The effectiveness of court appointed special advocates (Casas) to assist in permanency planning

Cynthia Ann Calkins

University of Nevada, Las Vegas

Follow this and additional works at: https://digitalscholarship.unlv.edu/rtds

Repository Citation
Calkins, Cynthia Ann, "The effectiveness of court appointed special advocates (Casas) to assist in permanency planning" (1997). UNLV Retrospective Theses & Dissertations, 3314.
https://digitalscholarship.unlv.edu/rtds/3314

This Thesis is brought to you for free and open access by Digital Scholarship@UNLV. It has been accepted for inclusion in UNLV Retrospective Theses & Dissertations by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.
INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.
THE EFFECTIVENESS OF COURT APPOINTED SPECIAL ADVOCATES (CASAs) TO ASSIST IN PERMANENCY PLANNING

by

Cynthia A. Calkins

A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Arts

in

Psychology

Department of Psychology
University of Nevada, Las Vegas
August 1997

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
The Thesis of Cynthia A. Calkins for the degree of M.A. in Psychology is approved.

Chairperson. Murray G. Millar, Ph.D.

Examinig Committee Member. Jeffrey M. Kern, Ph.D.

Examinig Committee Member. Sean Lane, Ph.D.

Graduate Faculty Representative. William Thompson. Ph.D.

Dean of the Graduate College. Ronald Smith. Ph.D.

University of Nevada, Las Vegas
August 1997
ABSTRACT

The effectiveness of permanency planning, which refers to efforts to move children through the court system in a timely and efficient manner, was analyzed by comparing outcome and process measures among a group of children having a court appointed special advocate (CASA) ordered and assigned to their case, a group of children who had CASA services ordered, but never assigned to their case (CONA), and a group of children who never had a CASA ordered nor assigned to their case (NO CASA). It was found that those cases having CASA involvement had significantly fewer placements, tended to be more likely to achieve permanency, and tended to spend less overall time under wardship of the court. However, the more activities a CASA did, in terms of the process measures, related to a longer time under wardship of the court, a greater number of placements, and less likelihood of achieving permanency.
LIST OF FIGURES

Figure 1 Gender Percentages Among the CASA, NO CASA, and CONA Groups .................................................. 23
Figure 2 Average Age of Children in CASA, NO CASA, and CONA Groups .................................................. 23
Figure 3 Ethnicity Percentages Among the CASA, NO CASA, and CONA Groups .............................................. 24
Figure 4 Average Numbers of Various Types of CASA Contacts Made Per Case ................................................. 28
Figure 5 Age Range of CASA Volunteer Respondents .......... 43
Figure 6 Length of Time Respondents Have Been a CASA Volunteer ................................................................. 44
Figure 7 Employment of CASA Volunteer Respondents ........ 44
Figure 8 Education Level of CASA Volunteer Respondents .......................................................... 45
Figure 9 School Enrollment of CASA Volunteer Respondents .......................................................... 45
Figure 10 Marital History of CASA Volunteer Respondents .......................................................... 46
TABLE OF CONTENTS

ABSTRACT ....................................... iii
LIST OF FIGURES ................................... iv
ACKNOWLEDGEMENTS ............................... vi

CHAPTER 1 INTRODUCTION ............................. 1
   Court Appointed Special Advocates (CASA) ...... 1
   Components of CASA ............................. 4
   Permanency Planning ............................. 5
   Program Evaluation .............................. 8
   Evaluation Research on CASA .................... 10
   Clark County CASA Program ...................... 14
   Present Study ................................... 15

CHAPTER 2 METHODS ................................ 17
   Participants .................................... 17
   Procedures ..................................... 17
   Measures ........................................ 18

CHAPTER 3 RESULTS ................................ 22
   Outcome Measures ............................... 25
   Descriptive Analyses ............................ 27
   Process Measures ............................... 29

CHAPTER 4 DISCUSSION .............................. 30

APPENDIX I CASA DATA FORM ....................... 35

APPENDIX II CASA VOLUNTEER SURVEY .............. 40

APPENDIX III CASA VOLUNTEER SURVEY RESULTS .... 43

BIBLIOGRAPHY ...................................... 49

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
ACKNOWLEDGEMENTS

I would like to express my appreciation to my Thesis Committee Chairperson, Dr. Murray Millar for all of his help and guidance. I would also like to thank Dr. Jeffrey Kern, Dr. Sean Lane, and Dr. William Thompson for their time and advice. Finally, I wish to express my gratitude to the staff of the Clark County CASA program for helping to make this project possible.
CHAPTER 1

INTRODUCTION

The Child Abuse Prevention and Treatment Act (Public Law 93-247, Public Law 100-294) establishes as a matter of public policy the representation of the interests of the child in judicial proceedings (Poertner & Press, 1990). In 1977, a program was begun in Seattle, Washington to ensure that the child's best interests could be consistently presented to the court (Regnery, 1985). Instead of using traditional "guardian ad litem", which are attorneys appointed by the courts to represent children, they began to use community volunteers to act on the child's best interests in court. By the end of that same year, the Children in Placement Committee of the National Council of Juvenile and Family Court Judges (NCJFCJ) decided to incorporate the idea of the Seattle program into one of its models. This committee then developed the term "Court Appointed Special Advocate (CASA)" to refer to these trained volunteers who serve the court on behalf of the child (Regnery, 1985). The term "guardian ad litem" is now used to refer to attorneys or trained volunteers who advocate for children. The National CASA Association (1997) reported that there are currently more than 642 CASA programs in 50
states and in the District of Columbia and Virgin Islands. They also reported that there are 38,000 trained CASAs advocating for 129,000 children.

The use of a CASA volunteer to independently represent the child developed in part due to some of the problems of using court appointed attorneys as guardian ad litem. One such problem is the high cost associated with using attorneys. This cost of paying lawyer's fees became prohibitive in some cases (Ray-Bettineski, 1978). In addition, public defenders often have overwhelming caseloads and do not choose to devote long hours to cases for which they are being insufficiently compensated. This inadequate compensation often results in less aggressive competent representation for the abused or neglected child. With low fees, the incentive for the attorney to conduct a thorough investigation is diminished (Neraas, 1983). CASAs spend considerable time on their cases without monetary compensation and are also able to closely monitor their small caseload over an extended period of time (CSR. Incorporated, 1988).

The other problem is that of the training and background of attorneys. A guardian ad litem needs knowledge of child abuse, child development, and family dynamics to arrive at a plan for the child. Unfortunately, though highly skilled in legal matters, attorneys often lack knowledge in the area of child welfare.
Duquette and Ramsey (1986) reported that trained lay volunteers were as effective in the way they approached their duties and in case outcomes achieved as trained groups of lawyers and law students. They also found that all of those trained groups performed better than a group of lawyers who did not receive the special training in child advocacy. Measures of effectiveness included court processing time, placement location, degree of advocacy, types of court orders, and case outcomes achieved. Duquette and Ramsey (1986) believed that due to the high quality of representation provided by lay volunteers, and considering the potential cost savings of such volunteer programs, the use of lay volunteers is of great value to the courts.

Fraser (1976) stated that there was no requirement that the person appointed by the court to act as the guardian ad litem be an attorney, and so it seems rather advantageous to use a CASA volunteer.

The national CASA association mandates that CASA programs be highly structured with written guidelines, training curriculum, and support and supervisory staff (CSR, Inc., 1991). All CASAs participate in training which typically lasts about 10-40 hours. Ordinarily, CASAs carry very small caseloads so they can devote a great deal of time to individual cases. CASAs may at times have the assistance of attorneys (Hawes, 1991).
Components of CASA

The role of the CASA volunteer requires aggressive and ambitious representation of both the legal and nonlegal interests of the child (Duquette & Ramsey, 1987). Basically, the role of the CASA involves four components (Regnery, 1985). The first component is fact-finding. The volunteer is required to investigate thoroughly all facts of the case through personal interviews with the child and significant others, review of relevant records, and communication with agencies with which the child has had contact.

The next component is advocacy. Melton (1983) noted that even though children are often at the center of legal disputes, they often lack standing in the adjudication of these disputes, if they are even represented at all. Thus, the role of the CASA is to advocate for the child's best interests in court. Although the term "best interests" is rather ambiguous, the CASA typically advocates for what is believed to be in the child's best interest while taking into account the wishes of the child (Ray-Bettineski, 1978). The standard of "best interests" varies depending on the unique facts of each case. For example, the age of the child is an important factor when deciding the appropriateness of what the child believes to be in his or her best interest. Although it is always important to determine the child's preference about placement issues, a
guardian is not legally obligated to incorporate all of the child's wishes into a recommendation (Podell, 1989).

The third duty involves facilitation and negotiation. This is accomplished by ensuring that the services offered to the child are fulfilled appropriately and in a timely manner. For example, if a child is referred for a special education program, the CASA would make sure that whoever is responsible does indeed get that child into special education. The CASA might also volunteer to supervise parental or sibling visitations.

The final component is that of monitoring court orders. The CASA ensures compliance by all involved parties and brings to the court's attention any changes in circumstances that may require modification of the court order. For example, the CASA volunteer would submit to the court a formal report noting any status changes in the case.

**Permanency Planning**

The concept of permanency planning began in the 1970's after research findings revealed a "drift" of children in foster care (Fein & Maluccio, 1992). This drift refers to the situation whereby children were remaining in the system for an extended period of time, with no case plans for an eventual return to their families. The goal of permanency planning was to alleviate this "drift" and to maintain children in a permanent home, so as to avoid these harmful separations and indeterminate stays (Jennings et al., 1996). This idea of permanency planning was solidified with the
1980 Adoption Assistance and Child Welfare Act (P.L. 96-272). This Act encouraged permanency planning through such options as returning to the biological parents, adoption, or long term foster care. This Act also advanced the idea of services to prevent an initial unnecessary separation of children from their families (Maluccio et al., 1986). Federal and state laws limit the amount of time a child should stay in foster care, but unfortunately thousands of children end up staying for a much longer amount of time (Reilly et al., in press). In addition to this, the number of children in foster care continues to increase. In 1992, the number of children residing in foster care was estimated to be 429,000, and this number is projected to continue growing (National Commission on Children, 1991).

Maluccio and Fein (1983) developed an all inclusive definition of permanency planning as "the systematic process of carrying out, within a brief time-limited period, a set of goal directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish life-time relationships". This definition reflects the importance of systematic planning, time limits, goal directed activities, and the value of the family for a child's growth and development within the permanency planning movement.

Implicit in permanency planning is the following hierarchy of placement options (Maluccio, 1988). It is most
desirable to maintain a child within their family. Because removal of the child from the family can be emotionally damaging. Kelly and Ramsey (1985) suggested that removal should be a remedy of last resort used only if less intrusive forms of intervention cannot prevent harm. The next most appealing option is to reunite a child with their family when a temporary placement out of the home cannot be avoided. The third best option would be adoption. Last on the hierarchy of permanent placement options is permanent foster family care. Multiple short-term placements are never a goal of permanency planning.

Although this hierarchy broadly describes which options are most desirable in permanency planning, it should be considered that each case will have its own unique aspects and quite often the hierarchy does not apply (Maluccio, 1988). For example, the most appropriate plan for one child may be reunification if the family is functional and the child can safely return home. However, the most appropriate plan for another child may be adoption if abuse would continue to occur in the home.

Albers et al. (1993) reported that a delay in the termination of parental rights and a lack of agency staff and resources were found to be two major barriers to achieving timely placements. Benedict and White (1991) found that with frequent casework contact with the parents, length of time under wardship of the court was shorter.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
The goal of the CASA program is to advocate for permanency by attempting to limit the number of placements children are in, to assist in finding the most appropriate permanent and safe home for the children, and to move children through the system in a timely manner. Permanency planning has been stated simply to mean safely reducing entrances into foster care and expediting exits from foster care via reunification and adoption (Barth et al., 1994). With these similar goals, it is believed that the work of a CASA volunteer will be effective in achieving permanency and reducing time under wardship of the court for a child in an abuse and neglect case. The four components of the CASA program, which once again are fact-finding, advocacy, facilitation and negotiation, and monitoring of court orders, should relate to these goals of permanency planning.

Program Evaluation

It is no longer assumed "that well-meaning individuals or groups who institute a new health, education, training, rehabilitation, or other service actually help people" (Posavac & Carey, 1985). For that reason, program evaluation research is used to assist in analyzing and improving the quality of services. For example, a program evaluation may be done to determine whether services are offered as planned or whether activities are carried out as intended. These would be termed process measures. A program evaluation might also be done to determine whether the given services
actually do help people in need or achieve some other goal. These would be examples of outcome measures.

Program evaluations often require quasi-experimental research methods, as ethics would prohibit random assignment and the withholding of treatment or interventions from certain groups. Although quasi-experiments do not achieve the high degree of control of true experiments, they attempt to control for spurious or confounding variables with comparison groups that are as similar as possible (Langbein, 1980). If carefully planned, they control for many of these biases & thus can yield highly interpretable evaluations (Posovac & Carey, 1985).

The evaluation of established programs is associated with the concerns of maintaining and improving program effectiveness and efficiency (Rossi & Freeman, 1989). The results of the evaluation may influence the activities of those involved in implementing the program, and thus the research may subsequently impact program outcomes.

The methods of program evaluation research typically follow this sequence. To begin with, it is necessary to identify the goals of the program, or rather, the major objectives that the program is trying to achieve. Next, it is essential to identify the processes or activities that have been set forth to achieve these goals. The third procedure is to relate these activities or processes to the goals of the program. Finally, it is useful to test for
positive outcomes, and to determine which activities or processes relate to these outcomes.

Evaluation Research on CASA

Although there has been little research to date on the effectiveness of CASA volunteers, the following are some initial findings. Leung and Mastrini (1990) evaluated a CASA program in Denver, Colorado. Children who were involved with a CASA volunteer spent less time in out-of-home placements compared to children who were not involved with a volunteer, although there was not a significant between-groups difference. They also reported that involvement with a CASA minimized the frequency of change of placements. In addition, the percentage of children who returned home was higher for the group having a CASA volunteer. Leung and Mastrini (1990) believed that these positive changes were due to the interventions of the CASA and their efforts to return children to their own home.

Duquette and Ramsey (1986) showed that children represented by trained lay volunteers, trained law students or trained lawyers (demonstration group) were less likely to be made wards of the court or come back into the system as compared to children represented by a group of attorneys who had not received this training (control group). In fact, 39% of the demonstration group cases were made wards of the court as compared to 62% of the control group cases. In addition, six months after case dismissal, none of the
demonstration group cases had been involved in any further court action.

The U.S. Advisory Board on Child Abuse and Neglect (1994) reported that children assigned a CASA volunteer spend about 15 months in foster care, compared to the average 27 months. They also state that in Texas in 1993, CASA saved over $40 million in foster care costs, and helped prevent many children from drifting through the system without receiving a final decision on permanence.

Leung (1996) compared a group of cases having CASA involvement with two comparison groups. The first comparison group consisted of non-CASA cases and the second comparison group consisted of cases referred to CASA, but not assigned a CASA volunteer. Leung demonstrated that CASA programs seemed to be effective in reducing the length of time children spend in out-of-home care. He also demonstrated that CASA intervention tended to minimize the number of placement changes, as well as having a higher percentage of children returned to the home. He evaluated this by examining the number of positive and negative changes that took place in a case during the five stages of the court process: before petition, pretrial, trial and disposition, review hearings, and permanency planning hearing. Specifically, it was found that the percentage of children returned to the home was higher in the experimental group than in the comparison group in the second, third, and fourth stages. He also found that, in general, subjects
with a CASA volunteer experienced more positive changes. It was speculated that these changes might be due to in part to CASA's efforts to achieve the most desirable goal of permanency planning, namely reunification with the family. It was also recommended that CASA involvement be initiated between the pretrial and disposition period, so that the CASA volunteers can more quickly work towards making positive changes on the case.

Smith (1992) hypothesized that children with CASA volunteers would have fewer different placements, a shorter time in placement before reaching permanency, and better outcomes than children without CASA volunteers. She found that children with CASA volunteers had significantly more different foster homes and placements, and were in care longer before reaching permanency than children without a CASA volunteer. There were no significant differences in case outcomes. However, one severe limitation to that study was the fact that the independent variable simply compared cases having CASA volunteers versus cases not having CASA volunteers. Volunteers are typically appointed by the judge in the more severe or complex cases, that is, those where the children have already been in the system for a long period of time. Perhaps Leung (1996) was able to attain significant results due to his inclusion of the more similar comparison group of cases where CASA services had been ordered, but not yet assigned.
Katz (1990) reported on some factors shown to be related to reducing the length of stay in care and achieving permanency. Methods shown to be useful were early goal-directed case planning, reduced caseload size, written contracting, and intensified casework services with parents. She also reported that most of the barriers to achieving permanency are system-related rather than reflecting case characteristics. Finally, she reports that voluntary agencies, when used in conjunction with a public agency, have been shown to be beneficial in facilitating permanency.

Abramson (1991) researched the Fresno Amicus Program, which is a member of the national CASA association. The Fresno program also uses trained advocates to assist in permanency planning. In this study, for cases still pending, significant differences were found between groups with and without an amicus volunteer on the dependent variable, case plans. Specifically, nine out of twenty-three children in the amicus group were still planned for reunification with parents as compared to four out of twenty-two children in the comparison group. In addition, an amicus group adoption rate of 16.7% was reported. Being that the children in the studies were minorities, this rate is dramatically different from the grim statistics for these children in out-of-home care. Although not statistically significant, families having the amicus volunteer were less likely to return to court after case dismissal. Abramson (1991) suggested that the use of trained, court-appointed...
advocates is a promising approach for enhancing permanency planning efforts for abused and neglect minority children.

Clark County CASA Program

In 1980, some three years after the first volunteer guardian ad litem program was organized in Seattle, the Clark County CASA program was created within the Juvenile Justice System. This private, non-profit agency served over 1,200 children in 1993, and has since been serving increasing numbers of children. There are nine full-time staff members as well as over 160 CASA volunteers. The volunteers complete a 40 hour training course, which includes education in such areas as the juvenile court process, communication and information gathering, advocacy skills, and the dynamics of child abuse and neglect within the family.

In Clark County, a court order is then required to access the services of the CASA volunteers. Once a request is received by the CASA office, the case is assigned to a volunteer as soon as possible. However, the need for volunteers always exceeds the number of available volunteers. Thus, there are inevitably a certain percentage of cases for which the judge has ordered CASA services, though a volunteer is unavailable for the case. This group of cases, where CASA services have been ordered, but never assigned, will serve as the comparison group in the present study. A third comparison group will consist of cases in which CASA services were never ordered nor assigned.
The primary goal of the Clark County CASA program, as is consistent with the goals of the National CASA Association, is to ensure a child's right to a safe, permanent, and nurturing home. The volunteers attempt to ensure this through their roles in fact-finding, advocacy, facilitation and negotiation, and monitoring of court orders.

*Present Study*

Overall, the present study sought to determine whether the Clark County CASA program was meeting its goals, that is, whether volunteer assignment to a case was beneficial in reducing the length of time children spend under wardship of the court, reducing the number of placements children are in, and finding permanent homes for children. The components of fact-finding, advocacy, facilitation and negotiation, and monitoring of court orders were related to these final goals of permanence. In addition, the present study sought to describe the demographic and motivational aspects of the CASA volunteers. The specific hypotheses were:

**Hypothesis #1**: Children who had a CASA ordered and assigned to their case (CASA) will have significantly fewer placements than children who had a CASA ordered, but not assigned to their case (CONA) and children who never had a CASA ordered nor assigned to their case (NO CASA).

**Hypothesis #2**: Children who had a CASA volunteer ordered and assigned to their case (CASA) will spend significantly
less time under wardship of the court than children who had
a CASA volunteer ordered but not assigned to their case
(CONA) and children who never had a CASA ordered nor
assigned to their case (NO CASA).

Hypothesis #3: Children who had a CASA ordered and assigned
to their case (CASA) will be more likely to achieve
permanency than children who had a CASA ordered, but not
assigned to their case (CONA) and children who never had a
CASA ordered nor assigned to their case (NO CASA).

Hypothesis #4: When a CASA is assigned to the case, the
four components (fact-finding, advocacy, facilitation and
negotiation, and monitoring court orders) will relate to
each of the outcome measures. That is, more fact-finding,
advocacy, facilitation and negotiation, and monitoring of
court orders will result in fewer placements, less time
under wardship of the court, and a greater likelihood of
achieving permanency.
CHAPTER 2

METHOD

Participants

Subject data was obtained from 189 court cases in which a child became a ward of the court in Clark County in 1994. 68 of these children had a CASA ordered and later assigned to their case (CASA). 54 of the children had a CASA ordered, but never assigned to their case (CONA), and 67 of the children never had a CASA ordered nor assigned to their case (NO CASA). All children were between the ages of 0 and 18. Cases in which the child had been in care no less than three months were omitted from the case records review. Also omitted from the CASA group were any cases were a CASA was ordered, but was not assigned within three months.

Procedure

The study consisted of a case records review. Most of the work in abstracting the cases, even when working from the narrative material kept on each case, did not require a judgment on the part of the abstractor. For the most part, reviewing the records was a clerical task which required transferring data from the case file to the abstracting form rather than interpretation. With regard to confidentiality.
cases could be identified only by the case number. No specific identifying information is on the form itself.

Measures

A case abstracting instrument was developed (see Appendix A) that enabled a coder to assess the case characteristics associated with the assignment of a CASA volunteer to a case and the permanency planning process. The measure consisted of 20 questions pertaining to individual case characteristics.

The first several questions take into account age, gender, and ethnicity of the children. The next question asks for the date when the child became a ward of the court. The following questions ask if and when the case closed. Next, two questions concern the identification and types of permanency plans. The next several questions relate to the status of achievement, date of achievement, and type of achieved permanency plan. The following three questions pertain to whether a CASA was ordered to the case, assigned to the case, as well as the dates of order and assignment.

If a CASA was indeed assigned to the case, the abstractor is to continue filling in the next set of questions concerning the activities of the CASA, which are, of course, the process measures. The process measures are intended to measure the four components of the CASA's role, as outlined by Regnery (1985).

First, there are 18 services listed under the categories mental health, medical, education, and
visitation. The abstractor is to circle "yes" or "no" as to whether the CASA facilitated any of the above categories, and then to check off specific services that were facilitated under each category. The facilitation of these services is presumed to measure the component of facilitation and negotiation. Next, a question asks if the CASA identified non-compliance with any previous court orders, such as counseling, sibling or parental visitation, placement issues, termination of parental rights, case plan or other orders. The identification of non-compliance in following court orders is intended to measure the component of monitoring court orders.

The following item calls for the total number and types of contacts the CASA has made since assigned to the case. The number of contacts that a CASA makes is purported to measure the component of fact-finding. The next question asks for the total number of court appearances the volunteer has made. Similarly, the number of court appearances that a CASA makes is intended to measure the component of advocacy. A final question, which was completed regardless of group assignment, concerns the total number of out-of-home placements a child has had while in care.

The last several questions of this instrument concern issues related to case severity. Case severity, in this sense, refers to factors that might impede the goals of moving the child through the system in a timely and efficient manner and achieving reunification. That is, in a
more severe case, it is presumed to be more difficult to achieve the goals of permanency planning. These measures were rated by the case abstractor. The first two questions concern the severity and history of the abuse or neglect. The next question relates to the general level of stress that the family is experiencing, for example financial or housing problems. The following two questions ask about a history of substance abuse and criminal activity within the natural family. The last few questions concern the mental and physical health of the child, as well as a question concerning the child's use of substances.

The eight severity measures were obtained from a more global case severity rating scale used by the Clark County CASA program. The eight measures were chosen as they appeared to be measuring different case dimensions, while still remaining a representative sample of the larger severity rating scale. The severity judgments were at times subjective in nature. For example, a coder might be asked to decide whether a broken leg should be considered a serious medical problem. For the most part, these decisions were made with the definition of case severity in mind. That is, a broken leg might be considered a significant medical problem if the costs associated with medical treatment were causing a foster family to reconsider adoption. If, however, the broken leg was healing without complications, and did not relate to the achievement of permanency, then it would probably not be considered a
serious medical problem. However, oftentimes the case severity judgments were made rather objectively. For example, the case files might contain a lengthy criminal record for one of the parents, in which case the coder would simply check "yes" to the question concerning a history of criminal involvement.

The achievement of permanency, which refers to remaining in a long-term and stable placement, was determined by the court. Such factors as the length of time a child had been in a placement setting or the willingness of the foster parents to adopt were used by the court to determine whether permanency had been achieved. The achievement, or non-achievement of permanency, was stated explicitly in the case files. This measure is referred to in item "J" of the case data form. Specific types of permanency that may have been achieved are referred to in item "L" of the case data form. The number of placements a child had been in was determined by having the coder add up the various placements listed in the case file. Item "U" of the case data form refers to this measure. The length of time in care, which refers to the time between the date of wardship and the date of the achievement of permanency was calculated by subtracting item "E" from item "K". Again, this information was stated explicitly in the case files.
CHAPTER 3

RESULTS

The three groups were compared on the variables of gender, ethnicity, and age of child, as well as severity of the case, to ensure that these variables were not disproportionately represented within the groups. Overall, no statistically significant differences were found between the CASA group, the NO CASA group, and the CONA (CASA Ordered Not Assigned) group.

Univariate chi square analyses were used to examine the relationship between gender and group. The CASA group sampled was found to be 56% male and 44% female, the NO CASA group sampled was found to be 55% male and 44% female, and the CONA group sampled was found to be 48% male and 52% female. On the basis of these numbers, no significant between groups difference were found ($\chi^2 = 0.86$, df = 2, p = 0.65).
An Analysis of Variance (ANOVA) was performed to examine whether the groups were disproportionately represented in terms of age of child. The CASA group had a mean age of 8.56 with a standard deviation of 5.14, the NO CASA group had a mean age of 10.46 with a standard deviation of 5.04, and the CONA group had a mean age of 9.83 with a standard deviation of 5.12. Once again, no significant differences were found among the groups, $F(2,186) = 2.43$, $p = .09$.
Again using a chi square analysis, the variable ethnicity was examined to determine whether there was disproportionate representation within groups in terms of the race of the child. No significant between groups differences were found ($\chi^2 = 10.55, \text{df} = 12, p = 0.57$).

![Ethnicity Percentages Among the Groups](image)

**Figure 3** Ethnicity Percentages Among the CASA, NO CASA, and CONA groups

To examine whether there were between groups differences in terms of case severity, an overall severity rating was calculated for each case. To determine the overall severity rating, the scores from the eight severity measures were summed to give one total severity rating per case. The mean severity rating for the CASA group was 4.16 with a standard deviation of 1.14, the mean severity rating for the NO CASA group was 4.20 with a standard deviation of 1.15, and the mean severity rating for the CONA group was 4.32 with a standard deviation of 1.16. On the basis of these measures, no significant between groups differences were found $F(2,185) = 0.28, p = 0.75$. 

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Outcome Measures

To examine the three hypothesized outcomes, those cases having CASA involvement were compared with those cases not having CASA involvement (NO CASA and CONA). A one factor (group assignment) Analysis of Variance (ANOVA) was used to examine the hypothesis that those cases with CASA services would have fewer placements than those cases without CASA services. Indeed, those cases with CASA involvement were found to have significantly fewer placements ($m = 3.29, SD = 2.081$) compared to those cases without CASA involvement ($m = 4.55, SD = 4.84$). $F(1.187) = 4.17, p = 0.04$.

It was further hypothesized that cases with CASA involvement would be more likely to achieve permanency than cases without CASA involvement. As anticipated those cases with cases with CASA involvement tended to be more likely to achieve permanency ($m = 64.7, SD = 0.48$) than those cases without CASA involvement ($m = 53.7, SD = .50$). This difference approached the level of statistical significance. $F(1.187) = 2.15, p = 0.14$.

For those cases which had achieved permanency ($n = 109$), a one factor (group assignment) ANOVA was used to compare the mean number of months in care. As hypothesized, those cases with CASA involvement were found to have a mean shorter length of time in care ($m = 31.32$ months, $SD = 22.30$) as compared to those cases without CASA involvement ($m = 39.68$ months, $SD = 27.30$). This difference approached the
level of statistical significance. $F(1, 107) = 2.84$, $p = 0.09$.

In addition, for those cases which had achieved permanency ($n=109$), the types of outcomes achieved were examined for both cases having and cases not having CASA involvement. It was found that those cases with CASA involvement were more likely to achieve the most favorable type of permanency, reunification. 29.41% of CASA cases that achieved permanency were reunified, while only 19.84% of cases without CASA involvement that achieved permanency were reunified. This difference approached the level of statistical significance ($\chi^2 = 2.24$, df = 1, $p = 0.14$).

In this analysis, the variable of age was also examined to determine its relationship to the outcome measures. A median split was performed, separating the data into one group age nine and under ($n= 85$) and another group age ten and older ($n= 104$). A 2 x 2 ANOVA (group assignment and age) was performed to examine the outcome measures. When placements were examined, a significant main effect was found for age. The nine and under group had significantly fewer placements ($M = 2.88$) than the ten and older group ($M = 5.22$). $F(1,185) = 14.99$, $p < .001$. The outcome measure of length of time to achievement of permanency was also examined. A significant main effect was again found for age, in that the younger group spent fewer significantly fewer months in care ($M = 30.66$) than the older group ($M = 43.87$). $F(1, 105) = 6.44$, $p = .01$. In the achievement of
permanency, the variable age was not involved in any significant effects.

The three outcome measures were examined to determine whether there was any degree of relationship among them. Indeed, the number of placements and length of time to achievement of permanency were found to be positively correlated, $r = .42$. No other significant correlations were found.

**Process Measures**

CASA's facilitated an average of 0.07 sibling visitations and 0.38 parental visitations per case. They identified non-compliance in following court order for counseling on average 0.31 times per case. Non-compliance in following court orders for sibling and parental visitation was identified an average of 0.10 and 0.27 times per case respectively. Non-compliance in placement issues was identified an average of 0.06 times per case and non-compliance in terminating parental rights was identified an average of 0.47 times per case. Finally, non-compliance in following any other court orders was identified an average of 0.06 times per case.
CASA's had an average of 96.91 total contacts per case. Similarly, they had an average of 17.6 contacts with children, 12.78 contacts with natural parents, 16.10 contacts with foster parents or other caretakers, 13.75 contacts with caseworkers, 11.84 contacts with other system personnel, 11.91 general telephone contacts, and 3.85 other contacts. In addition, CASA's attended an average of 0.57 case staffings per case.

Also examined was the relationship of CASA activities to outcome measures. For those CASA cases which had
achieved permanency. The amount of activities the CASA did was compared to the length of time under wardship of the court. Contrary to expectations, the more contacts a CASA had, the longer the length of time in care ($r = 0.547$). Likewise, the more CASA's facilitated sibling and parental visitation, the longer the length of time under wardship of the court ($r = 0.77$) and ($r = 0.13$) respectively. Overall, the more fact-finding, advocacy, facilitation and negotiation, and monitoring of court orders that a CASA did correlated with a greater number of out-of-home placements, a longer time under wardships of the court, and less likelihood of achieving permanency.

**CASA Volunteer Survey**

In addition, at the request of the agency, a questionnaire was mailed to the 165 active volunteers in the Clark County CASA program. Three surveys were returned for incorrect address. Twenty-nine completed surveys were returned to the CASA office, for a response rate of 17.9%. As anticipated, the 29 CASA volunteers who responded to the survey were predominately female, white, highly educated, and between the ages of 30 and 59. The survey questionnaire and results are contained in Appendix II and III.
CHAPTER 4

DISCUSSION

The results of the outcome measures confirm the hypotheses that cases with CASA involvement have fewer placements, tend to spend less time in care, and tend to be more likely to achieve permanency. That is, the CASA's do provide assistance in achieving the goals of permanency planning.

These results also confirm the findings of Leung and Mastrini (1990) and Leung (1996) who reported that children who were involved with a CASA spent less time in care, had fewer placements, and were more likely to be reunified with their families. Leung (1996) emphasized the value of early involvement of the CASAs. Indeed, the results from this research might have been more profound if the CASAs had always been involved with the cases since their early stages of development. It was often the case that CASA services were ordered long after the child in question had been under wardship of the court.

The amount of activities that the CASA did, however, did not relate to these positive outcomes. For example, facilitating more services or having made more contacts positively related to the child spending a longer time in
care and having more placements, and negatively related to the likelihood of achieving permanency. In retrospect, however, it makes sense that for those cases which have been in care the longest or did not otherwise readily achieve permanence, the CASA will have done the most. Likewise, for a case that closed within a relatively short period of time, the CASA will not have had the opportunity to attend as many court hearings, facilitate as many services, identify as much non-compliance in following court orders, or make as many contacts. It appears that the factor of time has confounded the hypothesis that the process measures will relate to the outcome measures.

Also important was the finding that children having CASA services spent a mean of 31.32 months in care while children not having CASA services spent an average of 39.68 months in care. On the one hand, it is quite remarkable that children without CASA involvement are spending an average of over eight months longer in care as compared to children having CASA involvement. On the other hand, these findings may be even more significant when analyzed in terms of federal and state laws, which limit the length of time abused or neglected children should be in care to between 12 and 18 months (Reilly et al., in press). Hence, while CASAs do appear to have had some positive impact in reducing length of time in care, there is still a lot of work to be done towards the goal of reaching these federal and state guidelines. The U.S. Advisory Board on Child Abuse and
Neglect (1994) also reported that children assigned a CASA spent on average 15 months in care, compared to an average of 27 months in care. Again, the results from this study suggest that children, even with CASA involvement, are spending a longer length of time in care compared to national averages.

Fortunately, the Clark County Juvenile Court has recently implemented a system whereby a Foster Care Review Board will have permanency planning reviews every 12 months, instead of the "statutorily mandated" 18 months (Reilly et al., in press). This Board combines the input of juvenile court judges, social service and child welfare personnel, CASAs, and community members, and was formed for the purpose of reducing length of time in care and assisting in finding permanent placements for children. Hopefully, this new system, in conjunction with the continued assistance of the CASAs, will help to reduce length of time in care to a level that is at least consistent with national averages, and may in the future serve as a model for reducing length of time in care to within the limits of federal and states laws.

One limitation of this research might involve the CASA's court reports. Most of the information pertaining to what activities the CASA's had done was obtained from these reports. Although the reports were generally of a good quality, there was no specific place to identify whether certain services were facilitated or whether non-compliance was identified. At times, the reports would directly remark
upon these measures, but more often this information was left out. In designing a future study, it might be more appropriate to create specific sections within the court reports that call for this information, and then to later analyze how these measures relate to outcomes achieved.

Similarly, from the CASA's subjective responses to the questionnaires, it appears that the majority of CASA's feel that their activities, or the things that they are doing relate to positive outcomes. So again, perhaps an instrument more sensitive to measuring the activities of the CASAs would have more utility in relating what they do to outcomes achieved. Often, however, it seems that the CASAs subjectively identified having had a positive impact in unmeasurable ways, such as being a positive role-model for the child or being a "voice" for the child in the system.

It had been planned to have other coders score the severity ratings in some percentage of the cases. However, the administrative personnel in the Clark County Family Court clerk's office changed their policy, so that they would only allow one coder access to the confidential case files. Unfortunately, due to this policy change, a measure of inter-rater reliability on the severity measures was not obtained.

Another concern is that of the real world versus statistical significance of these results. On the one hand, it was shown that CASAs do assist in achieving the goals of permanency planning, at either a statistically significant
level or at a level that closely approached statistical significance. These results, however statistically significant that they are, may not mean as much in a real world setting. For example, is there utility in having the CASAs devote so much time and energy to these cases when the overall impact might not be that great? One could argue that the amount of time and energy that they devote is not commensurate with the outcomes achieved. However, considering that the CASAs have volunteered their services to these cases, the costs are quite low, and so even minimal benefits should be understood within this cost-benefit paradigm. Indeed, Duquette and Ramsey (1987) agree that due to the potential cost savings in using volunteer advocates, their use can be of great value to the courts.

This research suggests to the Clark County CASAs that what they are doing is in fact assisting in achieving the goals of permanency planning. While it is not clear what specific activities are most beneficial, the CASAs can at least be encouraged to keep doing what they have been doing. As suggested above, future research might focus on what specific types of activities relate to favorable outcomes.
APPENDIX I

CASE DATA FORM

A. Case # ___ ___ ___ ___

B. Date of Birth ___ / ___ / ____ (month / day / year)

C. Ethnicity ______ (Caucasian = 1, African-American = 2, Hispanic = 3,
Native American = 4, Asian/Pacific Islander = 5, Other = 6)

D. Gender ______ (male = 0, female = 1)

E. Date of Wardship ___ / ___ / ___

F. Did the case close? yes no (circle one)
   If no, skip to H

G. Date the case closed ___ / ___ / ___

H. Identified Permanency Plan? yes no (circle one)
   If no, skip to J

35
I. What is Permanency Plan? (check one)
   TPR/Adoption _____
   Guardianship _____
   Reunification _____
   Long Term Foster Care _____
   Institutional Placement _____
   Independent Living _____
   Other _____

J. Achievement of Permanency? yes no (circle one)
   If no, go to M

K. Date of Achievement ___ / ___ / ___

L. What was the achieved permanency plan? (check one)
   TPR/Adoption _____
   Guardianship _____
   Reunification _____
   Long Term Foster Care _____
   Institutional Living _____
   Independent Living _____
   Other _____

M. Was a CASA order issued by the Juvenile Court Judge? yes no (circle one)
   If no, skip to U

N. Date of CASA order ___ / ___ / ___

O. Was a CASA assigned to this case? yes no (circle one)
   If no, skip to U

P. Date of CASA assignment ___ / ___ / ___

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Q. Did the CASA facilitate any of the following: (check all that apply)

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>yes</th>
<th>no</th>
<th>(circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug/Alcohol Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Mental Health Services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical</th>
<th>yes</th>
<th>no</th>
<th>(circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Medical/Checkup</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized Medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Medical Services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>yes</th>
<th>no</th>
<th>(circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IEP (Individual Education Plan)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Education Services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visitation</th>
<th>yes</th>
<th>no</th>
<th>(circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sibling Visitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Visitation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

R. Did the CASA identify non-compliance with any of the following court orders? (check all that apply)

counseling ______
sibling visitation ______
parental visitation ______
placement issues ______
TPR (termination of parental rights) ______
case plan ______
other ______
S. Total Number of contacts CASA has made since assigned to case
    total interviews/contacts with child _______
    total interviews/contacts with natural parents _______
    total interviews/contacts with caretakers _______
    total interviews/contacts with caseworker _______
    total contacts with other system personnel _______
    total number of case staffings attended _______
    total number of general telephone contacts _______
    other contacts _______

T. Total Number of CASA Court Appearances _______

U. Total number of out-of-home Placements _______
CASE SEVERITY MEASURES:

NA = Not Applicable
UK = Unknown

1. What is the severity of the abuse or neglect?
   high  low  NA  UK  (circle one)

2. Is there a pattern of past abuse or neglect towards the child or other siblings?
   yes  no  NA  UK  (circle one)

3. What is the general level of stress the family is experiencing? e.g. housing, unemployment, financial problems, interaction with the legal system, etc.
   high  low  NA  UK  (circle one)

4. Do family members have a history of criminal involvement?
   yes  no  NA  UK  (circle one)

5. Is there a history of drug/alcohol abuse within the natural family?
   yes  no  NA  UK  (circle one)

6. Does the child have any serious medical problems?
   yes  no  NA  UK  (circle one)

7. Does the child abuse drugs or alcohol?
   yes  no  NA  UK  (circle one)

8. Does the child have a history of significant mental health, learning or behavioral problems? e.g. acting out, aggression, withdrawal, etc.
   yes  no  NA  UK  (circle one)
APPENDIX II

SURVEY FOR CASA VOLUNTEERS
All replies will be kept strictly confidential

1. Check your sex
   [ ] Male [ ] Female

2. Check ethnicity
   [ ] White
   [ ] Black
   [ ] Hispanic
   [ ] Asian
   [ ] American Indian
   [ ] Other (please specify):

3. Check your age range:
   [ ] Under 20 years
   [ ] 20-29 years
   [ ] 30-39 years
   [ ] 40-49 years
   [ ] 50-59 years
   [ ] 60-69 years
   [ ] 70+ years

4. How long have you been a CASA volunteer?
   [ ] less than 1 year
   [ ] 1 to 3 years
   [ ] 3 to 5 years
   [ ] more than 5 years

5. How many cases have you served on as a volunteer? _____

6. Are you employed?
   [ ] Yes, full-time
   [ ] Yes, part-time
   [ ] No
7. Check highest educational level completed
   [ ] Grade School
   [ ] High School/GED
   [ ] Some college or Associate's degree
   [ ] 4-year college degree
   [ ] Graduate or professional degree

8. Are you currently attending school or taking classes?
   [ ] Yes, full-time
   [ ] Yes, part-time
   [ ] No

9. What is your marital status?
   [ ] Never been married
   [ ] Currently married
   [ ] Previously married
   [ ] Widowed

10. Why did you decide to become a CASA volunteer?

     ____________________________________________________________
     ____________________________________________________________
     ____________________________________________________________
     ____________________________________________________________

11. Please give 2 important characteristics of a good CASA volunteer:

    1. _______________________________________________________
    2. _______________________________________________________

12. What impact, if any, do you think you've had on your case(s)?

     _______________________________________________________
     _______________________________________________________
     _______________________________________________________
     _______________________________________________________
13. Please suggest areas for improvement within the CASA program?
A questionnaire was mailed to the 165 active volunteers in the Clark County CASA program. Three surveys were returned for incorrect address. Twenty-nine completed surveys were returned to the CASA office, for a response rate of 17.9%. The twenty-nine CASA volunteers who responded to the survey were predominately female, white, highly educated, and between the ages of 30 and 59. Ninety-seven percent (n=28) of the respondents were female, and only three percent (n=1) were male. Ninety-seven percent of the respondents (n=28) were white, while only one percent (n=1) were Hispanic. The majority of the respondents (86.2%) were between the ages of 30 and 59. Only some 10.3% were below the age of 29, and some 3.4% were above the age of 60.

![Figure 5 Age Range of CASA Volunteer Respondents](image-url)
Ten of the respondents (34.5%) had been involved with the CASA program for less than one year, eight (27.6%) had been involved between one and three years, five (17.2%) had been involved between three and five years, and six (20.7%) had been involved for more than five years.

**Length of Time as a CASA Volunteer**

- 5+ years
- 3-5 years
- 1-3 years
- <1 year

Figure 6 Length of Time Respondents Have Been a CASA Volunteer

The majority of the respondents (62.1%) worked full-time, while another 20.7% worked part-time. The remaining 17.2% were not employed.

**Employment of Respondents**

- unemployed
- part-time
- full-time

Figure 7 Percentage of CASA Respondents Working Full-Time, Working Part-time, or Unemployed
Concerning the education level of the volunteer respondents, the most common response was four-year degree (41.4%). followed by some college or associate's degree (27.6%). Another 24.1% reported having advanced training or a professional degree. And the remaining 6.9% had completed high school.

Figure 8 Percentage of CASA Respondents Who Have a High School Education, Have Attended Some College, Have Completed a Four-Year Degree or Have a Graduate or Professional Degree.

While the majority (58.6%) of volunteer respondents were not enrolled in classes, some 34.4% were enrolled in part-time classes, and some 6.9% were enrolled in full-time classes.

Figure 9 Percentage of CASA Respondents Attending Classes Full-Time, Attending Classes Part-time, or Not in School.
Most of respondents (62.1%) were currently married. Another 27.6% reported having been previously married, while another 10.3% reported never having been married.

![Marital History of Respondents](image)

Figure 10 Percentage of CASA Respondents Who Were Never Married, Who Are Currently Married, or Who Were Previously Married.

Of the volunteers sampled, all reported having served on between one and fifteen cases. The majority of respondents (79.3%) had served on five or less cases, with 4.14 being the average number of cases which volunteers had served on.

In addition, several open-ended questions were asked of the volunteers. In regards to the reason for becoming a CASA volunteer, responses most often included such thoughts as the desire to help children, the desire to provide a "voice" for children, and the desire to give something back to the community.

In terms of the characteristics of a good CASA volunteer, respondents most commonly suggested such traits
as compassion, patience, objectivity, determination, commitment, tenacity, knowledge and/or love of children, and the ability to listen and communicate well.

As far as having had an impact on their cases several respondents felt they had either an uncertain or no impact on their cases. Most, however, felt that they had at least some positive impact on their cases. Several felt that they had a significant impact, in that they, for example, had been instrumental in getting the child reunified or adopted. Three respondents mentioned that at the very least they were a positive role model in the children's lives. Three respondents mentioned having facilitated sibling visitation between children, where there might otherwise have been no contact between siblings. Several other respondents believed that they added "fuel" to the social worker's caseload and were beneficial in keeping all involved abreast of new developments within the cases.

With regard to the question concerning improvements within the CASA program, the responses of the volunteers were predominately favorable. However, the most common suggested area for improvement was to make the CASA program more visible to the community. More specifically, volunteers wanted their role to be communicated and clarified to those people and/or agencies with which they will have contact, prior to their becoming involved with them. Other suggestions included decreasing the level of paperwork, offering additional training or educational
sessions, and making computers available to the CASA's to assist them in court report writing.
BIBLIOGRAPHY


Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.


