000; Rubin et al., 2004). However, not all changes in placement represent treatment failures. Therefore, Usher, Randolph, and Gogan (1999) advocate a method of analyzing placement patterns that takes into account the nature of the change in placement, specifically whether the move results in a more or less restrictive environment for the child. Restrictiveness of placements for foster children is generally conceptualized along a continuum from hospitals and group homes on the most restrictive end to non-relative foster homes, adoption, relative foster homes, and reunification with parents on the less restrictive end. This continuum is based on survey data gathered using the Restrictiveness of Living Environments Scale (ROLES; Hawkins, Almeida, Fabry, & Reitz, 1992). This instrument assesses restrictiveness across eight domains: interpersonal family relationships; personal and family responsibilities; personal choice of food and environment; choice of involvement in recreational activities; independence of movement throughout rooms, buildings, or community; contact with outside environments; social relations outside the family; and stigmatization of the child through association with the setting. Moves to less restrictive environments are considered positive changes, representing treatment successes. For example, if the child moves from a residential treatment facility to a foster home, this would be considered a positive change since the child is moving to a less restrictive environment and requiring less intensive services. Nonetheless, even positive placement changes are likely to cause disruption in the child’s life, as they may represent a change in school, peer group, or neighborhood; therefore, placement stability remains an important consideration in providing for the best interests of children in foster care.
Disrupted Attachment and Foster Children

Infancy. Children in foster care have all experienced some degree of disruption in their relationship with primary caregivers; abuse, neglect, removal from the home, and transitions to new, temporary caregivers are sources of disruption that may occur once or numerous times for a child in foster care. Attachment theory provides a framework for understanding the effects of separation from caregivers and continued disruptions in care. In Bowlby’s (1969) ethological approach to attachment and separation, he posits that attachment behavior and responses to separation from the attachment figure have significant survival value. Attachment behaviors in infancy are those that “increase or maintain proximity between infant and mother” (Corter, 1977, p. 86), providing for nourishment and protection of the child. Infants typically prefer one specific attachment figure (often the mother), but, when under stress, will show attachment behavior toward other individuals in the absence of the preferred figure. Although they may demonstrate attachment behavior with a number of available caretakers, infants demonstrate a preference for the primary attachment figure as early as six months of age (Bowlby, 1988). Ainsworth (as cited in Bowlby, 1969) observed that the infant is likely to seek help from the primary attachment figure when hungry, tired, or ill, but may seek other attachment figures when experiencing other states.

Separation from the primary attachment figure is associated with disorganization of the child’s attachment behaviors and intense emotional response (Gewirtz & Boyd, 1977). However, the length of separation and the age of the child have significant influence on the response to separation. Young infants who are separated from caregivers may show some physiological distress in response to separation (Dozier, Manni, & Lindheim, 2005);
however, the behavioral responses labeled “separation distress” do not typically appear until at least the sixth month (Ainsworth, 1989). Babies between eight months and two years old demonstrate significant distress upon separation from caregivers lasting more than one or two days. The reaction to prolonged separation in this stage may include temporary negative health effects and delays in developmental processes (Mercer, 2006). Yarrow’s (1963) study of 75 infants who were moved from foster homes to adoptive homes showed that younger infants demonstrated less behavioral disruption following the transition than older infants. Those six to twelve weeks old were the least affected, showing no apparent disruption in behavior; however, all of the children in the sample seven months or older showed “marked disturbance,” including reduced social behaviors such as smiling and babbling, increased crying, and disrupted eating and sleeping patterns. A more recent study (Dozier et al., 2005) suggests that infants 10 months and younger placed with foster families may demonstrate stable attachment behaviors with the new parent figures as quickly as one to two weeks. Infants older than one year, by contrast, took up to two months to demonstrate stable attachment behaviors with the new caregivers.

*Pre-school age.* In the pre-school years (ages two to four), attachment behaviors continue in intensity and frequency, but may take a different form than in earlier years (Marvin & Britner, 1999). For example, as children learn to walk and explore their environment, they are able to tolerate increasing distance from the mother or primary attachment figure; however, they still return to the primary figure as a “secure base” from which they can make continued ventures into their environment (Bowlby, 1969). Two-year-old children are likely to be as distressed as one-year-old children when their mother leaves (Marvin & Britner). However, the older child is likely to respond by searching for the
parent rather than crying. When the mother returns, the two-year-old will seek proximity and contact before separating from her and exploring again. The three-year-old child will likely be less distressed by brief separations than he or she was at age two and may require less physical contact when the attachment figure returns. Children at this age will continue to seek attachment figures under distress. Those, such as foster children, who experience frequent changes in caregivers at this age often demonstrate difficulty with emotional regulation and impulse control (Mercer, 2006). A lack of experimental control, however, makes it impossible draw a direct causal link between disrupted attachment and later problems. Pre-existing factors, such as early abuse, neglect, or prenatal exposure to drugs or alcohol are associated with disrupted attachment (i.e., placement in out-of-home care) and may also contribute to the emotional and behavioral problems these children experience.

Children in the pre-school years may demonstrate some resiliency to the effects of disrupted attachment (Howes, 2005). Positive factors such as longer stays with caregivers and caregivers’ sensitivity to the child’s needs and emotions are significant predictors of healthy attachment behaviors in pre-school children who have been previously mistreated.

School age. Children age 5-11 still use the parent as a secure base; however, attending school provides opportunities to broaden their sphere of relationships to include peers and other adults, some of whom will serve as attachment figures (Marvin & Britner, 1999). Despite the acquisition of new relationships and attachments, the parental attachment nonetheless remains important at this stage, with the location and accessibility of the parent being more important than physical proximity as the child’s autonomy increases. Disrupted attachment during this stage and into adolescence often results in anxiety and anger (Bowlby, 1988); children this age may also assume that they have somehow caused the
separation and will consequently feel guilty (Bowlby, 1980). When a caregiver initiates separation from a child this age, the child may engage in negative reactions in an apparent attempt to discourage the caregiver from enacting the separation. Due to their developmental level, school-age children and adolescents may have a better capacity than younger children for tolerating extended separation from attachment figures. However, foster children of this age are likely to have experienced insults to attachment prior to the separation, including abuse or neglect by the parent and/or parental substance abuse, which may inhibit initial attachment behaviors (Barnard & McKegany, 2004). These pre-existing factors may negatively influence reactions to separation and the formation of future attachments to caregivers. Therefore, age-appropriate responses to separation, based on typical development of attachment behavior, may not be seen in foster children. A particular concern for children in foster care is the combination of losing the parental attachment figure and the possibility of extended periods with no stable attachment figures available. Older children in foster care are less likely than younger children to find permanent homes (USDHHS, 2006), effectively delaying or preventing stable attachment relationships from forming.

Attachment throughout the lifetime. Relationships with attachment figures and the impact of disrupted attachment are not limited to childhood. Attachments to friends, children, romantic partners, and others continue throughout adulthood (Gewirtz & Boyd, 1977). In addition, the quality of early relationships with caregivers can significantly affect later relationships and adjustment. Early attachment relationships that are characterized by trauma and loss are likely to have long-lasting, negative effects, including aggressive and externalizing behavior in pre-school and school-age years, adjustment problems and
dissociative symptoms during childhood and adolescence, and hostile or withdrawn parenting behaviors in adulthood (Lyons-Ruth & Jacobvitz, 2005). Secure early attachments, by contrast, are associated with increased confidence, self-efficacy, and social competence in later childhood and adolescence (Weinfield, Sroufe, Egeland, & Carlson, 2005). A 50-year longitudinal study of adult development revealed social supports as a robust predictor of later psychological adjustment (Vaillant, 1993). A single, close, enduring relationship, including a relationship with a peer or other non-relative, provided resilience to the effects of negative life events.

In summary, children in foster care have often experienced abuse or neglect by caregivers, a situation which is likely to negatively influence their psychological adjustment and their ability to form attachments to new caregivers. Depending on the age of the child and the severity of the attachment disruption, children may suffer physiological distress, emotional distress, or persistent problems in psychological adjustment. Frequent changing of caregivers, which is sometimes seen in foster care, is associated with continued problems. Consistent, sensitive care and the establishment of close, enduring relationships, may provide resilience to attachment disruption. Such relationships, however, require stability, a characteristic lacking in many foster children’s experiences (Hochman, Hochman, & Miller, 2004).

*Child Abuse Prevention and Treatment Act*

In 1974, with the passage of the Child Abuse Prevention and Treatment Act (CAPTA), the federal government provided funding for research on child maltreatment to states that passed mandatory reporting laws requiring health professionals and teachers to report suspected instances of child maltreatment (Fenster, 1997; McGowan, 2005). One
outcome of this legislation was an increase in the number of reports of child maltreatment and a subsequent increase in the number of children in foster care, which peaked at 503,000 in 1977. To address this growth, during the latter part of the 1970’s, the field of family services began to shift its focus toward a concept called “permanency planning,” which emphasized preventing foster care placement when possible and promoting reunification and adoption for children already placed in foster care (McGowan).

**Adoption Assistance and Child Welfare Act**

The permanency planning movement continued to gain support and was officially introduced in 1980, when Congress passed the Adoption Assistance and Child Welfare Act (AACWA; Public Law 96-272) in an attempt to reduce the number of children in foster care. The AACWA aimed to give priority to continuity of care in the process of making placement decisions, to reduce the time children would spend in the foster care system, and to ensure a permanent placement for the child upon exiting foster care.

Growing support for the permanency planning movement preceded and likely contributed to a downward trend in foster care enrollment. This trend continued following the enactment of AACWA. In 1982, just two years after AACWA was passed, the number of children in care had dropped by more than half, from 502,000 in 1977 to 243,000 (Maluccio & Fein, 1989). The average length of stay in out-of-home care also dropped from 31 months to 21 months over the same time period. These changes marked tremendous progress toward the goals of AACWA. However, less heartening changes also followed. The proportion of minority children and physically disabled children in out-of-home care increased, the average age of children in care increased, and a two-tiered trend developed whereby the permanency planning goal moved many children efficiently through the system...
in less than two years, but another group of children remained longer than two years. Despite its emphasis on permanent placements, the AACWA did not increase the number of adoptions from the foster care system (Tatara, as cited in Fenster, 1997). Additionally, the reduction of the number of children in care and the shortened average stay were temporary effects; these figures soon climbed, returning to and eventually surpassing the 1977 figures.

Underfunding of preventive family services during the 1980's is one proposed explanation for the short-lived positive impact of the AACWA and permanency planning (Simms, 1991a). In 1980, Congress authorized $256 million for services to help families in crisis avoid placing children in foster care; however, only $163.5 million was allocated. By the end of the decade the allocation had been increased to $246 million, only a 10% increase when accounting for inflation. Inadequate support of prevention may have been a costly policy decision. During the same period that preventive services were underfunded, spending on foster care increased from $350 million to nearly $1 billion.

Adoption and Safe Families Act

The number of children in foster care continued to rise steadily during the 1990's; the proportion of children in foster care increased by 30% during that decade, from 6.1 out of 1,000 to 8.1 out of 1,000. In 1997, the Adoption and Safe Families Act (ASFA; Public Law 105-89) was passed in order to amend and further the AACWA. Particular issues prompting the passage of ASFA included reports of children being left in unsafe families or prematurely returning to unsafe families from foster care, and estimates that as many as 100,000 children were in foster care awaiting adoption (Children’s Defense Fund, 2000). One contribution of the ASFA was the shift in focus from family preservation and prevention of foster care placement to child safety, which became the highest priority in
making placement decisions (McGowan, 1997). The ASFA reaffirmed the permanency planning goals of the AACWA, but provided new emphasis on timely enactment of permanency plans and on ensuring that permanent placement options included only those that were likely to be stable. Long-term foster care (LTFC), which requires no legal commitment to the child on the part of the foster parents (Simms, 1991b) and which has been associated with frequent placement changes (Maluccio & Fein, 1989), had become an overused permanent placement option despite its inherent instability. With the passage of ASFA, LTFC was excluded from consideration as a permanent placement option. ASFA guidelines also required a permanency hearing to take place no later than 12 months after the child enters foster care (Children’s Defense Fund). At this hearing a permanent placement for the child - through reunification, adoption, or other permanent arrangements - is determined. In order to decrease the length of children's stays in foster care, the ASFA required termination of parental rights proceedings to take place in cases in which the child was in foster care for 15 out of the previous 22 months, with some exceptions. This measure allowed children to be moved to adoptive homes more quickly when the parent/guardian was not making adequate efforts toward reunification. In order to increase the number of adoptions taking place, financial incentives were offered to states for surpassing the number of adoptions that occurred during a base year (Children’s Defense Fund).

A survey conducted in 2000 by the United States Government Accounting Organization (USGAO; 2002) revealed little conclusive evidence to support the effectiveness of ASFA. This was due in large part to the incompatible measurement instruments used in recording child welfare data pre-ASFA and post-ASFA. However, a strikingly positive trend was observed: the number of adoptions occurring annually
increased by 57% from 1997 to 2000. This increase is considered to represent the continuation of a trend that started before ASFA; therefore, it is not clear if or to what degree ASFA contributed to this marked increase in adoptions. Recent declines in the proportion of children in foster care (8.1 per 1,000 in 1998 to 7.1 per 1000 in 2004) may be attributable to changes implemented after ASFA was passed; however, there is no clear evidence of a causal relationship between the legislation and the decline.

*The Court Appointed Special Advocate (CASA) Model*

In addition to encouraging states to pass mandatory reporting laws, CAPTA also mandated that “in every case involving an abused or neglected child which results in a judicial proceeding a guardian *ad litem* shall be appointed to represent the child in such proceedings” (as quoted in Bilson & White, 2005, p. 228). Federal funding for prevention and treatment of abuse and neglect was contingent on adherence to this mandate. Initially, judges complied through the appointment of attorneys to serve as guardians; however, alternative models, including the Court Appointed Special Advocate (CASA) model, soon developed in the interest of providing cost-effective representation that addresses the child’s best interest (Bilson & White). The CASA is a community volunteer who is trained to represent the interests of children involved in child protective services cases. A CASA may also be known as a volunteer guardian *ad litem* (GAL). A GAL is appointed by the court and in some states is required to be a board certified attorney. GALs are not limited to advocacy in abuse and neglect cases; they may act on behalf of incapacitated adults or children involved in parental custody disputes. Nine hundred CASA/volunteer GAL training programs currently exist in the United States and in 2005, over 50,000 CASAs and GALs
represented 226,000 children in proceedings related to their placements (National CASA Association, 2006).

Volunteer representatives compare favorably with attorney representatives, achieving equal or superior outcomes in abuse and neglect cases. Condelli (as cited in Heuertz, 1996) compared the effectiveness of five models of representation in child protection cases: representation by a law student, a staff attorney, a paid private attorney, a lay volunteer and paid attorney, or a lay volunteer without an attorney. Data from that study suggest that the volunteer model is associated with superior outcomes compared to the other models in terms of case goals, stability of representation, and case plan changes. Other research (Berliner & Fitzgerald, 1998) supports the relative strength of the volunteer CASA compared to lawyer guardians in their role of investigating and monitoring cases.

Duquette and Ramsey (1987) identified specific characteristics and activities of a representative that may contribute to positive outcomes. Their study of 144 dependency cases revealed the positive impact of child advocacy training on process variables and case outcomes. For this study, three groups – attorneys, law students, and nonlawyer volunteers – received training in child advocacy; a control group of attorneys received no training. Children involved in abuse and neglect cases were then assigned to one of the three trained groups or the control group based on the weekday the preliminary hearing was conducted; analysis revealed no significant case differences based on the day of the preliminary hearing, thus a random assignment was approximated. Interviews with the three groups of trained representatives and the attorney control group involved in this study yielded a number of process variables, including investigation, advocacy, and mediation, which served as a basis for comparison between the trained groups and the control group. Outcome variables were
based on court records. The findings suggested no significant differences in outcome variables for cases in which a trained representative was involved, regardless of whether the representative was a student, attorney, or volunteer. However, the trained groups and the untrained attorneys significantly differed on a number of process and outcome variables. The trained groups as a whole spent significantly more hours per case on investigation, advocacy, and mediation than the control group. Their increased efforts were significantly associated with better outcomes, such as fewer clients declared wards of the court, fewer case dismissals, more home placements, more parental visitation orders, and less time spent in the court system compared to the untrained attorney representatives. Decreasing time in the court system shortens the disruption of the child's life, allowing him or her to return to stable living arrangements and to resume the tasks of building peer relationships and strengthening relationships with caring adults, both important tasks of this life stage.

The juvenile and family courts where outcomes of child abuse and neglect cases are decided have many limitations that may inhibit the ability of case workers, attorneys, and judges to decide what is best for children in foster care. These limitations include some legal professionals' lack of training in child welfare issues, case managers who are overburdened by large caseloads, and judges who, given flexibility to promote the best interests of the child, may have little reliable information on which to base their decision (Howing, Wodarski, Kurtz, & Gaudin, 1993). In this environment, the CASA volunteer plays a crucial role in providing judges and attorneys with accurate, detailed information about the child's situation and representing his or her needs based on first-hand information from a variety of sources, including the child and often the parent/guardian from whom the child has been separated. Leung (1996) estimated that CASAs spend nearly one hundred
hours per case; court proceedings, CASA training, and interviewing make up the majority of their workload. The investigation, advocacy, and mediation activities of the volunteer, along with specialized training in child advocacy, prepare him or her to make recommendations in the child’s best interest, and have been associated with improved outcomes (Duquette & Ramsey, 1987).

CASA and GAL training programs follow various models, with the CASA serving either as 1) a GAL for the child, 2) an impartial friend of the court who makes recommendations based on interviews with key persons involved in the case, 3) a source of information for the attorney representing the child, or 4) a monitor of court proceedings and compliance who has very limited contact with children or families represented in the case (Litzelfelner, 2000).

**Studies of CASA Effectiveness**

The largest published study of the effectiveness of CASA volunteers was conducted by Litzelfelner (2000), who compared 119 CASA cases to 81 non-CASA cases matched for age, race, and type of maltreatment. Significant differences were found between the average number of placements in CASA cases (3.9) and the average number of placements in non-CASA cases (6.6) over two years. Further, CASA cases were considered more “difficult” than non-CASA cases in that they were more likely to involve a combination of neglect and physical or sexual abuse, parental substance abuse, and multiple siblings in out-of-home care (Litzelfelner). Comparison cases were more likely to have been referred to protective services for physical or sexual abuse only or to have become court-involved at the request of the parent.
Using descriptive data to compare outcomes of CASA and non-CASA cases, Leung (1996) likewise found that the assignment of CASAs appeared to have a positive effect on the placements of children in foster care. However, differences between CASA and non-CASA cases must be interpreted cautiously, as they represent only comparisons of percentages and may or may not reflect statistically significant differences between the two groups. Leung’s sample of 66 CASA cases and 131 non-CASA cases demonstrated that assignment of a CASA was associated with a lower instance of out-of-home placements (14.7%) relative to a non-CASA comparison group (30.4%). CASA involvement was also associated with a lower instance of second and third placements (61.8% had more than one placement) relative to non-CASA cases (68.8%).

Abramson (1991) studied the effectiveness of a CASA program, specifically the Amicus Program of Fresno, California, a CASA program that trains minority and bilingual volunteers and matches these volunteers to ethnically and linguistically similar families. In comparing the case plans of the CASA and non-CASA cases that were pending at the conclusion of the study, a significant relationship between CASA involvement and case plan was revealed; however, since no pairwise follow-up tests were reported, the statistical significance of differences between CASA and non-CASA cases on frequencies of each type of case plans is not known. Relative comparisons, which may or may not represent statistically significant differences, were reported. Of the 28 CASA cases and 28 comparison cases, reunification was the case plan in nine CASA cases and four non-CASA cases; adoption was the case plan in six CASA cases and zero non-CASA cases; guardianship was planned in five CASA and five non-CASA cases; and LTFC was planned in 3 CASA cases and 13 non-CASA cases. Even if the appropriate inferential statistics had
been used, the small sample size may have presented a substantial barrier to detecting significant associations. However, adding support to the association between CASA involvement and adoption, in a larger sample of 60 CASA and 98 comparison cases, Poertner and Press (1990) found significantly higher rates of adoption in CASA cases (21.7%) compared to cases in which the child was represented by an attorney only (7.1%). Differences between CASA and non-CASA cases on all other outcome variables, including time to final court disposition, reentry into the judicial system, and percentage of children placed with the abusive parent or guardian at termination, were not statistically significant (Poertner & Press).

The incremental evidence from each of these studies lends some support to the effectiveness of CASA volunteers in improving dependency case outcomes. However, small sample sizes, poor statistical control, and lack of significance testing are some of the limitations associated with these findings; therefore, these results, although promising, are not considered conclusive. Additionally, in light of the significant policy changes that accompanied the passage of ASFA, newer data are needed to accurately describe current trends in foster care and to examine the relevance of CASA involvement in supporting the safety, stability, and permanency goals promoted by ASFA.

African American Children in the Foster Care System

Interventions in the form of legislative action and volunteer advocacy have endeavored to improve the likelihood of safe, permanent placements for all foster children. However, the likelihood of a foster child finding a permanent placement, and even the likelihood of a child entering foster care at all is strongly associated with the child's race. African American children account for just 15% of the U.S. child population, but make up
more than 35% of the population of children in out-of-home care (Casey Family Programs, 2006). American Indian/Alaskan Native children (1% of child population; 2% of out-of-home care population) are also over-represented in foster care. By contrast, Caucasian children, who account for a large proportion of the child population (59%), constitute just 39% of the population of children in out-of-home care. About 17% of children in out-of-home care (19% of child population) are Latino, 1% are Asian (4% of child population), 6% are of more than one ethnicity or unknown ethnicity. Local figures for Hamilton County reveal even greater disproportionality of African American children in foster care than is seen at the national level. According to data from the 2000 census, 23% percent of the population of this county is African American and 73% is Caucasian (Ohio State University, 2006); however, approximately 63% of children in foster care are African American, 30% are Caucasian, and 7% are of mixed or “other” heritage (HCJFS, 2004).

A number of explanations have been posited for the overrepresentation of African American children in foster care (Barth, 1997; Brown & Bailey-Etta, 1997; Lawrence-Webb, 1997). African Americans are more likely than Caucasians to experience a variety of social problems, including poverty, homelessness, substance abuse, HIV/AIDS, teenage pregnancy, community violence, and incarceration (Brown & Bailey-Etta, 1997). All of these factors can contribute to a child’s need for out-of-home care. Some evidence also suggests that racial bias plays a role in the disproportionate representation of children served by foster care. Zellman’s (1992) survey research demonstrated that participants were significantly more likely to endorse mandatory reporting for vignettes involving children of color than for vignettes involving white children. Therefore, reporting discrepancies may be one route to overrepresentation. Racially based differences in the substantiation of abuse
and neglect allegations have also been posited as a factor contributing to this phenomenon. Eckenrode, Powers, Doris, Munsch, and Bolger (1988) found that child maltreatment reports were more likely to be substantiated in cases involving African American or Latino children than in cases involving Caucasian children, despite comparable rates of occurrence of abuse in these populations. It appears, then, that a variety of social and systemic factors may be influencing the trend of African American children being overrepresented in foster care.

In addition to influencing the likelihood of entering foster care, race variables have also demonstrated a strong influence on outcomes for children in the foster care system. Barth (1997) followed 3,873 children under age six entering foster care in California and assessed their outcomes over the next six years. Odds ratios revealed that Caucasian children were more than five times as likely as African American children to be adopted rather than remain in non-kinship foster care, when controlling for age variables. Caucasian children were also significantly more likely to be reunified with their families than African American children (58% versus 41%).

Given the low probability of several preferred, permanent outcomes for African American children, their risk of remaining in out-of-home care longer and consequently experiencing more temporary placements may be of concern. Although not the most preferred outcome, African American children are more likely than Caucasian children to experience one relatively positive placement option, relative foster care, also known as kinship care (Grogan-Kaylor, 2000). The greater probability of this placement option for African American children compared to Caucasian children is considered the result of several socio-historical factors, including the high value of the extended family in African cultural heritage, the tradition during the slavery era in the United States of providing care...
for children whose parents were sold as slaves, and the early exclusion of African American families from the formal child welfare system (Brown & Bailey-Etta, 1997). Kinship care is considered a beneficial alternative to non-relative foster care since it is associated with fewer subsequent placement changes and fewer re-entries into the foster care system (Courtney, 1995; Courtney & Needell, 1997).

ProKids: Evaluation of a CASA Program

ProKids is a non-profit organization that trains volunteers to serve as CASAs for children involved in child protection cases in the Juvenile Court of Hamilton County, Ohio. ProKids was established in 1981, making it one of the first CASA programs in the United States (ProKids, 2006c). To fulfill the organization's mission of "ensur[ing] a safe, permanent, and nurturing home for every child," (ProKids, 2006a) the ProKids CASA interviews the child, the child's family, potential caregivers and professionals involved in the case; ensures that child's needs are being met in the temporary placement; and represents the needs of the child through recommendations regarding services and living arrangements. All ProKids CASAs complete a 30-hour training program under the supervision of a CASA manager and are provided legal representation by ProKids staff attorneys (ProKids, 2006d). Permanency is given a high priority in the work of ProKids CASAs, who strive to reduce the number of placement changes the children experience and aim for reunification (when it would not compromise the child's safety) or adoption as preferred outcomes.

The CASAs trained by ProKids work in partnership with ProKids staff attorneys and CASA supervisors, who serve as GALs for the case. The CASA need not be an attorney, but will make recommendations to the court based on interviews with the child, adults, and other professionals involved in the child's care (ProKids, 2006b). ProKids CASAs devote
considerable time and effort to their clients; they carry a caseload of only two clients and are required to visit the clients in person at least once a month for children over four years old (T. Cook personal communication, September 25, 2006). By contrast, an attorney GAL may have 80-100 clients on his or her caseload and is required to visit them only once every three months.

ProKids has reported outcome measures in the form of percentages of children meeting criteria of safety and stability following court termination (ProKids, 2006d). According to these data, 83% of children served by ProKids CASAs in 2005 were placed in permanent homes with parents, relatives, family friends, or adoptive families at court termination. In addition, 99% of the children placed in permanent homes remained in those placements during the six months following case termination. While these percentages seem promising, their actual meaning is unclear without reference to data from an equivalent comparison group.

The development of this project was influenced by ProKids stakeholders. The director and several staff members of ProKids identified their interest in how the work of CASA volunteers influences the nature and stability of children’s placements while under court jurisdiction. Given their mission of “ensur[ing] a safe, permanent, and nurturing home for every child” (ProKids, 2006a), the type of placement chosen for the child at case termination and the stability of that placement in the months following termination were also of interest. Suspecting that certain characteristics of the child and the case, such as race and reason for referral, would be associated with different outcomes, they wished to identify the characteristics associated with poorer outcomes as a way to help target their intervention to the most vulnerable groups.
Funding of non-profit social service agencies is becoming increasingly outcome-driven. Government-funded programs are also being measured on key performance indicators. For example, earlier this decade, federal government oversight in the form of the Child and Family Services Review began evaluating each state’s performance on outcome measures related to safety, permanency and child well-being (California Department of Social Services, 2005). Failure to live up to performance standards necessitates the implementation of a corrective plan to address shortcomings and, if outcomes are not improved, agencies may lose funding. Organizations like ProKids are therefore motivated to demonstrate quantifiable impact of their programs. However, merely reporting their own outcome data does not fully demonstrate this impact. The acquisition of comparison data allows for a more accurate assessment of the difference that CASA involvement makes when compared to cases in which CASAs are not involved. ProKids hope this study identifies strengths of the CASA program and areas that need improvement.

This project is an example of program evaluation, an emerging discipline in the social sciences, which applies the principles of qualitative and quantitative research to social programs (Potter, 2006). Program evaluation has grown in importance in recent decades due in part to increased demands for accountability in government-funded organizations (Hosie, 1994). This field developed in a multi-disciplinary context, with contributions from the fields of sociology, psychology, education, economics, and others. Most of the evaluations of CASA programs considered so far have been conducted by professionals and educators in the field of social work (Abramson, 1991; Leung, 1996; Litzelfelner, 2000) and published in professional journals of social work. While these studies provide a rich, descriptive basis for the effectiveness of CASAs, the quantitative analysis used is often insufficient to address
the research questions. In addition, little theoretical rationale is given to explain the
effectiveness or ineffectiveness of the programs.

Professionals in the field of psychology bring a valuable set of skills and knowledge
to program evaluation, contributing theoretical knowledge of human development and
behavior as well as familiarity with research design and statistical methods used in the
behavioral sciences. The current study is a replication and expansion of previous
evaluations of CASA programs, with improved statistical control, a large sample size, and
adequate significance testing to allow for clear interpretation of quantitative results. Given
the past research on the strong association between race and case outcomes, differences in
case outcome based on race will also be explored.

It is clear that the foster care system in the United States is struggling to find
permanent homes for the hundreds of thousands of children in temporary, out-of-home care.
Stays in foster care are associated with attachment disruptions and multiple, temporary
caregivers, which may exacerbate attachment problems of young children in foster care and
contribute to poor adjustment later in life. Older children, African American children, and
those who have experienced abuse may be particularly vulnerable to poor outcomes,
including extended stays or unstable placements in the foster care system. Legislature aimed
at increasing timely exits from foster care into permanent homes has not produced lasting
change. Trained volunteer advocates are a cost-effective means of improving outcomes for
children in out-of-home care; however, research on their impact has been limited by design
and analysis problems, and findings may not generalize across different training programs.
This study aims to assess the differences in several case outcomes for CASA-involved
versus non CASA-involved cases and to explore the differences in placement outcomes based on the race of the child.
Chapter II

Rationale and Hypotheses

Finding safe, stable homes for the hundreds of thousands of children currently in out-of-home care is a great challenge for the child welfare system. Yet without permanent homes, children remain in foster care or other temporary arrangements for 31 months on average (USDHHS, 2006). These children typically have multiple vulnerabilities and difficulties upon entering out-of-home care (Rosenfeld, et al., 1997), which may be exacerbated by the system itself due to the inherent uncertainty, risk of further maltreatment, and frequent changes in schools, homes, and caregivers that are often involved in foster care. Although the negative consequences associated with frequent placement changes are well known (e.g., Newton, et al., 2000; Rubin et al., 2004), placement instability remains a problem. In addition, a significant number of children who are discharged to permanent placements experience new instances of maltreatment following discharge (Needell et al, 2006). Despite the passage of legislation to decrease the number of children in foster care and the time they spend in temporary care, there has been no significant change in foster care enrollment or length of stay.

African American children in foster care face added challenges and barriers to positive outcomes, including a lower likelihood of adoption compared to Caucasian children (Barth, 1997). The overrepresentation of African American children in the foster care system may be a result of relatively high rates of many social problems likely to result in the need for out-of-home care (Brown & Bailey-Etta, 1997) and the effects of discriminatory
reporting and investigation practices (Eckenrode, et al., 1988). African American children are more likely than Caucasian children to be placed with relatives in arrangements known as kinship care (Grogan-Kaylor, 2000).

CASA involvement has been demonstrated to have positive effects in terms of increasing placement stability (Litzelfelner 2000) and increasing the likelihood of adoption and reunification as case outcomes (Abramson, 1991; Leung, 1996). Advocacy activities provided by trained volunteers have also been associated with efficient movement of the case through the court proceedings (Duquette & Ramsey, 1987), which is likely to result in a more rapid placement for the child and therefore a shorter period of disruption. The studies that have shown the CASA model to be effective have various limitations, including small sample size, lack of significance testing, lack of follow-up data, and an approach that does not discriminate between positive and negative placement changes. In addition, the non-uniformity of CASA training programs nationwide makes it difficult to generalize findings from other CASA studies to ProKids.

ProKids has identified safety and stability of placements as major outcomes of interest and would like to explore the effectiveness of its program in achieving these goals for clients of different races and with different reasons for removal from their homes.

In light of the above, the following hypotheses are offered:

Hypothesis I: When matched on variables of age, race, and reason for referral, cases in which a CASA is involved will have fewer total placement changes than cases in which a CASA is not involved.
**Hypothesis II:** When matched on variables of age, race, and reason for referral, cases in which a CASA is involved will have fewer negative placement changes than cases in which a CASA is not involved.

**Hypothesis III:** When matched on variables of age, race, and reason for referral, cases in which a CASA is involved will have a shorter time under court jurisdiction than cases in which a CASA is not involved.

**Hypothesis IV:** Cases in which a CASA is involved will have a lower frequency of case re-openings six months after case termination than cases in which a CASA is not involved.

**Hypothesis V:** Cases in which a CASA is involved will have a higher proportion of adoptive placements, a higher proportion of reunifications, and a lower rate of LTFC placements at case termination than cases in which a CASA is not involved.

**Hypothesis VI:** The proportion of children placed in kinship care at case termination will be higher for African American children than for Caucasian children.

**Hypothesis VII:** The proportion of children placed in adoptive homes at case termination and the proportion of children reunified at case termination will both be lower for African American children than for Caucasian children.
Chapter III

Method

Data

All data to be analyzed in the current study are archival. All cases will involve children aged 6-12 years at the time of case termination who entered out-of-home care for the first time. This age group was chosen to avoid overlapping with the infant program of ProKids, which involves a different referral system and to avoid the possibility that teenagers in foster care will have “aged out” of the system (exiting foster care after reaching the age of legal emancipation, usually 18 years). The sample will be limited to first time entrants into the foster care system, assuming that children who re-enter foster care multiple times may have weaker support systems or may have experienced chronic abuse or neglect, which would make them difficult to compare with first-time entrants.

A small effect size has been observed for the effect of CASA involvement on placement changes (Litzelfelner, 2000). For a power of .80 at an \( \alpha = 0.5 \) level of significance, a total sample of 786 cases (393 per group) is needed to detect a small effect (Cohen, 1992). Previous examination of CASA involvement and placement outcome has demonstrated a medium effect size (Abramson, 1991). A similar effect size has been demonstrated for the association between race and placement outcome (Barth, 1997). For a power of .80 at an \( \alpha = .05 \) level of significance, a total sample size of 133 cases is needed for the chi-square analysis to detect a medium degree of association (Cohen).
Variables

*Age.* This variable will be defined as chronological age in years. For the purposes of this study, cases will be matched based on the child’s age in years.

*Race.* This variable will be defined as African American or Caucasian. Given that individuals who are African American or Caucasian account for 96% the population Hamilton County, cases in which the race of the child is listed as Latino/a, Asian, or “other” will be excluded.

*Reason for Referral.* This variable will be defined as the type of allegation investigated and substantiated by HCJFS which resulted in the child being placed in out of home care. This variable will have three levels: abuse, neglect, and dependency (parent is unable to provide care due to death or illness).

*Time Under Court Jurisdiction.* This variable will be defined as the time between case opening and case closure dates recorded by HCJFS. The case opening date is the date the initial allegation was made. The case closure date is the date of the final case deposition, at which time the case is terminated. Time will be measured in days and represents the amount of time the child spent in the home after the allegation was made and the time the child spent in out-of-home placements after being removed from the home. This is an operational definition of one of the goals of ASFA, which is to reduce the time the child spends in foster care and increase the efficiency of providing a permanent placement.

*Placement Change.* This variable will be defined according to HCJFS definition (S. Gall personal communication, September 25, 2006) as a move from one placement setting to an equally restrictive or more restrictive setting (e.g., from a foster home to a group home or from one foster home to another foster home). A move of less than 30 days in which the
child returns to the original placement is not counted as a placement change. For example, when a child who is in a foster home is hospitalized for 21 days and then returns to the same foster home, no placement changes are recorded. Moves from a more restrictive setting to a less restrictive setting, such as from a group home to an adoptive family, are not counted as placement changes (J. McKettrick, personal communication, October 2, 2006).

**Negative Placement Change.** This variable will be defined as a move from a less restrictive setting to a more restrictive setting. Restrictiveness is generally conceptualized along a continuum from hospitals and group homes on the most restrictive end to non-relative foster homes, adoption, relative foster homes, and reunification with parents on the less restrictive end. This continuum is based on the Restrictiveness of Living Environments Scale (ROLES; Hawkins et al., 1992). Identifying negative placement changes allows for discrimination between changes that represent progress and changes that represent treatment failure.

**Case Reopening at Six Months.** This variable will be defined as a dichotomous variable (Yes or No) indicating whether an allegation of abuse or neglect of the child has been substantiated by HCJFS at any time in the six months following case termination.

**Placement at Termination.** This variable will be defined as the placement decided upon at the final disposition hearing. The five levels of this variable are reunification, adoption, kinship care, LTFC, and other placement setting, as indicated by HCJFS records.

**Procedure**

Tracy Cook, Executive Director of ProKids, has given access to a client database kept by that organization since 1996 (See Appendix A). Moira Weir, Assistant Director of Children’s Services for HCJFS (See Appendix B) has allowed access to a subsection of the
county's database -- first time entrants aged 6-12 whose cases terminated from 2003 to 2005 -- for use as a comparison group. These cases involve allegations of abuse, neglect, or parental incapacity that have been reported to HCJFS and subsequently investigated and substantiated. Children are removed from parental care when HCJFS has determined that it is unsafe for them to remain in the home. Cases to which a ProKids CASA has been assigned will be excluded from this comparison dataset. Identifying information such as client names will be removed by HCJFS before the data are released. Confidentiality agreements between the researcher and the organization are required before data access occurs.
Chapter IV

Proposed Analyses

A repeated-measures MANOVA will be conducted to determine the effect of CASA involvement on the set of quantitative case outcome variables — number of overall placement changes, number of negative placement changes, and length of time under court jurisdiction. Age, race, and reason for referral will all be matching variables. For every CASA case that is entered, a non-CASA case equivalent in terms of age, race, and reason for referral, will be entered as a matched pair. Three separate one-way repeated-measures ANOVAs will be conducted to examine the differences between CASA involved and non-CASA involved cases on three variables: number of overall placement changes, number of negative placement changes, and length of time under court jurisdiction (Hypotheses I, II, and III).

A chi-square test will be conducted to determine whether the proportion of cases that are reopened in the six months following case termination differs between CASA involved and non-CASA involved cases (Hypothesis IV). A chi-square analysis will be conducted to determine whether the proportions of five different placement outcomes at case termination (reunification, adoption, relative foster care, LTFC, and other) differ in CASA involved cases versus non-CASA involved cases (Hypothesis V). A chi-square analysis will be conducted to determine whether there are differences in the proportions of five different placement outcomes (reunification, adoption, relative foster care, LTFC, and other) for Caucasian children versus African American children (Hypotheses VI and VII). A statistical significance level of $\alpha = .05$ will be used for all analyses.
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Effect of CASA


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APPENDIX A:

Letter of Permission from ProKids
September 28, 2006

To Whom It May Concern:

This letter is to verify that I, Tracy Cook, Executive Director of ProKids, give permission to Lindsay Harris to use a subset of ProKids' COMET (CASA Outcome Measurement Evaluation Tool) for the purpose of academic research.

Please contact me at 281-2000 if you need any further information.

Sincerely,

Tracy Cook
Executive Director
APPENDIX B

Letter of Permission from Hamilton County Job and Family Services
December 15, 2006

To Whom It May Concern:

This letter is to verify that I, Moira Weir, on behalf of Hamilton County Job and Family Services, give permission to Lindsay Harris to use a subset of this organization's database for the purpose of academic research. The information being made available to Ms. Harris is confidential. Ms. Harris has signed an agreement to maintain confidentiality in accordance with Ohio law. Client names will be removed from the data before they are distributed.

If you have other questions or require further information, please feel free to contact me.

Sincerely,

Moira Weir
Assistant Director
AGREEMENT TO MAINTAIN CONFIDENTIALITY

I, Lindsay Harris, a graduate student conducting a research project for ProKids, do hereby acknowledge and agree to the following:

I will be accessing a subset of the Hamilton County Job and Family Services (HCJFS) database for the purpose of academic research. Client names will be removed from the data before they are distributed. Any information I obtain in the course of this activity pertaining to individual clients of HCJFS will be kept confidential pursuant to R.C. 2151.421; R.C. 5153.17 and O.A.C. 5101:2-34-38.

I further agree to employ adequate safeguards and procedures to protect the confidentiality of client records and clients. I further agree not to remove case records from County offices nor make photocopies of any record or portion thereof.

Lindsay Harris, M.A.
Doctoral Student in Clinical Psychology

Date 10-14-02
Chapter V
Dissertation

Abstract

CASA involvement has been associated with increases in adoption outcomes (Poertner & Press, 1990) and reductions in placement changes (Litzelfelner, 2000). In this study, 234 CASA involved cases and 234 non-CASA involved cases involving Caucasian and African American children ages 3 months to 17 years old were matched on age, race, and reason for referral to out-of-home care and were compared on four outcome variables: length of time under court jurisdiction, number of placement changes, number of negative placement changes (movements to more restrictive settings), and type of placement at case termination. No differences were found between the CASA involved and non-CASA involved groups on these four variables. Analyses were also conducted using age and race as grouping variables.
Effect of Court Appointed Special Advocate (CASA) Involvement on Length of Court Jurisdiction and Placement Outcomes

In 2005, an estimated 513,000 children were in foster care in the United States (U.S. Department of Health and Human Services [USDHHS], 2006b). Ideally, foster care is a short-term arrangement that provides safety and stability for children until a permanent home can be found. However, many children who are placed in foster care experience further abuse, multiple placements in different homes, and lengthy stays in what is designed to be a temporary system. In 2005, the average stay in the foster care system was 29 months (USDHHS). Legislation passed in recent decades has aimed to decrease the number of children in foster care and the amount of time these children spend in temporary arrangements; improvements seen in the wake of these laws, including decreases in the number of children in foster care, have been promising, but short-lived (Rosenfeld et al., 1997).

Children exiting the foster care system typically enter one of several types of permanent placements. The most common placement outcome is reunification with the parent or primary caretaker, which occurs in 54% of cases; other possibilities include adoption (18%); placement with relatives, also known as kinship foster care (11%); and emancipation (9%), which occurs when the child reaches the age of majority designated by the state (typically 18 years old) or is legally emancipated and presumed to be able to live independently. Other, less common outcomes include guardianship, transfer to another agency, runaway from the foster placement, or death (USDHHS, 2006b). Although a majority of children exiting foster care are transitioning into “permanent” placements, these placements may prove unstable or unsafe. Needell et al. (2006) found
that nearly 20% of children entering foster care in California in 2005 were entering for at least the second time. In a broader, national study 33% of children who were reunited with their parents had returned to foster care within three years (United States General Accounting Office, 2002). These findings underscore the concern that out-of-home placements and reunifications may fail to protect children from further harm.

The Importance of Stable Placements

Following removal from an abusive or neglectful situation, a child is better able to form new attachments to caregivers in the presence of certain favorable conditions, including consistent caregiving rather than frequent changes of caregivers (Ritchie, as cited in Howes, 2005). Disruptions and inconsistencies in care are considered undesirable for the child and likely to result in poor long-term outcomes in terms of the child’s neurological, cognitive, and psychological development (American Academy of Pediatrics, 2000). Multiple foster home placements have been associated with increased use of mental health services (Rubin et al., 2004) and increased behavioral problems (Newton, Litrownik, & Landsverk, 2000).

The reason the child enters out-of-home care, the child’s age, and the presence of behavioral or psychological problems may predict the stability or instability of the placement. Barber, Delfabbro, and Cooper (2001) found that children who are removed from their homes due to parental neglect were significantly more likely to have a single, stable, out-of-home placement than children who entered care for other reasons. Increased age and the presence of mental health or behavioral problems, particularly conduct disorder, were significantly associated with placement instability.
Given the numerous problems associated with multiple placement changes, reducing the number of temporary placement changes a child in foster care experiences is a primary goal of case managers. However, not all changes in placement are undesirable. Therefore, Usher, Randolph, and Gogan (1999) advocate a method of analyzing placement patterns that takes into account the nature of the change in placement, specifically whether the move results in a more or less restrictive environment for the child. Restrictiveness of placements for foster children is generally conceptualized along a continuum based on survey data gathered using the Restrictiveness of Living Environments Scale (ROLES; Hawkins, Almeida, Fabry, & Reitz, 1992), which places hospitals and residential treatment facilities on the most restrictive end and non-relative foster homes, adoption, relative foster homes, and reunification with parents on the less restrictive end. Moves to less restrictive environments may in fact be positive changes, representing placement successes. Nonetheless, even positive placement changes are likely to cause disruption in the child’s life, as they may represent a change in school, peer group, or neighborhood; therefore, placement stability remains an important consideration in providing for the best interests of children in foster care.

**Child Abuse Prevention and Treatment Act**

In 1974, with the passage of the Child Abuse Prevention and Treatment Act (CAPTA), the federal government provided funding for research on child maltreatment to states that passed mandatory reporting laws requiring health professionals and teachers to report suspected instances of child maltreatment (Fenster, 1997; McGowan, 2005). One outcome of this legislation was an increase in the number of reports of child maltreatment.
and a subsequent increase in the number of children in foster care. To address this growth, during the latter part of the 1970’s, the field of family services began to shift its focus toward permanency planning, which emphasized preventing foster care placement when possible and promoting reunification and adoption for children in foster care (McGowan). CAPTA mandated that “in every case involving an abused or neglected child which results in a judicial proceeding a guardian ad litem [GAL] shall be appointed to represent the child in such proceedings” (as quoted in Bilson & White, 2005, p. 228). A GAL is appointed by the court and in some states is required to be a board certified attorney. In addition to advocating for children in abuse and neglect cases, GALs may also act on behalf of incapacitated adults or children involved in parental custody disputes.

*Adoption Assistance and Child Welfare Act*

The permanency planning movement gained support and was officially introduced in 1980 with the passage of the Adoption Assistance and Child Welfare Act (AACWA; Public Law 96-272), which aimed to reduce 1) the number of children in foster care, 2) their length of stay, and 3) the frequency of their placement changes. For children exiting foster care, ensuring permanent placements was the priority of AACWA.

In 1982, just two years after AACWA was passed, the number of children in foster care had dropped by more than half, from 502,000 in 1977 to 243,000 (Maluccio & Fein, 1989) and the average length of stay in out-of-home care dropped from 31 months to 21 months. However, the proportion of minority children and physically disabled children in out-of-home care increased, the average age of children in care increased, and a two-tiered trend developed whereby the permanency planning goal moved many
children efficiently through the system in less than two years, but others remained longer. Despite its emphasis on permanent placements, the AACWA did not increase the number of adoptions from the foster care system (Tatara, as cited in Fenster, 1997). Additionally, the reduction of the number of children in care and the shortened average stay were temporary effects. Underfunding of preventive family services during the 1980's is one proposed explanation for the short-lived positive impact of the AACWA and permanency planning (Simms, 1991a).

*Adoption and Safe Families Act*

In 1997, the Adoption and Safe Families Act (ASFA; Public Law 105-89) was passed in order to amend and further the AACWA. With ASFA, focus was shifted from family preservation and prevention of foster care placement to child safety, which became the highest priority in making placement decisions (McGowan, 1997). The ASFA reaffirmed the permanency planning goals of the AACWA and provided new emphasis on timely enactment of permanency plans and on ensuring that permanent placement options included only those that were likely to be truly permanent (Children's Defense Fund, 2000).

Since the passage of ASFA, there has been little conclusive evidence for its effectiveness (USGAO, 2002). However, one positive trend has been noted: the annual number of adoptions from foster care increased 57% from 1997 to 2000 (USGAO). This change may represent a continuation of trends that started before ASFA or may be attributable to changes implemented after ASFA was passed.
The Court Appointed Special Advocate (CASA) Model

In order to comply with the GAL requirements of CAPTA, judges initially appointed attorneys to serve as GALs; however, alternative models, including the Court Appointed Special Advocate (CASA) model, soon developed in the interest of providing cost-effective representation that addresses the child's best interest (Bilson & White, 2005). A CASA, also known as a volunteer GAL, is a community volunteer who is trained to represent the interests of children involved in child protective services cases. Nine hundred CASA/volunteer GAL training programs currently exist in the United States and in 2005, over 50,000 CASAs and GALs represented 226,000 children in proceedings related to their placements (National CASA Association, 2006). Volunteer representatives compare favorably with attorney representatives, achieving equal or superior outcomes in abuse and neglect cases (Condelli, as cited in Heuertz, 1996).

CASA and GAL training programs may follow various models, with the CASA serving either as 1) a GAL for the child, 2) an impartial friend of the court who makes recommendations based on interviews with key persons involved in the case, 3) a source of information for the attorney representing the child, or 4) a monitor of court proceedings and compliance who has very limited contact with children or families represented in the case (Litzelfelner, 2000).

Studies of CASA Effectiveness

The largest published study of the effectiveness of CASA volunteers was a meta-analysis conducted by Youngclarke, Ramos, and Granger-Merkle (2004), combining the findings of 20 published and non-published studies (representing over 6,000 cases) of programs which train volunteer child advocates. They found that CASA volunteers,
compared to attorney advocates, spent more time on advocacy, were more likely to have personal contact with children and caregivers, and were more likely to file court reports related to their cases. Children whose cases involved a CASA experienced slightly fewer placements, were more likely to be adopted, and were less likely to re-enter foster care after case termination than children without a CASA. Findings concerning the length of stay in the foster care system were mixed, with some studies indicating a slight lengthening of stay associated with CASA involvement, but one methodologically strong study (Calkins, as cited in Youngclarke, et al.) demonstrating shortened stays associated with early involvement of CASAs.

The largest original published study of the effectiveness of CASA volunteers was conducted by Litzelfelner (2000), who compared 119 CASA cases to 81 non-CASA cases matched for age, race, and type of maltreatment. Significant differences were found between the average number of placements in CASA cases (3.9) and the average number of placements in non-CASA cases (6.6) over two years. Further, CASA cases were considered more “difficult” than non-CASA cases in that they were more likely to involve a combination of neglect and physical or sexual abuse, parental substance abuse, and multiple siblings in out-of-home care (Litzelfelner).

Using descriptive data to compare outcomes of CASA and non-CASA cases, Leung (1996) likewise found that the assignment of CASAs appeared to have a positive effect on the placements of children in foster care. However, differences between CASA and non-CASA cases must be interpreted cautiously, as they represent only comparisons of percentages and may or may not reflect statistically significant differences between the two groups. In Leung’s sample of 66 CASA cases and 131 non-CASA cases, CASA
involvement was associated with a lower instance of out-of-home placements (14.7%) relative to a non-CASA comparison group (30.4%). CASA involvement was also associated with a lower instance of second and third placements (61.8% had more than one placement) relative to non-CASA cases (68.8%).

In one of the few CASA outcome studies utilizing random assignment, Abramson (1991) studied the effectiveness of the Amicus Program of Fresno, California, a CASA program that trains minority and bilingual volunteers to help ethnically and linguistically similar families. A significant relationship between CASA involvement and case plan for pending cases was revealed. Relative comparisons, which do not necessarily represent statistically significant differences, were reported. Of the 28 CASA cases and 28 comparison cases, reunification was the case plan in nine CASA cases and four non-CASA cases; adoption was the case plan in six CASA cases and zero non-CASA cases; guardianship was planned in five CASA and five non-CASA cases; and long-term foster care (LTFC) was planned in 3 CASA cases and 13 non-CASA cases. Poertner and Press (1990) found significantly higher rates of adoption in CASA cases (21.7%) compared to cases in which an attorney alone represented the child (7.1%). Differences between CASA and non-CASA cases on all other outcome variables, including time to final court disposition, reentry into the judicial system, and percentage of children placed with the abusive parent or guardian at termination, were not statistically significant (Poertner & Press).

The incremental evidence from each of these studies lends support to the effectiveness of CASA volunteers in improving dependency case outcomes. However, small sample sizes, inconsistent results, and lack of significance testing are some of the
limitations associated with these findings; therefore, these results, although promising, are not considered conclusive. Additionally, in light of the significant policy changes that accompanied the passage of ASFA, newer data are needed to accurately describe current trends in foster care and to examine the relevance of CASA involvement in supporting the safety, stability, and permanency goals promoted by ASFA.

African American Children in the Foster Care System

According to the U.S. Census Bureau (2005), African American children accounted for just 16% of the U.S. child population in 2002. In that same year they made up 37% of the population of children in foster care (USDHHS, 2006b). By contrast, Caucasian children, who accounted for 77% of the child population, constituted just 39% of the population of children in foster care. In Hamilton County, the disproportion of African American children in foster care is even greater. Data from the 2000 census show that 23% percent of the population of this county is African American and 73% is Caucasian (Ohio State University, 2006); however, approximately 63% of children in foster care are African American, and 30% are Caucasian (Hamilton County Job and Family Services [HCJFS], 2004).

A number of explanations have been posited for the overrepresentation of African American children in foster care. African Americans are more likely than Caucasians to experience a variety of social problems that may contribute to a child’s need for out-of-home care, including poverty, homelessness, substance abuse, HIV/AIDS, teenage pregnancy, community violence, and incarceration (Brown & Bailey-Etta, 1997). Some evidence also suggests that racial bias in the reporting and investigation of allegations of
abuse or neglect plays a role in the disproportionate representation of children served by foster care (Eckenrode, Powers, Doris, Munsch, and Bolger, 1988; Zellman, 1992).

Race variables also influence outcomes for children exiting foster care. Barth (1997) found that Caucasian children were more likely to be adopted and to be reunified with their families than African American children. Kinship care, or relative foster care, which has been associated with fewer subsequent placement changes and fewer re-entries into the foster care system than non-kinship care (Courtney, 1995; Courtney & Needell, 1997) is a more likely outcome for African American children compared to Caucasian children (Grogan-Kaylor, 2000).

**ProKids: Evaluation of a CASA Program**

ProKids is a non-profit organization that trains volunteers to serve as CASAs for children involved in child protection cases in the Juvenile Court of Hamilton County, Ohio. The ProKids CASA interviews the child, the child’s family, potential caregivers and professionals involved in the case; ensures that child’s needs are being met in the temporary placement; and represents the needs of the child through recommendations regarding services and living arrangements. All ProKids CASAs complete a 30-hour training program under the supervision of CASA managers (who also serve as GALs for CASA cases) and are provided legal representation by ProKids staff attorneys (ProKids, 2006). ProKids CASAs carry a caseload of only two clients and are required to make monthly visits to the clients over four years old (T. Cook personal communication, September 25, 2006). Permanency is given a high priority in the work of ProKids CASAs, who strive to reduce the number of placement changes the children experience.
and aim for reunification (when it would not compromise the child’s safety) or adoption as preferred outcomes.

The current study is a replication and expansion of previous evaluations of CASA programs, with improved statistical control, a large sample size, and adequate significance testing to allow for clear interpretation of quantitative results. This study aims to assess the differences in several case outcomes for CASA-involved versus non-CASA-involved cases and to explore the differences in placement outcomes based on the race and age of the child.

Method

Data

All data analyzed in the current study were archival. The sample was limited to first time entrants into the foster care system, based on the assumption that children who re-enter foster care multiple times may have weaker support systems or may have experienced chronic abuse or neglect, which would make them difficult to compare with first-time entrants. The sample was also limited to children whose custody began and was terminated between 1998 (after the passage of the ASFA) and 2006, and to children who were under age 18 at the time of custody termination. A child over age 18 may age out of the foster care system; as aging out is not a possible outcome for children of younger ages, comparisons between outcomes for children over-eighteen and children under-eighteen would be limited. Given that individuals who are African American or Caucasian account for 96% of the population Hamilton County, cases in which the race of the child was not African American or Caucasian were excluded.
The dataset included 468 cases overall, 234 cases in which a CASA was involved and 234 cases in which no CASA was involved. The CASA involved and non-CASA involved groups were matched on age and race; therefore, descriptions of these demographic variables are given for the overall sample. The mean age of subjects in this sample was 6.3 years (SD = 5.08), with a range of 3 months to 17 years, 8 months. Sixty-seven percent of the sample (n = 312) was African American; 33% (n = 156) was Caucasian. The CASA involved group included 125 males (53%) and 109 females (47%); the non-CASA involved group consisted of 123 males (53%) and 111 females (47%). The proportion of males and females was not significantly different within groups or across groups ($\chi^2 = .03, p = .85$).

Procedure

Institutional Review Board approval for this study was obtained at Xavier University (see Appendix A) after approval to examine the data was obtained from Hamilton County Job and Family Services (see Appendix B) and ProKids (see Appendix C). Cases were selected from the client database of HCJFS based on inclusion criteria described above. The HCJFS database includes information about all clients served by this organization; data are entered by case managers who monitor services provided to clients. Cases in which a CASA was involved were identified through information provided by ProKids. For each of the CASA involved cases, a non-CASA involved case was selected as a match on the basis of three matching variables: race (Caucasian or African American), age (expressed in years with one decimal point), and the reason the child was placed in out of home care (see Table 1). In the event that multiple cases were found which matched on all three variables, the matching non-CASA involved cases
were ranked in order of their identification numbers. Then a random number list was consulted and the case whose rank corresponded to the last digit(s) of the random number in the list was selected as a match. Eight CASA cases with unusual reasons for referral (see Appendix D) could not be adequately matched to a non-CASA case; therefore, these eight cases were deleted from the sample. Four cases that were considered outliers from the rest of the sample in terms of their extremely high values on outcome variables were also deleted. All CASA and non-CASA cases were matched exactly according to race.

Of the 234 CASA cases, 181 (77%) were matched exactly on age. Ninety-seven percent (228) of cases were matched to a case within 0.2 years (less than 3 months) of the age variable; 3% (six cases) were matched to a case within 0.3 to 0.6 years. All CASA cases were matched exactly to non-CASA cases on reason for referral.

The following information was extracted from the database for CASA involved and non-CASA involved cases: the number of days spent under court jurisdiction, the number of placement changes made during this time, the number of negative placement changes during this time, the type of placement to which the child went at the time of custody termination, and whether the case was reopened during the six months following custody termination. These served as outcome variables; comparisons were made based on CASA involvement, race, and age group. Frequency distribution graphs for the three continuous outcome variables (time under court jurisdiction, number of placement changes, and number of negative placement changes) are found in Appendix E.
Results

*Group Differences Related to CASA Involvement*

Table 2 presents the means, standard deviations, and ranges of the continuous outcome variables: number of overall placement changes, number of negative placement changes, and length of time under court jurisdiction. A one-way multivariate analysis of variance (MANOVA) was conducted to determine the effect of CASA involvement on these variables. No significant difference was found between CASA involved and non-CASA involved cases on the dependent measures, Wilks’ $\Lambda = .99$, $F(3, 464) = .60$, $p = .62$.

An equal proportion of CASA involved cases and non-CASA involved cases, 3.7% (n = 9), were reopened in the six months following termination.

A chi-square analysis was conducted to determine whether the proportions of five different placement outcomes at case termination (reunification, adoption, custody to a relative, custody to a non-relative, and other) differed in CASA involved cases versus non-CASA involved cases. The proportions of CASA involved and non-CASA involved cases that terminated custody in each type of placement are listed in Table 3. Placement at case termination did not differ significantly between CASA involved and non-CASA involved cases, $\chi^2 (4, N = 468) = .54$, $p = .97$.

*Group Differences Related to Race*

A chi-square analysis was conducted to determine whether there were differences in the proportions of five different placement outcomes at case termination (reunification, adoption, custody to a relative, custody to a non-relative, and other) for Caucasian children versus African American children. The proportions of children whose custody
Effect of CASA

terminated in each type of placement are listed in Table 4. Placement at case termination did not differ significantly among Caucasian children and African American children, $\chi^2 (4, N = 468) = 6.49, p = .16$.

Given that race can influence the length of time a child remains in foster care and the types of placements the child experiences while in foster care (Barth, 1997), three one-way ANOVAs were conducted to explore the relationship between race and three outcome variables. The means, standard deviations, and ANOVA $F$ values are presented in Table 5. Caucasian and African American children did not differ significantly on the number of days spent under court jurisdiction, the number of overall placement changes, or the number of negative placement changes.

Three repeated-measures ANOVAs were conducted to determine if the three outcome variables were significantly different for either racial group as a function of CASA involvement. CASA involvement was used as the within-subjects factor for the matched pairs of CASA involved and non-CASA involved cases. Descriptive statistics for each group and ANOVA $F$ values are presented in Table 6. African American children whose cases involved a CASA spent significantly more days under court jurisdiction than African American children whose cases did not involve a CASA. Other comparisons demonstrated no difference for CASA involvement on total number of placement changes or negative placement changes for Caucasian children or African American children.

**Group Differences Related to Age**

Age has been demonstrated to have an important influence on outcomes for children in foster care (Barth, 1997; Barber, Delfabbro, & Cooper, 2001). In light of this,
further analyses were conducted to determine what effect age may have had on the outcome measures for the children in this sample. For these analyses, three age groups were designated according to the child's age in years at the time of custody termination: pre-school (birth to 5.9 years), school age (6 to 12.9 years), and teenage (13 to 17.9 years). Although few CASA outcome studies report group differences based on age, several studies of more general foster care outcomes (Grogan-Kaylor, 2000; Simms, 1991b; Vig, Chinitz, & Shulman, 2005) make similar distinctions between pre-school children (who are sometimes further subdivided into infants, toddlers, and pre-schoolers), school age children, and those over 12 years old, who are considered adolescents, noting how these groups are vulnerable to different risks in foster care. Although foster children currently in care and those exiting care are approximately evenly distributed among these three age groups, national data indicate that children under age six make up about 60% of those adopted from foster care. By contrast, those in the oldest group make up 11% of those adopted from foster care (USDHHS, 2006a).

Three one-way ANOVAs were conducted to determine if the three age groups differed on the three continuous outcome variables. Descriptive statistics for each these variables based on age group are presented in Table 7, along with the results of the three ANOVAs. There was a significant difference between the three age groups on the number of days under court jurisdiction. Results of follow-up analyses are presented in Table 8. Holm's Sequential Bonferroni Method was used to control the probability of Type I Error in follow-up analyses. According to this method, the three p values corresponding to the three pairwise comparisons were rank-ordered from the lowest value to highest. An alpha level of .016 (.05/3) was identified for the first rank-ordered follow-
up test, which showed that school age children spent significantly more days under court jurisdiction than pre-school children. For the second follow-up test, an alpha level of .025 (.05/2) was selected, and the difference between pre-school and teenage groups was not significant. The difference between teenage and school age groups (alpha = .05) also was not significant.

The three age groups also showed significant differences in both the total number of placement changes and the number of negative placement changes. Teenagers experienced significantly more total placement changes and significantly more negative placement changes than both pre-school and school age children, who did not differ significantly from each other. Holms’ Sequential Bonferroni Method, as described above, was used in all pairwise comparisons.

The three age groups were analyzed separately using repeated-measures ANOVAs to determine if CASA involvement was associated with differences in the three outcome variables at any level of age group. CASA involvement was the within-subjects factor. The means, standard deviations, and ranges for the age groups by CASA involvement are presented in Table 9, along with the $F$ values for the repeated measures ANOVAs. The results for the repeated-measures ANOVAs did not indicate a significant effect of CASA involvement on any of the three outcome variables for the pre-school group or the school age group. However, for the teenage group, CASA involvement was associated with a significant difference in the number of days under court jurisdiction. Teenagers whose cases involved a CASA spent more days under court jurisdiction than teenage children whose cases did not involve a CASA. The total number of placement
changes and the number of negative placement changes did not differ between the CASA involved cases and non-CASA involved cases in this age group.

A two-way contingency table analysis was conducted to examine the relationship between the child’s age group and the placement at custody termination. Age group and placement were found not to be significantly related, Pearson $\chi^2 (8, N = 468) = 15.07, p = .06$. The percentages of children from each age group whose custody terminated with each type of placement are reported in Table 10.

Discussion

This study is an outcome evaluation for ProKids, a non-profit organization that trains volunteer CASAs in Hamilton County, Ohio. The goal of this study was to determine whether the involvement of a CASA was associated with significant differences in case process and outcome when compared to similar cases in which no CASA was involved. CASA and non-CASA cases were matched on age, race, and reason for referral into out-of-home care. Differences in outcomes for age and race groups were also explored.

Overall, CASA involvement appeared not to have a significant influence on the length of time under court jurisdiction, the stability or restrictiveness of out-of-home placements, or the type of placement at case termination. These findings are in contrast with previous studies, which have found CASA involvement to be associated with fewer placement changes (Litzelfelner, 2000; Leung, 1996), and more adoptive placements (Youngclarke et al., 2004; Abramson, 1991) compared to cases in which no CASA is involved.
Significant variance in placement outcomes was found when comparing children of different races. African American children who had CASAs involved in their cases spent more days under court jurisdiction than African American children with no CASAs. Interestingly, the African American children with CASAs did not experience more overall placement changes or more negative placement changes than African American children without CASAs, despite their longer stays in out-of-home care. This finding might indicate that although these children are spending more time in out-of-home care, which is an undesirable outcome, they are experiencing stability in their out of home placements, which is a desirable outcome.

As demonstrated in previous studies (Barth, 1997; Barber, et al., 2001), the age of the child was significantly associated with outcome variables. Children in the oldest age group (13.0 to 17.9 years old) experienced the greatest number of overall placement changes and negative placement changes. In addition, when a CASA was involved, children in this teenage group spent more days under court jurisdiction than teens whose cases did not involve a CASA. It appears that teens in foster care may experience unique challenges that increase their risk of instability and make the work of a CASA more challenging. On a positive note, despite their longer stay in out-of-home care, the teenage group with CASA volunteers did not experience significantly more placement changes or negative placement changes than teens without a CASA, indicating a degree of stability. School age children (ages 6.0 to 12.9) spent more days under court jurisdiction than pre-school children (ages 0 to 5.9), perhaps reflective of their lower likelihood of adoption out of foster care compared to the pre-school group. These age-related comparisons should be interpreted cautiously, however, since dividing the sample
into age groups significantly decreased the sample size. The pre-school, school age, and teenage groups included 264, 138, and 66 cases, respectively.

After data analyses were completed, CASA managers and the executive director of ProKids were interviewed to help explain the association between CASA involvement and increased length of time under court jurisdiction for African American and teenage children. ProKids staff (personal communication, August 16, 2007) indicated that CASA involvement might be associated with a lengthened stay in foster care for a number of reasons related to the advocacy work of CASAs. One goal of the CASA is to ensure that the placement at custody termination will be a safe and permanent placement; this could involve the consideration of a number of different relatives for possible placements or gathering information to insure that, in the case of reunification, for example, the child’s parent or guardian has undergone any necessary treatment (e.g., substance abuse treatment or mental health treatment) or has secured adequate financial support before reunification to prevent future abuse or neglect. Additionally, CASAs can take on cases at will and are not obligated to close a case in a certain amount of time. Therefore, they may have the opportunity to explore a number of options for the child, which may be a time-consuming process, but nonetheless could benefit the child by providing a safe and stable home, both during placement and after termination. Finally, since older children are less likely than younger children to be adopted out of foster care and may thus be more difficult to permanently place, CASA volunteers may spend more time finding stable family placements for these children and may be reluctant to consider options like emancipation, which may leave the child without a support network and without county services at the time of custody termination.
Although this study did not demonstrate a significant effect of CASA involvement, it should not necessarily be concluded that CASA involvement has no effect on case outcomes. Since cases were not randomly assigned to the CASA and non-CASA groups, it cannot be assumed the two groups were equivalent. Despite attempts to control for differences between CASA involved and non-CASA involved cases through selection and matching of cases, it is possible that cases in which a CASA became involved were different from cases that did not involve a CASA in ways that might have made them more susceptible to negative outcomes. Prior to 1998, a majority of referrals to ProKids were made by magistrates who determined that a child needed additional services that the GAL was not providing (T. Cook, personal communication, August 16, 2007). A minority of ProKids cases are referred due to characteristics such as multiple children under age three in the family, children with medical or developmental problems, or the presence of domestic violence. All of these factors could contribute to risks of poorer outcomes for the CASA cases. On the other hand, since 2006, the majority of referrals to ProKids are not screened for needing additional services or for other characteristics of the case, but are taken on by CASA volunteers who appear in court on the day child protective services complaints are filed and take cases as they are available, without any regard for the severity of the case or increased need for services (T. Cook). It is not clear how these changing referral sources may have influenced outcomes of the CASA cases. The fact that there were no observable differences between the two groups may indicate that CASA involvement served to equalize outcomes in a group that otherwise may have been at risk for poorer outcomes.
Alternatively, the impact of CASA involvement may be better measured using qualitative methods, such as interviews with children who have a CASA, to determine if the supportive relationship and advocacy has a positive effect on the child’s subjective experience of the foster care system and their on-going well-being after exiting foster care. For example, in the current study, there were no quantitative differences between CASA involved and non-CASA involved groups in the proportions of case reopenings; nonetheless, there was an apparent difference in the severity of the abuse or neglect which prompted the reopening. Reasons for reopening are listed in Table 11. Of note is the fact that four of the non-CASA involved cases (and none of the CASA involved cases) were reopened as a result of sexual abuse and one non-CASA case was reopened due to physical injuries requiring medical treatment. In the non-CASA cases, none of the physical injuries required medical treatment and many of the allegations involved inadequate environment or caretaker factors rather than a recurrence of abuse. Although caution should be used given the small sample size, it seems that CASA involvement may be associated with qualitative differences in the severity of maltreatment following custody termination. Local tragedies, including the deaths of seven young children since 2003 ("He’s Not," 2007), all of whom had been involved with HCJFS, have brought increased attention to the issue of child safety and the importance of preventing the recurrence of abuse.

On the positive side, children in this sample spent just under 15 months under court jurisdiction on average; this figure is far lower than the national average stay of 29 months spent in foster care by those exiting care in 2005 (USDHHS, 2006b). In addition, data from this sample indicate that most children experienced a stable foster care stay:
42% had no changes in placement after initially entering foster care and 33% of the sample experienced only one placement change. Data concerning negative placement changes were also encouraging. Eighty-three percent of the sample experienced no negative placement changes and less than 3% of the sample (n = 11) experienced two or more negative changes. Finally, less than 4% of cases in the sample were reopened six months following termination, indicating that the majority of children experience objectively safe and stable placements at termination.

This study has a number of limitations. First, the study was limited to a single CASA program in a single geographic area; findings may not be generalizable to other CASA programs, which may have different models for training and practice, or to other regions, where demographic and legal differences could influence outcomes. In addition, this study was limited to first-time entrants into foster care and those under 18 years old. It is possible that CASA involvement would be associated with different outcomes for those who were repeatedly involved in the foster care system or for older children who are at risk of aging out of the system. This study was also limited by a smaller sample size than was estimated to be necessary to detect a small effect. A larger sample size would increase the power to detect even small effects of CASA involvement.

The use of archival data significantly limited the type of variables that could be examined and the inferences that could be made in this study. Ideally, a study of CASA effectiveness would include a measure of case severity, which might take into account the financial and social resources available to the family, the child's age, and any problems (e.g. medical, psychological, behavioral) that might affect the child’s ability to exit foster care in a timely manner. Other important outcome variables would be measures of the
child's subjective experience of foster care, including the quality of their adjustment in out-of-home placements, their perceived safety while in foster care, an evaluation of their relationship with the CASA volunteer, and their satisfaction and adjustment in their permanent placements. Longitudinal studies may also be needed to explore the long-term effects of CASA involvement on children's quality of life after foster care ends, including their social adjustment and their ability to attain educational and occupational goals and to function independently in adulthood. More comprehensive variables such as these might help clarify the relationship between the characteristics of a child, CASA involvement, and short-term and long-term outcomes from foster care.

Another potential limitation of the archival dataset utilized in this study is the possibility of inaccurate recording and entering of the data. Since the data were entered by many different people over a number of years, issues of inter-rater reliability as well as missing or incorrect data could negatively affect the validity of these findings.

Given that CASA involvement was associated with longer stays under court jurisdiction for the teenage group and for African American children, further studies might be conducted to explore what activities on the part of the CASA would lengthen the child's stay in temporary care and determine if these activities are ultimately beneficial to the child. Special programs might also be established to target older children or African American children, who may have more complex treatment needs that are not currently being met by the foster care system.

Research that examines the effect of CASA involvement for children who may be at an increased risk for poor outcomes from foster care, (e.g., children returning to foster care after an unsuccessful "permanent" placement(s); children with several young
siblings or significant medical problems; or adolescents who are approaching the age of emancipation) would be valuable in determining the types of cases in which CASA involvement is most beneficial.
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“He’s not the only one: Six other children died despite Hamilton county intervention.”


Table 1

*Reasons for Initial Placement in Out of Home Care*

<table>
<thead>
<tr>
<th>Reason</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependency</td>
<td>182</td>
<td>38.9</td>
</tr>
<tr>
<td>Neglect</td>
<td>140</td>
<td>29.9</td>
</tr>
<tr>
<td>Abuse (physical or sexual)</td>
<td>90</td>
<td>19.2</td>
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<td>Parental Drug Abuse</td>
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<td>6.4</td>
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<td>Inadequate Housing</td>
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<td>1.3</td>
</tr>
<tr>
<td>Caretaker Inability to Cope</td>
<td>6</td>
<td>1.3</td>
</tr>
<tr>
<td>Delinquency</td>
<td>6</td>
<td>1.3</td>
</tr>
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<td>Child's Behavior</td>
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Table 2

*Descriptive Statistics and ANOVA F Values for CASA Involved and Non-CASA Involved Groups*

<table>
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<tr>
<th>Dependent variable</th>
<th>CASA Involved (n = 234)</th>
<th>Non-CASA Involved (n = 234)</th>
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<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Under Court Jurisdiction (in days)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Mean</td>
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<tr>
<td>Range</td>
<td>64 – 1965</td>
<td>61 – 1941</td>
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<td>Placement Changes</td>
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<tr>
<td>Mean</td>
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<td>SD</td>
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<td>1.45</td>
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<tr>
<td>Range</td>
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<td>0 – 10</td>
<td></td>
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<td>Negative Placement Changes</td>
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Table 3

*Placements at Custody Termination for CASA Involved and Non-CASA Involved Groups*

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<tr>
<th>Placement at termination</th>
<th>CASA involved (n = 234)</th>
<th>Non-CASA involved (n = 234)</th>
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<tbody>
<tr>
<td>Reunification</td>
<td>40.2%</td>
<td>40.2%</td>
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<tr>
<td>Adoption</td>
<td>17.1%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Custody to relative</td>
<td>35.0%</td>
<td>34.6%</td>
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<tr>
<td>Custody to non-relative</td>
<td>3.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Other</td>
<td>4.3%</td>
<td>3.8%</td>
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Table 4

Percentage of Children in Placements at Custody Termination by Race

<table>
<thead>
<tr>
<th>Placement at termination</th>
<th>Caucasian (n = 312)</th>
<th>African American (n = 156)</th>
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</thead>
<tbody>
<tr>
<td>Reunification</td>
<td>46.8%</td>
<td>36.9%</td>
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<tr>
<td>Adoption</td>
<td>19.2%</td>
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<td>Custody to relative</td>
<td>27.6%</td>
<td>38.5%</td>
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<tr>
<td>Custody to non-relative</td>
<td>2.6%</td>
<td>3.0%</td>
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<td>Other</td>
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## Table 5

Descriptive Statistics and ANOVA F Values by Race

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<td>(n = 156)</td>
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<td>Placement changes</td>
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<td></td>
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<td>Mean</td>
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<td>Range</td>
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<td>Negative placement changes</td>
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**Table 6**

**Descriptive Statistics and ANOVA F Values for CASA Involvement within Race Group**

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</thead>
<tbody>
<tr>
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<td>Caucasian (n = 156)</td>
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<td>p</td>
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<td>F</td>
<td>p</td>
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<td>Time Under Court Jurisdiction (in days)</td>
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### Table 7

**Descriptive Statistics of Outcome Variables and ANOVA F Values for Three Age Groups**

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Pre-School (n = 264)</th>
<th>School Age (n = 138)</th>
<th>Teen (n = 66)</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time under court jurisdiction (in days)</strong></td>
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<td></td>
</tr>
<tr>
<td>Mean</td>
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<td>519.68</td>
<td>488.82</td>
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<td>.004</td>
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<td>457.28</td>
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<td>1.98</td>
<td>14.65</td>
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<td>0-7</td>
<td>0-10</td>
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</tr>
<tr>
<td><strong>Negative placement changes</strong></td>
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<td></td>
</tr>
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<td>22.50</td>
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<td>SD</td>
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<td>.88</td>
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<td></td>
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<td>0-2</td>
<td>0-4</td>
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Table 8

*Pairwise Comparisons of Age Groups*

<table>
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<th>Dependent Variable</th>
<th>Groups Compared (M)</th>
<th>Mean Difference (1 - 2)</th>
<th>p</th>
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<td>2. Pre-school (395.29)</td>
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</tr>
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<td></td>
<td>1. Teen (488.82)</td>
<td>93.53</td>
<td>.213</td>
</tr>
<tr>
<td></td>
<td>2. Pre-school (395.29)</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>1. School age (519.68)</td>
<td>30.86</td>
<td>1.00</td>
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<tr>
<td></td>
<td>2. Teen (488.82)</td>
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<tr>
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<td>2. School Age (1.24)</td>
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<td></td>
<td>1. School age (1.24)</td>
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<td>.16</td>
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<tr>
<td></td>
<td>2. Pre-school (.89)</td>
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<tr>
<td>Negative placement changes</td>
<td>1. Teen (.56)</td>
<td>.45</td>
<td>.001</td>
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<td>2. Pre-school (.11)</td>
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</tr>
<tr>
<td></td>
<td>1. Teen (.56)</td>
<td>.35</td>
<td>.001</td>
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<td>2. School Age (.21)</td>
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<tr>
<td></td>
<td>1. School age (.21)</td>
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<td>.15</td>
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<tr>
<td></td>
<td>2. Pre-school (.11)</td>
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*Note.* Holms' Sequential Bonferroni Method was used to reduce the probability of type one error.
Table 9

Descriptive Statistics of Outcome Variables and Repeated-Measures ANOVA F Values for Three Age Groups by CASA Involvement

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Age Group</th>
<th>Pre-School (n = 264)</th>
<th></th>
<th></th>
<th>School Age (n = 138)</th>
<th></th>
<th></th>
<th>Teenage (n = 66)</th>
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</thead>
<tbody>
<tr>
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<td>F</td>
<td>CASA</td>
<td>No CASA</td>
<td>F</td>
<td>CASA</td>
<td>No CASA</td>
<td>F</td>
</tr>
<tr>
<td>Time Under Court Jurisdiction (in days)</td>
<td></td>
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<td></td>
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<td>Mean</td>
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<td>2.12</td>
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<tr>
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*p = .006
Table 10

Percentage of Children in Each Placement Type by Age Group

<table>
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<th>Placement at termination</th>
<th>Pre-school (n = 264)</th>
<th>School age (n = 138)</th>
<th>Teen (n = 66)</th>
</tr>
</thead>
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<tr>
<td>Reunification</td>
<td>37.5%</td>
<td>43.5%</td>
<td>43.9%</td>
</tr>
<tr>
<td>Adoption</td>
<td>22.0%</td>
<td>16.9%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Custody to relative</td>
<td>33.3%</td>
<td>34.8%</td>
<td>40.9%</td>
</tr>
<tr>
<td>Custody to non-relative</td>
<td>3.8%</td>
<td>1.4%</td>
<td>3.0%</td>
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<td>Other</td>
<td>3.4%</td>
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Table 11

*Primary Maltreatment in Reopened Cases*

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<tr>
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<td>Incest</td>
</tr>
<tr>
<td>Minor Cuts/Bruises</td>
<td>Other Physical Injury</td>
</tr>
<tr>
<td>Dirty/Unsafe Environment</td>
<td>Other Physical Injury</td>
</tr>
<tr>
<td>Inadequate Shelter</td>
<td>Other Sexual Maltreatment</td>
</tr>
<tr>
<td>Inadequate Supervision</td>
<td>Other Sexual Maltreatment</td>
</tr>
<tr>
<td>Inadequate Supervision</td>
<td>Minor Cuts/Bruises</td>
</tr>
<tr>
<td>N/A</td>
<td>Minor Cuts/Bruises</td>
</tr>
<tr>
<td>N/A</td>
<td>Educational Neglect</td>
</tr>
</tbody>
</table>

*Injury required medical treatment.*
APPENDIX A

Xavier University Institutional Review Board Approval Letter
May 24, 2007

Lindsay J. Harris, M.A.
2146 Saint James Ave., Apt. 1
Cincinnati, OH 45206

Dear Ms. Harris:

The IRB reviewed your project #0455-1, Effect of Court-Appointed Special Advocate (CASA) Involvement on Length of Court Jurisdiction and Placement Outcomes. The study has been determined to meet criteria for the Exempt from Review category. Your protocol is approved as exempt research, and therefore requires no further oversight by the IRB.

We wish you success with your project!

Sincerely,

Susan M. Schmidt, Ph.D.
IRB Member

SMS: nm

C: Dr. Kathleen Hart, ML 6411
APPENDIX B

Permission Letter from Hamilton County Job and Family Services
December 15, 2006

To Whom It May Concern:

This letter is to verify that I, Moira Weir, on behalf of Hamilton County Job and Family Services, give permission to Lindsay Harris to use a subset of this organization's database for the purpose of academic research. The information being made available to Ms. Harris is confidential. Ms. Harris has signed an agreement to maintain confidentiality in accordance with Ohio law. Client names will be removed from the data before they are distributed.

If you have other questions or require further information, please feel free to contact me.

Sincerely,

Moira Weir
Assistant Director
AGREEMENT TO MAINTAIN CONFIDENTIALITY

I, Lindsay Harris, a graduate student conducting a research project for ProKids, do hereby acknowledge and agree to the following:

I will be accessing a subset of the Hamilton County Job and Family Services (HCJFS) database for the purpose of academic research. Client names will be removed from the data before they are distributed. Any information I obtain in the course this activity pertaining to individual clients of HCJFS will be kept confidential pursuant to R.C. 2151.421; R.C. 5153.17 and O.A.C. 5101:2-34-38. I further agree to employ adequate safeguards and procedures to protect the confidentiality of client records and clients. I further agree not to remove case records from County offices nor make photocopies of any record or portion thereof.

Lindsay Harris, M.A. Date
Doctoral Student in Clinical Psychology
MEMORANDUM OF UNDERSTANDING

DATE: July 5, 2007

FROM: Moira Weir
Director, HCJFS

TO: Richard Schneider, Hamilton County Prosecutor's Office
    Lorrie Hayes, HCJFS Decision Support & Research
    Tracy Cook, Executive Director, ProKids
    Lindsay Harris, c/o ProKids

RE: Confidentiality Agreement for Lindsay Harris, per ProKids Research

This memo is to verify that I, Moira Weir, on behalf of Hamilton County Job and Family Services, grant permission to Ms. Lindsay Harris to use a subset of this organization's FACTS database, and to conduct record-specific FACTS database queries (under supervision of HCJFS Decision Support & Research), for the purposes of non-human-subject research conducted for the benefit of ProKids and in fulfillment of the requirements for Ms. Harris' doctoral degree.

The information being made available to Ms. Harris is confidential. Ms. Harris has signed an agreement (attached) to maintain confidentiality in accordance with Ohio law and rule, and to be held liable for any unapproved use or sharing of data. Ms. Harris has further agreed that HCJFS shall have right of final review of the resulting data sets and analysis, and she will provide HCJFS a copy of her matched data set(s) and resulting reports/presentations.

If you have other questions or require further information about this confidentiality agreement, please feel free to contact me.

Sincerely,

Moira Weir
Director

Effect of CASA 99
AGREEMENT TO MAINTAIN CONFIDENTIALITY

1. Lindsay Harris, a graduate student conducting a research project to benefit ProKids, have requested, for research purposes, confidential Children’s Services data from Hamilton County Job & Family Services (HCJFS), a public children’s services agency (PCSA).

I understand that the Ohio Administrative Code (OAC) [per 5101:2-34-38 (E) (2) (g) (ii) (iii) and (iv)] permits PCSAs to share such confidential data for the purposes of research, under certain conditions, as described below. In accordance with the requirements of Ohio Administrative Code and Ohio Revised Code, I hereby acknowledge and agree to the following:

A. Information provided by the PCSA (HCJFS) shall remain the property of the PCSA (HCJFS).
B. I, the researcher, shall not disseminate confidential information containing names or data by which any individual or out of home care setting could be identified or deductively disclosed.
C. Any information I obtain in the course of this activity pertaining to individual clients or service providers of HCJFS will be kept confidential pursuant to ORC 2151.421; ORC 5153.17; OAC 5101:2-34-38; and any other pertinent code.
D. The PCSA (HCJFS) shall review the research prior to its dissemination or publication to ensure that the research is void of names or data by which any individual or out of home care setting could be identified or deductively disclosed.
E. I, the researcher, shall accept liability for unauthorized dissemination of information.
F. I will use these data solely for academic research to benefit ProKids, Inc., and in partial fulfillment of the requirements for my doctoral degree, as approved by my dissertation committee and any related review boards. I will not utilize these data for any personal or other end or benefit.
G. I will receive, via compact disk, numerous data sets extracted from FACTS, the HCJFS child welfare information system. I will not make a copy of the data disk and will return it to HCJFS when my research is completed.
H. All client identifying information will be removed from the data as soon as a proxy ID has been established (per the matching of FACTS data with ProKids data) and shall be permanently removed before the data are published or distributed in any form.
I. I will match electronically the FACTS data to data maintained by ProKids. By no later than 12/31/2007, I will furnish a copy of the resulting matched data set to HCJFS for their management research purposes. I will also furnish HCJFS with a copy of the resulting research paper(s) and presentations, upon its (their) completion.

I further agree to employ adequate safeguards and procedures to protect the confidentiality of client records and clients, and to report any actual or potential security compromises to HCJFS immediately (specifically, to Lorrie Hayes, Decision Support & Research Manager, at 513/946-1501, or to Ron Kirkendall, HCJFS Assistant Director, at 513/946-2444). In the event that I need to verify data accuracy by accessing case records, I further agree not to remove case records from County offices, nor make photocopies or electronic copies of any record or portion thereof.

Lindsay Harris, M.A.
Doctoral Student in Clinical Psychology

Kwame Jindrakum, witness

7/14/2007

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APPENDIX C

Permission Letter from ProKids
September 28, 2006

To Whom It May Concern:

This letter is to verify that I, Tracy Cook, Executive Director of ProKids, give permission to Lindsay Harris to use a subset of ProKids' COMET (CASA Outcome Measurement Evaluation Tool) for the purpose of academic research.

Please contact me at 281-2000 if you need any further information.

Sincerely,

Tracy Cook
Executive Director

*excludes sitting judges
APPENDIX D

Reasons for Referral for Unmatched CASA Cases

1. Incarceration of Parent
2. Relinquishment
3. Parental Alcohol Abuse
4. Relinquishment
5. Inadequate Housing
6. Abandonment
7. Child Drug Abuse
8. Inadequate Housing
APPENDIX E

Frequency Distribution Graphs for Continuous Outcome Variables
Effect of CASA 105

Time Under Court Jurisdiction

![Histogram showing the frequency distribution of number of days under court jurisdiction. The mean is 445.16 days, the standard deviation is 379.02 days, and the sample size is 468.]

Figure 1. Frequency distribution of number of days under court jurisdiction.
Figure 2. Frequency distribution of total placement changes.
Figure 3. Frequency distribution of negative placement changes.