

Advocates in Action: The Impact of Court Appointed Special
Advocates (CASAs) on the Child Welfare System

HONORS THESIS

Presented to the Honors Committee of
Texas State University-San Marcos
In Partial Fulfillment of
the Requirements
For Graduation in the Mitte Honors Program

By

Rachael Elisa Bernstein

San Marcos, Texas

December 2006

Advocates in Action: The Impact of Court Appointed Special Advocates (CASAs) on the Child Welfare System

Approved:

Heather C. Galloway
Director, Mitte Honors Program

Approved:

Vicki Brittain J.D.
Chair, Department of Political Science
Supervising Professor

Table of Contents

Introduction.....	1
Child Welfare System Defined	2
Children’s Advocacy Defined.....	2
 Part I. The Development of Child Advocates in the United States: A Historical Perspective	 4
a) Phase One.....	4
b) Phase Two	9
c) Phase Three	15
d) Phase Four.....	18
 Part II. Obstacles Currently Facing America’s Children and the Impact of CASA	 21
a) CASA Development and Purpose	21
b) The Need for Case Advocates and Volunteers as Guardian Ad Litem...	23
c) Child Welfare Challenges and the Promising Effects of CASA.....	26
d) Cost Effectiveness	37
 Part III. Personal Experiences.....	 39
a) Case Study: Myra, Carlos and Liliana.....	41
b) Case Study: Madison	44
 Conclusion	 48

In this little world where children have their existence, whosoever brings them up, there is nothing so finely perceived and so finely felt, as injustice. -Charles Dickens

The solution of adult problems tomorrow depends in large measure upon the way our children grow up today. There is no greater insight into the future than recognizing that when we save our children, we save ourselves. -Margaret Mead

Introduction

Child abuse or a lack of adequate care provided by parents and other guardians are some of the most persistent and devastating problems faced by America's children. Child maltreatment is not a new occurrence, but despite the keen awareness of this societal crisis, abuse rates continue to rise and the child welfare system is flooded with children lacking appropriate homes, social services, and case advocates. The past several decades have brought dramatic shifts to the child welfare system in hopes of addressing the mounting problem of child abuse and neglect. Many of these legislative and organizational changes were successful to some extent, but they also brought forth new complications and thwarted progress. Numerous researchers and social work practitioners have called for sweeping reforms of the overall system, yet have been unable to agree on the best method for enacting such efforts.¹ While the reform debate rages, community volunteers, under the title Court Appointed Special Advocates (CASA), have mobilized to form a support system and voice for abused and neglected children involved in juvenile court cases. This national CASA movement is focused on issues such as case advocacy, permanency and allocation of resources. This paper will address the past changes and continuing challenges facing the American child welfare system and how the Court Appointed Special Advocate program can effectively work to aid the system in its

¹ Burton J. Cohen, "Reforming the Child Welfare System: Competing Paradigms of Change," *Children and Youth Services Review* 27 (2005): 653-655.

overall goal of assisting victims of child abuse and neglect and placing them in permanent, stable and nurturing homes.

Child Welfare System Defined

The child welfare system is complex, it is not a single entity, but instead is composed of community groups and government organizations designed to promote the well-being of children by ensuring safety, achieving permanency and strengthening families to successfully care for their children.² Families become involved in the system due to reported and suspected child abuse or neglect. The responsibility of the child welfare system is to receive and investigate reports of possible child abuse and neglect, provide services to families who need assistance in the protection and care of their children, arrange for children to live with foster families when they are not safe at home and arrange permanent adoptive homes or independent living services for children leaving foster care.

Advocacy Defined

Children's advocacy efforts have been in existence in this country since the 1800s.³ The term advocacy is broad and ambiguous. Children's advocacy refers to groups, professionals or individuals who promote the optimal development of children.⁴ Those engaging in advocacy typically seek to protect the rights of children who are the most vulnerable. This leads one to question why in fact do children need advocates? Why

²Child Welfare Information Gateway, *How Does the Child Welfare System Work?* (2006) [govt. document online] available from <http://www.childwelfare.gov/pubs/factsheets/cpswork.cfm>; accessed 20 May 2006.

³ Child Welfare Information Gateway

⁴ Wikipedia Encyclopedia [Web site] (2006); available from http://en.wikipedia.org/wiki/Child_advocacy; Internet; accessed 22 May 2006.

can they not speak for themselves? For children of abuse their most important and primary advocates, their parents, have for some reason been unwilling or unable to fill this role. Children can and should be allowed to speak for themselves, but young children often cannot articulate their needs and wants. Also, psychological trauma, mental illness, fear, and behavioral issues hinder communication. Additionally, the lack of resources and understanding of legal and social institutions are all barriers children may face when dealing with circumstances outside of their control such as abuse and neglect. Therefore, it is the responsibility of society to intervene in order to protect children who are victimized. Consistent with the definition used in the field of social work and for the purposes of this paper, children's advocacy will be defined to include social advocacy and case advocacy. In the article, *Case Advocacy in Child Welfare*, Pat Litzerfelner and Christopher Petr distinguish the two; social advocacy refers to the advocacy on behalf of groups. This type of advocacy involves actions such as lobbying on behalf of groups to implement change in "policies, practices or laws" that affect all those in the specific group.⁵ On the other hand, case advocacy refers to representing or speaking for or on behalf of an individual. This role is often described as helping others obtain needed resources, services and entitlements. It often includes empowering individuals to speak for themselves.⁶ The child welfare system of today was born out of the practices of both social and case advocacy on behalf of children. In order to understand the current child welfare system, its problems, and modern advocacy efforts one must examine the history and development of child welfare policy and practice in the United States.

⁵ Pat Litzerfelner and Christopher G. Petr, "Case Advocacy in Child Welfare," *Social Work* 42, no.4 (1997): 2.

⁶ Litzerfelner and Petr, 2.

Part I. The Development of Child Advocates in the United States: A Historical Perspective

When viewed from a historical perspective, children's advocacy efforts in the United States can be divided into four distinct phases. The first phase marked the beginning of government intervention, public housing, foster care and the recognition of child abuse as a legitimate public concern. Two movements galvanized this time period of children's advocacy: the "child savers" and the "social reformers." The second phase concerned a period of child welfare program development, legislative enactments and government service reforms. The third phase is characterized by a renewed interest in children's welfare focused on research, social work practice, state provision of protective services and a separation of advocates from the government child protective system. The current phase of children's advocacy is focused on preventing abuse and neglect as well as defending children from government intervention and system limitations. This period brings the efforts of Court Appointed Special Advocates to the frontline of children's advocacy efforts in this country.

a) Phase One

American society has attempted to address the needs of poor children through legislation and charity work since the colonial times. Most of the early laws concerning the duty of government to care for its desolate child citizens can be traced back to portions of the English Poor Laws of 1601.⁷ These laws established the legal doctrine of

⁷ Carol J. De Vita and Rachel Mosher-Williams, *Who Speaks for America's Children* (Washington, D.C.: The Urban Institute Press, 2001), xiii.

Parens Patriae (father of the people) “which refers to the public policy power of the state to usurp the rights of the natural parent, legal guardian or informal carer, and to act as the parent of any child or individual who is in need of protection, such as a child whose parents are unable or unwilling to take care of him or her, or an incapacitated and dependent individual.”⁸ This principle has evolved to make the protection of the best interests of any child a matter of court jurisdiction.

Before the advances of modern medicine, it was common for disease and accidental injury to result in a fate of permanent immobilization or death. Throughout the nineteenth and early part of the twentieth century, this reality left large populations of children without parents to care for them. These children became the responsibility of the government who housed them in almshouses alongside insane, sick and aging adults.⁹ This type of institutional care lasted until children’s advocates, upon hearing accounts of what went on in such places, called for an end to the dangerous and inhumane practice. The public exposure of the atrocities occurring under the supervision of the state did not put an end to institutional care. Instead, children were moved from almshouses to orphanages and asylums. Although these institutions housed hundreds of children and lacked warmth and the capacity to provide individual attention to its inhabitants, they were regarded as better equipped to prevent neglect and abuse and “to provide an environment where [children’s] needs could be more adequately addressed.”¹⁰ However, a widespread feeling among those in the area of child welfare was that children belonged with families, and thus the foster care system was born.

⁸ Wikipedia Encyclopedia [Web site] (2006) available from http://en.wikipedia.org/wiki/Parens_patriae; accessed 05/30/06.

⁹ Duncan Lindsey, *The Welfare of Children* (New York and Oxford: Oxford University Press, 1994), 12.

¹⁰ Lindsey, 13.

Proponents of an early foster care system argued that caring families could house children and provide them with the support of a cohesive family unit. A major advocate of this view and the man responsible for developing the concept of foster care was theologian Charles Brace. His New York based organization, Children's Aid Society, placed more than 92,000 children in foster homes among Midwestern families.¹¹ Brace contended that transferring juveniles from New York streets and orphanages and placing them with farm families from the Midwest would not only benefit children but also the families in need of labor. The approach was not without its critics who argued that this was sealing the fate of children as slaves and left no mechanism in place to track the children's well-being and safety.¹² Facing an increasing amount of criticism, Children's Aid Society enacted new procedures that included caseworker home studies of proposed foster residences and research into the long-term effects of fostering care. Despite any shortcomings, foster care is here to stay and continues to be a popular means by which to care for children whose own guardians, for a variety of reasons, cannot fulfill their parental obligations.

Child abuse, as a legitimate societal concern, did not emerge into the collective psyche until 1874.¹³ A highly publicized case is often cited as the beginnings of state intervention on behalf of abuse victims. The story behind the 1873 case involves a neighbor who reported that a nine year old child, Mary Ellen, received regular beatings and was often left locked in a New York Apartment for long stretches of time. This news reached Angel Wheeler, a mission worker and friendly visitor, who went to the house and upon seeing the condition of Mary, malnourished and badly bruised, petitioned for her

¹¹ Lindsey, 13.

¹² Lindsey, 14.

¹³ Lela B. Costin; Howard Jacob Karger; and David Stoesz, *The Politics of Child Abuse in America* (New York and Oxford: Oxford University Press, 1996), 46.

removal. While there were no laws at the time to protect Mary Ellen or warrant her removal from the abusive home, Wheeler was determined to intervene. She sought the aid of charity organizations and law enforcement all of which proved powerless to remove Mary Ellen from the home of her abusers. Eventually, Wheeler appealed to The Society for the Prevention of Cruelty to Animals. The President of the organization, Henry Berg agreed with the rationale that at a minimum a child should be entitled to the same laws and protection that applied to animals. Within forty eight hours the foster parents were brought before a New York judge and sentenced to prison terms. These events produced a new organization, The New York Society for the Prevention of Cruelty to Children.¹⁴ While this occurrence marked the beginning of recognized abuse and government intervention, it is too simplistic to assume that this one case is responsible for the development of child advocacy and the subsequent child welfare movements that would flourish in the following years.

Child advocacy and the system of child welfare that spawned from it can trace their roots back to the children's reform movements of the late nineteenth and early twentieth century. In practical terms, these movements can be classified into two dominant ideological groupings. The earliest group came to be known as the "child savers;" they were religiously motivated by an evangelical Christian zeal, and believed it was their spiritual duty to protect children and offer them salvation from "poverty, sin and idleness."¹⁵ In part these religious reformers wanted to safeguard children, yet their welfare was not the only thing at stake. This belief that children must be saved was rooted in a desire to promote "deviancy control" in order to benefit the greater society

¹⁴ Costin, Karger and Stoesz, 52-53. Litzerfelner and Petr, 3.

¹⁵ Costin, Karger and Stoesz, 47.

and uphold Christian values. They promoted their agenda by separating children from indigent, abusive and neglectful parents, and offering them a Christian upbringing and education in orphanages and foster homes. At times these removals could be viewed as legitimately necessary. However, puritan logic equated being poor with being unfit, and this view undoubtedly uprooted children from homes where they suffered no actual harm.

The other prevailing belief of the time, distinct from Christian ideals, was a social advocacy type of reform movement that “focused on child labor and industrial exploitation.”¹⁶ These reformers concentrated on ending the abuses children suffered at the hands of the industrial revolution. They advocated policy changes and legislation that addressed work place safety conditions, hours on the job, and petitioned for standardized education for all children. Social activists of the progressive era succeeded in petitioning the government to implement a variety of reforms in child welfare. Among their successes was the creation of juvenile courts in 1899 that catered to the needs of abused and neglected children in informal and closed court settings.¹⁷ In 1909, The White House held a conference on the Care of Dependent Children, which recommended the establishment of the U.S. Children's Bureau and a national organization of child-helping agencies and institutions.¹⁸ This bureau was created in 1912, and brought a renewed interest in the role of the public with regards to the care and protection of youth in America. The Social advocate movement gained momentum, mostly in the form of wealthy women, and continued to promote awareness of children's concerns. While these

¹⁶ Costin, Karger and Stoesz, 47.

¹⁷ Vincent Schiraldi and Steven A. Drizin, “100 Years of the Children's Court-Giving Kids the Chance to Make Better Choices,” *Corrections Today* 61, no. 6 (1999): 1.

¹⁸ The Child Welfare League of America [Web site] available from <http://www.cwla.org/whowhat/history.htm>; accessed 6 June 2006.

groups pushed for change and government intervention, the issue of child welfare would become increasingly a matter of state concern and regulation.¹⁹

Although their motivation and methodology was different, Christian and social reformers of the late 1800s and early 1900s were united in an authentic desire to make life better for children and society as a whole. Through their efforts the concept of children's advocacy was born, and with it came the blueprints of an organized system made up of well intentioned private charities and emerging federal and state agencies all intent on protecting youth from exploitation and abuse, as well as providing services and institutional placements to needy children.

b) Phase Two

The second phase of children's welfare greatly expanded upon the efforts of child savers and social reformers. It is during this era that government programs and services evolved to offer direct aid to children and their families, social work established itself as a profession and the social security act of 1935 secured federal funding for state agencies to expand and administer relief to at risk children and their families . Much progress was made in terms of policies and program development; however the mention of child abuse as a societal problem was characteristically absent throughout these years.

The establishment of a children's bureau had been crucial to implementing a cohesive system aimed at benefiting the lives of disadvantaged children in this country. Established in 1912, the Children's Bureau spent the next several decades actively carrying out its mission to examine all matters regarding the welfare of America's children. The most important contribution made by the Children's Bureau was their

¹⁹ Litzerfelner and Petr, 4.

ability to secure federal funding for states to aid in maternity, child health, and welfare programs. The Shepard-Townsend Act of 1921 established federal-state partnerships for research and services to combat maternal and infant mortality. However, the Supreme Court ruled the act unconstitutional in 1922.

The bureau was more successful in securing lasting monetary aid to mothers who had lost their husbands due to death, desertion, incarceration, or illness.²⁰ These pensions allowed single mothers to stay at home and care for their children. The Children's Bureau played a substantial role in supporting the recipients of pensions by directing the mothers on where to access the resources locally. They were also instrumental in developing policies and standards for local administration. The bureau maintained its dedication to the project through follow up studies of these local agencies, and upon finding insufficient administrative practices, suggested reforms for improvement.²¹ Among these suggestions included: increased funding to ensure adequate incomes, increased state control and state financing, more inclusive eligibility requirements and the hiring of trained social workers to provide social services.²² Due mostly to inadequate government funding and ineffective administrative practices, the Children's Bureau was unable to succeed in their overall dream of providing supplemental income to all single mothers. Despite any shortcomings, mothers pensions did not disappear, and the ideas, management style and implementation strategies employed by the bureau all provided historical examples that significantly shaped child welfare policy and the social services system in the United States by providing an organizational model of "do's and don'ts" on which to base future child assistance practice.

²⁰ Barbara Machtinger, "The U.S. Children's Bureau and Mother's Pensions Administration, 1912-1930," *Social Service Review* (March 1999): 105.

²¹ Machtinger, 107.

²² Machtinger, 106.

The professionalization of social work practice marked a turning point in children's advocacy efforts. By the late 1920s the cultural pendulum had shifted from the era of social reform- and hence social advocacy efforts- to a more individualized form of case advocacy, done through casework and, carried out by trained social workers. Originally, volunteers or "friendly visitors" who visited homes offering prayer and assistance in accessing government relief had performed what is now considered social work.²³ Settlement houses, like that of Hull House in Chicago, were born out of the spirit of social work, but instead of focuses on changing individual behaviors or values, their aim was to change local communities by expanding opportunities to poorer working class families.²⁴ Settlements waned in popularity after the first World War when the services of social workers were utilized not just by poor, but also service men and their families. The publication of Mary Richmond's *Social Diagnosis* set out a uniform code of principles for the field as well as outlined the systematic approach of casework. No longer exclusive to the realm of private charity; "casework was identified as a broad skill applicable in a wide variety of arenas including mental hygiene, schools, hospitals, and juvenile courts."²⁵ Richmond's book was the first definitive text on casework, the official method for conducting the practice of social work.²⁶

The profession of social work was predominately concerned with the welfare of dependent children and other disadvantaged groups, yet the popularization of psychoanalysis and Freudian theory brought a new area of exploration for practitioners. Concerned with the lack of social and psychological services for all children, social work

²³ Dan Huff, *The Social Work History Station* [Web site]; available from <http://www.idbsu.edu/socwork/dhuff/history/central/core.htm>; Internet; accessed 20 June 2006. Ch. 3, 6-8.

²⁴ The Social Work History Station, Ch. 2, 2-4.

²⁵ The Social Work History Station, Ch.4, 3.

²⁶ The Social Work History Station, Ch.4, 3.

began to branch out into practicing Freudian therapy techniques on middle-class clients.²⁷

This transition reflected a changing focus on the part of social workers to not only address a child's physical needs, but also their social and psychological needs.

Professional social workers began to understand how important it was for children to maintain relationships with their biological caretakers. The practice of casework allowed social workers to assist families in improving parenting skills in order to care for their children at home. With the professionalization of social work came additional responsibilities on behalf of the child welfare worker to not only provide for children that lacked basic care, but also to ensure that the care they did receive was psychologically beneficial.

Prompted by the Depression, the role of government expanded to take a proactive approach towards improving the lives of Americans. Public welfare became an institutionalized government system. Welfare programs were no longer small scale operations belonging to the domain of the impoverished; these programs grew to encompass a "complex array of services, benefits, and taxes" that affected everyone.²⁸ The 1935 Social Security Act is a paramount example of New Deal policies aimed at securing the future of economically vulnerable Americans. In terms of child welfare the Social Security Act had key provisions to aid dependent children and their caretakers. Title V, Grants to States for Maternal and Child Welfare, authorized three separate programs of grants to the states.²⁹ These included services for crippled children (\$2,850,000), maternal and child health services (\$3,800,000), and child welfare services

²⁷ The Social Work History Station, Ch.4, 4.

²⁸ The Social Work History Station

²⁹ Josephine Gittler, "Title V of the Social Security Act and State Programs for Children with Special Health Care Needs" (Paper prepared for National Maternal and Child Health Resource Center at the University of Iowa College of Law).

(\$1,500,000). These federal funds did not have to be matched by the states, and were intended to go primarily to rural areas or areas suffering from severe economic distress.³⁰ These federal assistance programs encouraged the growth of community based public welfare agencies under the guidance of the Children's Bureau.

As discussed, this was a time of growth in terms of children's services, but strangely enough public discussion concerning child abuse or protective services was virtually nonexistent. What were the reasons behind this phenomenon? In her book, *The Politics of Child Abuse*, Costin attributes the disappearance of the topic to several social forces. Most noteworthy is an earlier ideological split among the anticruelty movements over conflicting goals of family privacy and child protection.³¹ This occurrence, along with economic and social changes unfolding throughout the 1930s, helps to account for this absence of child abuse acknowledgement.

Originally the difficult work of child maltreatment investigation went to the Societies for Prevention and Cruelty to Children (SPCCs) that had been established in a substantial number of American cities. In 1912 there were 346 anticruelty societies operating in the United States.³² Many of these societies, driven by a perceived moral and religious duty, operated under the approach championed by Elbridge Gerry of the New York Society for Prevention and Cruelty to Children (NYSPCC). They relied primarily on "coercive reform," which focused on the personal characteristics of the families they dealt with rather than institutional change.³³ It was the mission of these middle and upper-class society members to remove children from impoverished, neglectful and

³⁰ Katherine F. Lenroot, "A Quarter-Century of Service to Children," Social Security History, [online article]; available from <http://www.ssa.gov/history/k125.html>; Internet; accessed 10 September 2006.

³¹ Costin, Karger and Stoesz, 99.

³² Costin, Karger and Stoesz, 92.

³³ Costin, Karger and Stoesz, 84.

abusive families, thereby saving them from a life of perpetual misfortune and placing them in institutions that would foster middle-class values.

The strategies of prevention employed by NYSPCC were to punish parents with warning, surveillance, arrest and imprisonment.³⁴ The proponents of this view did not want any outside regulation of their private charity work and argued that interference of this type would only hinder their mission. Societies such as these operated not only as charitable organizations, but also as a self-anointed law enforcement agency.³⁵ Although many child advocates maintained that this approach was an intrusion into the authority of parents and posed a great threat to society, the SPCCs that practiced coercive reform were blinded by their mission and fought to uphold their perceived social mandate.

On the opposite end of the pole were the SPCCs who adhered to a philosophy of family preservation. The main advocate of this ideal was the Massachusetts SPCC. They relied heavily on the practice of professional social work to reinforce the family unit. As noted before, the approach of social work at this time was not to rescue children, but instead to practice work that was remedial and preventative. The Massachusetts Society emphasized education of and reliance on statewide services designed to strengthen families. The leaders called for “a stronger effort to discover the causes of the conditions that made intervention by the Societies necessary, followed by action to prevent a reoccurrence of these conditions.”³⁶ This way of thinking moved the Societies out of the traditional role of protective work and into a broader realm of social advocacy efforts.

As this view gained in popularity, SPCCs in the fashion of The New York style slowly died out. While their departure can be viewed in a positive light, this change also

³⁴ Costin, Karger and Stoesz, 84.

³⁵ Costin, Karger and Stoesz, 85.

³⁶ Costin, Karger and Stoesz, 86.

left a vacancy in terms of groups focused on the issue of child abuse. It became a taboo to circumvent the authority of parents. With so many other child and family social issues to tackle, and no one designated to do protective work, the mention and public recognition of child abuse faded from the collective conscience.

While the subject of abuse was disturbingly absent during the 1930s and 1940s, and indeed lay dormant until the 1960s, child welfare legislation, services, and programs made remarkable gains. Social advocates had secured Mothers' pensions, and the Social Security Act of 1935. The professionalization of social work brought case advocacy into the homes of children struggling with harsh conditions and a national system of child-serving programs emerged. As many programs, once supported by the private sector, shifted under the control of the state, the role of child advocates transitioned to offer guidance in navigating children through the "maze of bureaucracies and services that had been created."³⁷

c) Phase Three

During the mid twentieth century, the modern child welfare system emerged as a major public institution.³⁸ Social work practice and the state's role in protective work became fully established social networks. During this third historical phase, children's advocates focused on monitoring government agencies and expanding services. The title, "child advocate" was used only when describing people who worked outside of the government-run child welfare system.

³⁷ Litzerfelner and Petr, 4.

³⁸ Lindsey, 19.

In the 1950s, more than 5,628 staff were employed in public welfare agencies.³⁹ Throughout the next several decades, these numbers would increase dramatically. By 1977, there were more than 30,000 professional employees in state and local child welfare agencies operating in the United States.⁴⁰ The practice of these workers and the field of social work operated from a residual perspective. This approach was defined and presented by Alfred Kadushin, a prominent theorist in the field of social work. In his textbook, *Child Welfare Services*, Kadushin argues for a system that offers government sponsored services to children and their families only when absolutely necessary: “child welfare services are responsible primarily in those situations in which the usual social provisions are failing to meet the child’s need adequately...A residual orientation may leave the child without protection until such harm has been done since it is essentially crisis-oriented and reactive rather than proactive, remedial rather than preventative in its approach...”⁴¹ While this view is seen as the least intrusive form of intervention, it could be argued that the residual approach failed to address the root causes of the multitude of problems children faced. To use an oversimplified metaphor, the public welfare system has always been criticized for attempting to pull children individually out of dangerous waters instead of stopping the flood. Despite its flaws, this perspective would shape child welfare practice for the next several decades. Kadushin asserted that child welfare services offered by agencies to help families and children should be supportive, supplementary and substituting. An example of supportive is direct counseling in the home, whereas supplementary is provision of income assistance and daycare. If a guardian was still unable to fulfill their parental goals then substitute care was to be

³⁹ Lindsey, 19.

⁴⁰ Lindsey, 20.

⁴¹ Alfred Kadushin and Judith A. Martin, eds., *Child Welfare Services*, 4th ed. (New York: Macmillan, 1988), 7-8.

provided in the form of foster care or adoption.⁴² Currently, the role of government agencies is mostly concerned with supportive and substitute type services.⁴³

The transformation of the children's welfare system into children's protective services occurred in the 1960s due to an increased societal awareness of child abuse and neglect. Prior to this time the issue of child abuse had not been one of grave concern for roughly thirty years. All this changed in subsequent decades. The resurgence of the recognition of the problem of abuse was sparked by a 1962 study conducted by Henry Kempe in which he surveyed numerous hospitals, and identified and publicly shared a hideous occurrence that had been confined to the benumbed medical profession. "The battered child syndrome" is defined as "an infant or child less than three years old who presented the physician with unusual injuries, broken bones, or cranial injuries that were inadequately or inconsistently explained."⁴⁴ The publication of the study launched a renewed interest on the part of the public to protect children from harm suffered in their own homes. A national call was made to enact laws that mandated the reporting of child abuse.

The Children's Bureau lead the effort and developed a model law that would require physicians to report suspected instances of child battering.⁴⁵ By the mid 1960s, all states had passed further legislation expanding the definition of child abuse beyond "the battered child syndrome." All states also broadened reporting laws to require teachers, nurses, and the general public to report suspected abuse.⁴⁶ As a result of the

⁴² Kadushin, 18.

⁴³ Lindsey, 22.

⁴⁴ Lindsey, 92.

⁴⁵ Lindsey, 92.

⁴⁶ Lindsey, 92.

extensive laws and attention paid to the subject of child abuse and neglect, the child welfare system became bombarded with reports of abuse. In 1968, there were 11,000 abuse reports; by 1986 there were 2, 086, 00.⁴⁷ This mass increase pushed public child welfare agencies into the domain of protective work primarily concerned with investigating instances of abuse and neglect. By the 1980s, Child Protective Services (CPS) dominated the practice of child welfare almost entirely. Social workers now had to engage in what can be described as soft policing of caretakers. Some scholars suggest that this shift is costly and ineffective; they point to a lack of evidence concerning the efficacy of protective work.⁴⁸ Regardless of the criticism, the public welfare system to this day spends a significant amount of available resources conducting protective work.

d) Phase Four

Child advocacy arose in conjunction with other social movements of the 1960s, yet privately funded organizations, such as The Citizen's Committee for Children, had been involved with policy and research aimed at bettering children's lives since 1945.⁴⁹ The growth of the welfare state and the emergence of child advocacy can be viewed as reciprocal processes. By the late 1970s there were more than 500,000 children in out- of-home placements.⁵⁰ Public and professional criticism was directed at the number of children languishing in foster care. This issue, along with concerns about the potential problems of child-serving bureaucracies, "including possible abuse of authority, lack of

⁴⁷ Lindsey, 93.

⁴⁸ Lindsey, 123-124.

⁴⁹ Mary Jean, McDonald, "The Citizens Committee for Children of New York and The Evolution of Child Advocacy," *Child Welfare* 74 (Jan./Feb. 1995): 284.

⁵⁰ The Adoption History Project [Web site]; available from <http://darkwing.uoregon.edu/~adoption/topics/fostering.htm>; Internet; accessed 12 July 2006.

neutrality, lack of adequate resources and inertia”, drove children’s advocates to the role of system regulators.⁵¹

The concept of child advocacy reached mainstream society through The Joint Commission on Mental Health of Children (JCMHC). In 1970, the group- concerned with child education, health and development- authored a report entitled *Crisis in Mental Health: Challenge for the 1970s*, which called for community groups to commit to the concept of advocacy and define their roles with this commitment. The report acknowledged that many children did not have access to the services they needed. To respond to this crisis, the report suggested “that child advocacy systems should connect children outside the delivery system with the service providers, who would then assume responsibility among themselves to continue these services on a cooperative and coordinated basis.”⁵² Basically, a population of concerned individuals was needed to identify children whose needs would otherwise go undetected and hook them up to service based programs administered by government and private organizations.

In the book, *Child Advocacy History, Theory and Practice*, Tompkins and Brooks offer this perspective on children’s advocacy:

“Time and attention must be given to advocacy for children- from spotting inadequacy to proposing how the jigsaw puzzle of services can be put together to produce results...Advocacy becomes, therefore, a way of getting the job done, of measuring progress, of determining new needs and new approaches.”⁵³

⁵¹ McDonald, 284.

⁵² James R. Tompkins, Benjamin L. Brooks and Timothy J. Tompkins, *Child Advocacy: History, Theory, and Practice* (Durham: Carolina Academic Press, 1998), 8.

⁵³ Tompkins and Brooks, 35- 36.

Children's social and case advocacy groups blossomed throughout the United States in an effort to meet this challenge. This recent era of children's rights was lead by social advocacy groups such as The Children's Defense Fund, The National Association of Child Advocates, The Child Welfare League of America, National Center of Child Abuse and Neglect, and The Annie E. Casey Foundation. These groups were concerned with research and impacting public policy to address a variety of children's issues such as education, health, human services, poverty, abuse, and youth development.⁵⁴ They succeeded in helping to pass federal legislation throughout the last several decades including Head Start (1964), the Child Abuse and Prevention and Treatment Act (1974), Title XX of the Social Security Act (1975), the Social Services Block Grant (1975), the Indian Child Welfare Act (1978), the Adoption Assistance and Child Welfare Act (1980), the Family Preservation and Support Initiative (1993), and the Adoption and Safe Families Act (1997). The Court Appointed Special Advocate program also emerged within this context of social progression, but was focused on helping individual abused and neglected children with the obstacles they faced once they came under the care of the state.

In tracing the evolution of the child welfare system and children's advocacy, one can see how the United States has approached and attempted to remedy some of the undesirable conditions faced by the countries most vulnerable population. The next section will focus on obstacles confronting the modern child welfare system and how the advocacy group, CASA, offers an effective and plausible model for aiding the system in working to improve the lives of maltreated children across the country.

⁵⁴ De Vita and Mosher-Williams, 25.

Part II. Obstacles Currently Facing America's Children and the Impact of CASA

You go into a court room and you will see lawyers who know the law and have dozens o kids' files, or you have social workers who know the regulations and have dozens of kids' files. But if a CASA volunteer is in the room, you will see they have just one file, and what they know is that one child. And that can make all the difference to a judge's decision regarding how the rest of that child's life is going to go. -Anna Quindlen, on CBS "The Early Show"

a) CASA Development and Purpose

The prevalence of child abuse in this country, particularly in big cities, is of grave concern to our communities. According the U.S. Department of Health and Human Services, an estimated 3,503,000 children in this country were the subject of an investigation by CPS agencies in 2004, and an estimated 872,000 children were found to be victims.⁵⁵ The main focus of CASA is to help children escape from the cycles of child abuse that are destructive to their health and psychological well being. The goal of CASA is to ensure that every child lives in a safe, stable and nurturing home. Trained volunteers, referred to as CASAs, or in some states guardian ad litem (GALs), work all over the country to act as a voice to the court for children that have been removed from their homes due to abuse or neglect. The stated purpose of a volunteer is to use "fact finding and investigation to make recommendations to the court concerning the best interests of a child."⁵⁶ The children represented are involved in Child Protective Services cases or in the Juvenile Court System.

⁵⁵ United States Department of Health and Human Services, *The AFCARS Report* (June 2006) [govt. document online]; available form http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report11.htm; Internet, accessed 24 August 2006.

⁵⁶ CASA of Travis County, "CASA of Travis County Advocate Training Manual" (2004-2005 Volunteer Handbook): 1-11.

The first Guardian ad litem (GAL), or CASA, program began in 1977 in Seattle, Washington. The program, set up by King County Judge David Soukup, assigned community volunteers to serve abused and neglected children.⁵⁷ The volunteers did so by bringing the children's perspectives into the courtroom to be taken into consideration by Judge Soukup when making decisions that would affect their lives. This model continued to be adopted by states and counties across America. In 1982, the National CASA Association was created to serve as a top-down organization model that provided the local chapter with assistance in training, funding, research and chapter design.⁵⁸ The work, done directly with families and children, is at a local level by county program volunteers who are supervised by paid personnel. At the end of 2004, there were 925 CASA/ GAL program offices with 675 independently governed local programs, 157 state governed local programs and 46 state organizations. The programs employed 50,801 volunteers who donated over 4.5 million hours to making a difference in the lives of abused and neglected children. Their efforts served an estimated 188,620 children.⁵⁹ While these numbers have seen a substantial increase in the past decade, the amount of children entering the system with substantiated abuse claims far exceeds the number of volunteers ready to meet the demands. CASA programs nationwide need to expand their capabilities in order to provide all children involved in CPS and juvenile court cases with trained and caring advocates.

⁵⁷ Advocate Training Manual, 1-9.

⁵⁸ Advocate Training Manual, 1-9.

⁵⁹ National CASA, *National Court Appointed Special Advocate Association National Statistics 2006* (2006) [online report]; available from http://www.casanet.org/download/ncasa_publications/0603_statistics_sheet_0021.pdf; Internet; accessed 25 July 2006, 1-5.

b) The Need for Case Advocates and Volunteers as Guardian Ad Litem

As discussed earlier, much has been done to address the needs of abused and neglected children through social advocacy efforts. However, this form of advocacy only deals with the issues faced by large groups, not individuals. Social advocacy is beneficial in terms of impacting laws and policy, but case advocacy will always be necessary to deal with individual children's unique and complex problems.⁶⁰ Traditionally, case advocacy was the domain of social workers, but due to changes in the defined role of social workers and other variables including high caseloads, strict advocacy on the behalf of children is no longer a sustainable function of the profession.⁶¹ The 1980 Adoption Assistance and Child Welfare Act shifted support of the federal government away from out-of-home care and towards family reunification. It also required, as a condition of receiving federal matching funds, that states make "reasonable efforts" to prevent removal of the child from the home, and return those who have been removed as soon as possible.⁶² While this legislation was important and beneficial in many ways, it also added a complex and paradoxical dimension to the job of public child welfare agencies. Now social workers must advocate for the rights of both parents and children when conducting protective investigations, removing children and providing supportive services. The nature of these potentially conflicting roles demonstrates that social workers are not in the position to be proper children's case advocates.

Additional evidence that social workers are unable to maintain a commitment to case advocacy can be found by looking at the rise in case loads. In some states, such as

⁶⁰ Litzerfelner and Petr, 6.

⁶¹ Litzerfelner and Petr, 6.

⁶² Adoption.com [Web site]; available from <http://laws.adoption.com/statutes/adoption-assistance-and-child-welfare-act-of-1980.html>; Internet; accessed 29 July 2006.

Texas, CPS investigators have an average of 61 cases each.⁶³ When juggling so many cases, delays, mistakes and a lack of general oversight are bound to occur despite the good intentions and professional commitment of social workers. This demand on public agencies has overstretched the capability of child welfare workers to allocate the necessary time and attention individual cases require in achieving positive, permanent and quick outcomes.

The Child Abuse Prevention and Treatment Act (CAPTA) of 1974 was landmark legislation that recognized child abuse as a national crisis. CAPTA implemented a national center for abuse and neglect, mandated federal reporting laws and public education programs. It also recognized the need for case advocates independent of social workers. The legislation required that a guardian ad litem (GAL) (an individual appointed by the court to represent a child in a legal action that is before the court) be appointed to represent any allegedly abused and/or neglected child in any court proceeding. However, CAPTA did not specify who qualified as a GAL and adequate funding was not provided to the court system by the federal government to implement this mandate and hire the necessary staff, attorneys or other professionals to represent the many children involved in the court system.

At one point GALs were staff attorneys employed by the court or private attorneys contracted with the court. The use of attorneys to fulfill the role of GAL is costly and can create problems when considering the best interest standard used by family court judges. Attorneys are trained to advocate for their clients' wishes. As Litzerflener points out in her article, *Case Advocacy in Child Welfare*, "In cases

⁶³ Texas Freedom Network [Web site]; available from <http://www.tfn.org/takeaction/cps/index.php>; Internet; accessed 8 August 2006.

involving children, a conflict is inherent because children's wishes and their best interests may not be the same."⁶⁴ This is why modern guidelines clearly differentiate the role of attorney and GAL. GALs advocate for what is in a child's best interest and attorneys advocate for what the child wants. Many children currently involved in a civil abuse/neglect case are appointed both a guardian ad litem and an attorney ad litem.

The CASA/ GAL programs developing across the country exist to fill in the advocacy gap not managed by social workers or attorneys. Research demonstrates that they are effective in doing so. The first published empirical study on the effectiveness of lay volunteers acting as GALs was conducted by Duquette and Ramsey in 1986. The study investigated four groups of guardian ad litem: attorneys, law students and lay volunteers all who received special training in children's advocacy as well as attorneys who received no such training. The first three groups, termed demonstration groups, were compared to one another as well as to the control group of untrained attorneys to assess the effectiveness of each group in performing the GAL functions. Results indicated that lay volunteers were as effective as trained attorneys and law students, and significantly more effective than untrained attorney in representing child clients. The demonstration groups who received specialized training were more likely to investigate their cases thoroughly, were more involved with the other parties in the proceedings, tried harder to serve their clients' needs and were more likely to follow-up on their cases. Additionally, the trained lay volunteers, law students and attorneys obtained more services for their clients and such clients were less likely to have their cases reach an outcome order of ward of the court before being dismissed than the untrained attorneys.⁶⁵

⁶⁴ Litzerfelner and Petr, 7.

⁶⁵ Donald N. Duquette and Sarah H. Ramsey, "Representation of Children in Child Abuse and Neglect

The Duquette and Ramsey study gave credence to the national CASA movement. Their study highlights the value of trained lay volunteers, attorneys and law students in carrying out the duties of a GAL. If all three groups are equal in their abilities, volunteers stand out as the most desirable group because they are cheaper to utilize than paid attorneys and unlike student lawyers, who relinquish their duties once the semester ends, volunteers are able to advocate for the child throughout the duration of the case. Currently, most states give CASA volunteers the status of GAL.

In demonstrating the need for CASAs to fulfill the role of case advocates and their capability in performing the legal GAL duty given to such advocates, a foundation has been laid in which to examine the specific ways in which CASAs may assist the lives of individual children who find themselves helpless at the hands of a complex and overwhelming government entity. Experimental research and case studies demonstrate that not only are CASAs a friendly and consistent face to children, but that the program has measurable positive effects on the processes and outcome of child protective court cases. This included variables such as length of time spent in foster care, number of placements, successful permanent placements and provision of services.

c) Child Welfare Challenges and the Promising Effects of CASA

Originally conceived as a temporary service for children removed from their homes for various reasons, foster care became a permanent reality for many children entering the system in the latter half of the 20th century. Maas and Engler's 1959 study, *Children in Need of Parents*, was the first large scale study conducted on the foster care

Cases: An Empirical Look at What Constitutes Effective Representation," *University of Michigan Journal of Law Reform* 341 (Winter 1987): 1-85.

system in America. Their findings, along with Shyne and Schroeder's (1978) longitudinal study, documented a number of problems ingrained in the foster care approach. Not only were large numbers of children abandoned in temporary home settings for several years or more, but they also drifted in and out of numerous such placements. This became known as the "foster care drift." Many remained in the system for extended periods of time, sometimes years, with no case plans. Children were virtually abandoned to a system originally designed to alleviate their suffering. Research in attachment theory has demonstrated the detrimental effects such a lifestyle can have on children's psychological and emotional development.⁶⁶ These widely publicized findings generated harsh public criticism concerning the efficacy of the child welfare system. This response coupled with a "rediscovery" of child abuse and an emerging children's advocacy movement generated large scale efforts to remedy the problems associated with foster care. Examples of such efforts include permanency planning, federal legislation and the development of specialized family foster care programs. Much has evolved since the term "foster care-drift" entered into public debate, however the experiences of many children today still warrant concern and commitment by children advocates to monitor individual children and push for increased reform.

Permanency planning can be defined in numerous ways, yet at its very core it attempts to address the question: Who will be this child's family when he or she grows up? "It is a process that clearly identifies the purposes of the child's placement and sets into motion the events necessary to either (1) return the child to rehabilitated parents, or (2) provide an alternative long term living situation which best addresses the child's need for safety, security, belonging, and stability[...]and does so in the most timely manner

⁶⁶ Lindsey, 31.

consistent with the child's development needs and well being.”⁶⁷ By all practical accounts, there are only four outcomes possible for children in foster care. (1) They are reunited with parents/guardians, (2) they are placed with a relative, (3) they are adopted or (4) they remain in foster care until they age out of the system.

In 1980, with the passage of the Adoption Assistance and Child Welfare Act, permanency planning for all children under the care of public child welfare agencies was not just a suggested concept but a required mandate. Time guidelines were established for hearings and court reviews.⁶⁸ Foster home standards were also enacted and states were required to review these standards periodically. Additionally, this federal legislation encouraged states to actively recruit culturally diverse foster and adoptive families. In 1994, the Multi-Ethnic Placement Act was made into law. This legislation decreased the time children waited to be adopted, prevented discrimination in placement of children and selection of adoption and foster homes, and called for renewed efforts in locating diverse foster and adoptive families.

The 1997 Adoption and Safe Families Act (ASFA) legally reaffirmed the principles that foster care was a temporary setting and permanency planning should begin as soon as a child enters foster care. The ASFA legislation implemented time lines under which all states now operate. The law requires that permanency “plans must be in place after twelve months rather than eighteen months, dispositional hearings must be held within twelve months rather than eighteen months of placement, and court reviews occur

⁶⁷ Advocate Training Manual, 1-16.

⁶⁸ Advocate Training Manual, 7-5.

every six months rather than every twelve months.”⁶⁹ These are the federal time-limits, yet many states require cases to be reviewed within shorter time frames.

Along with changes in the law, specialized foster homes have emerged such as therapeutic foster homes. These are home placements tailored to meet the psychological needs of children and youth with emotional disturbances or behavioral problems. Foster parents receive extensive training and are required to attend a certain number of continuing education classes throughout the year. Residential homes are another type of out-of-home-care equipped to handle complex medical and mental needs of children by providing a more structured type of setting. When possible, attempts are made to place children in foster homes with relatives and siblings.

While these measures appear to have improved the landscape of foster care, the problems of multiple and lengthy placements continue to be the reality for many children removed from abusive homes. According to the 2004 AFCARS Report published by the U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families; and Children's Bureau, 517,000 children were living in foster care. The average length of stay for children was 30 months with a median of 16.5 months.⁷⁰ National numbers are not available on the average number of placements; however, Texas reported an average of 4 placements for the 15,709 children in foster care as of August 31st 2003.⁷¹

At the most fundamental level every CASA program is designed to maintain a steadfast commitment to the concept of permanency planning. Temporary homes are

⁶⁹ Advocate Training Manual, 7-6.

⁷⁰ The AFCARS Report

⁷¹ Window on State Government [Web site]; available from; <http://www.window.state.tx.us/forgottenchildren/ch01/s0101.html>; Internet; accessed 12 August 2006.

important and necessary resources for victims of abuse or neglect, but they are no substitute for a permanent, safe and stable home. Research studies comparing groups of children with CASAs against groups of children without CASAs emphasize the potential success of advocates in reducing the number of placements and length of time in care, while also achieving successful permanent homes.

Cynthia A. Calkins and Murray Miller authored a study entitled *The Effectiveness of Court Appointed Special Advocates to Assist in Permanency Planning*, in which they examined a CASA program in Clark County, Nevada. Their quasiexperimental method consisted of analyzing data obtained from 189 local court cases in 1994. Of these 189 cases, 68 had a CASA ordered and appointed (CASA) and 121 never had a CASA assigned to their case (non-CASA). Steps were taken to ensure that the CASA and non-CASA groups were equivalent in terms of race, gender and severity of case. The results demonstrated that children with CASAs experienced a significant number of fewer placements (average of 3.9) compared to those cases without CASAs (average of 4.55) as well as a significant shorter time period in foster/relative care (average of 31.32 months CASA compared to 39.68 months non-CASA). In terms of achieving permanency, a greater number of CASA cases achieved this goal (64.7%) than did the court cases without CASA involvement (53.3%). Reunification with parents was the most likely of the permanency outcomes and the CASA group placed more children back at home than did the comparison group.⁷²

Patrick Leung's study, *Is the Court-Appointed Advocate Program Effective? A Longitudinal Analysis of Time Involvement and Case Outcomes*, was conducted to

⁷² Cynthia A. Calkins and Murray Millar, *The Effectiveness of Court Appointed Special Advocates to Assist in Permanency Planning*, "Child and Adolescent Social Work Journal" 16, no.1 (1999): 37-45.

evaluate whether the CASA program contributed to positive outcomes for children involved in CPS court cases and at which point CASA intervention in a case was most effective. Leung used a quasiexperimental model comparing a CASA group of 66 cases against two comparison non-CASA groups. The first comparison group had 107 cases. The second comparison group consisted of 24 subjects from cases that had been referred to CASA but had not been assigned a volunteer. This selection of a second group is particularly important because it allowed for the researchers to study comparable cases. Often the most difficult cases are referred to CASA which makes research assessing the outcomes of such cases against non-CASA groups difficult because the playing field is skewed in favor of the non-CASA groups.⁷³

The findings suggest that an assignment of a CASA reduces the length of time in out of home placements for children particularly in the third (mean of 61 days for the CASA group and 137 non-CASA group) and fourth (mean of 51 days CASA vs. 116 non-CASA) placements. The results indicated that the percentage of children not assigned to second and third placements was higher in the CASA group (38.2% vs. 31.2%). Also, more children in the CASA group were returned home in the second placement than the comparisons groups (29.4% CASA vs. 24% non-CASA) and the percentage of out of home placements was higher in the comparison groups (30.4% non-CASA vs. 14.7% CASA). With regards to the third placements analyses, a larger percentage of the CASA group (68.5%) did not experience any further placements compared to the non-CASA groups (67.2%). The number of subjects returning home from the third placements reflected similar results as the second with more CASA cases

⁷³ Patrick Leung, "Is the Court-Appointed Special Advocate Program Effective? A Longitudinal Analysis of Time Involvement and Case Outcomes," *Child Welfare* 75, no. 3 (1996): 270-271.

(11.1%) returning home than no CASA cases (6.4%). Also, the percentages of third out of home placements for the CASA group was lower (13%) than the comparison groups (16.8%). The study also examines the effectiveness of CASA intervention at the five stages: preliminary hearing, pretrial conference, trial and deposition, review hearings, and permanent placement hearings found that positive changes due to CASA intervention appeared more frequently when CASAs are appointed before the case deposition period.⁷⁴

The findings of Leung's study conclude that CASAs appear to be effective in reducing the length of time of out of home placements of a child and the number of placement changes. CASA intervention also increases the likelihood of children returning home and experiences positive changes in terms of family reunification. The researcher suggests that CASAs should be appointed as soon as possible to maximize positive permanency results.⁷⁵

An experimental study from Fresno, CA entitled *Use of Court Appointed Advocates to Assist in Permanency Planning for Minority Children* authored by Shareen Abramson used random assignment to compare CASA cases to non-CASA cases. Abramson focused on volunteer's effectiveness with minority children. Statistics demonstrate such children are more likely to be removed from parents and placed in long term foster care and less likely to be adopted. The local CASA program was known as Fresno Amicus and engaged in efforts to recruit and train minority and bilingual volunteers. The program tried to match the ethnicities and languages of volunteers to the family with whom they would be working. Volunteers were instructed to advocate for

⁷⁴ Leung, 272-273.

⁷⁵ Leung, 274.

both children and the parents, particularly to help the family understand the court process. The research sample consisted of 28 amicus cases with 60 children and 28 comparison cases with 62 children followed for eighteen months. For ethical reasons the comparison group was given a number to call if the needed bilingual help.⁷⁶

The results indicated that the Amicus Fresco CASA program showed potential in terms of favorable outcomes. The amicus group had significantly more children whose case plans called for reunification with parents than did the comparison group. Out of all the children destined for long term foster care in both groups, 3 belonged to the amicus group and 13 belonged to the control. Also, a total of 11 amicus group children had been adopted or were planned for adoption, of these, 2 large sibling groups were kept intact. The author notes that the amicus adoption rate of 16.7% is especially hopeful given the bleak statistics usually associated with minority children in out of home care. None in the comparison group were adopted or scheduled for adoption.⁷⁷

While the results of the studies described are promising, they did not examine the impact of CASA on service delivery. The provision of timely, appropriate and substantive services to families and children is a major obstacle facing the child welfare system. Social services are necessary to prevent future occurrence of abuse or neglect and to assist children and their families with the psychological, legal and social problems associated with maltreatment. Courts often order post-investigation or remedial services based on Child Protective Services (CPS) assessments of families' strengths, weaknesses and needs. These include individual child counseling, parental education, substance abuse treatment, family-based services (FBS) (services provided to the entire family, such as

⁷⁶ Shareen Abramson, "Use of Court-Appointed Advocates to Assist in Permanency Planning for Minority Children," *Child Welfare* 70, no. 4 (1991): 478-479.

⁷⁷ Sheeren Abramson, 480-481.

counseling or family support), in-home services (such as family preservation), foster care services and court services.⁷⁸ Preventative services are sometimes offered through state, private and federally funded programs, yet budgets are limited and the residual approach to child welfare still dominates service provision. Most American families only receive services once a complaint has been reported and an investigation occurs. Although an increase in service variety has occurred in recent years, particularly with family based services, the child welfare system is still unable to live up to its mission. Due to high demand and lack of financial resources, services are not offered to all families and children who enter the system. The needs of one child may be sacrificed for the needs of another child identified as worse off. When services are ordered they are often based on broad and general CPS recommendations.

While many factors impact the allocation of resources, most often case characteristics influence who receives what services. The characteristics identified by the Children's Bureau through case-level data submission include: type/ severity of abuse, diagnosis of disability, race/ethnicity and type of perpetrator.⁷⁹ Not enough services are available to all those in need, so often only the most detrimental cases receive them. According to the AFCARS 2004 Child Maltreatment Report, 59.4% of child victim cases received post-investigation services. 27.3% of non victims also received such services.⁸⁰ This data shows that nationwide, a substantial amount of vulnerable children and families are left without any social support.

⁷⁸ United States Department of Health and Human Services , *Child Maltreatment 2004*, (2006) [govt. document online]; available from <http://www.acf.hhs.gov/programs/cb/pubs/cm04/chaptersix.htm>; Internet; accessed 29 August 2006.

⁷⁹ Child Maltreatment 2004

⁸⁰ Child Maltreatment 2004

Public agencies are limited with regard to what they can recommend and enforce. Typically, when court proceedings take place a CPS service plan is enacted for both child and parent. Problem areas are noted and standard services are recommended and ordered. However, due to heavy caseloads it is difficult to know whether such ordered services are indeed set-up and carried out. Also, since state agencies often recommend the same grocery list of services for most cases, unique and individual circumstances may be overlooked.

One of the most important aspects of CASA and GAL programs is that they make recommendations to the court and are not limited by bureaucratic obstacles. Advocates are free to identify and recommended a vast array of social services. Since case levels are low, volunteers are able to monitor if ordered services are being implemented and the progress being made. CASA programs are funded by government grants, private foundations, businesses, community organizations, individuals and locally based fundraising events. This multi-resource funding allows CASA programs to cover administrative overhead, and many are able to offer children services not allocated by public agencies. This includes traditional social services and also special events, toys, clothes, shoes, and summer camps. Volunteers are also trained how to access additional community resources and can apply this knowledge as they see fit. Their efforts coupled with CPS efforts only work to benefit the service to case ratio.

Pat Litzelferner's study, *The Effectiveness of CASAs in Achieving Positive Outcomes for Children*, examined CASAs effects on positive outcomes for children as well as the process variables thought to aid in permanent safe placements for children involved in abuse and neglect cases. The methodology used was a quasiexperimental

design comparing a CASA group of 119 to a non-CASA group of 81. Data was collected from the court and CASA records for a two year period. Attempts were made to control for the differences in case characteristics. One of the process variables under consideration was the number of services offered. The inclusion of this variable as well as the longitudinal span makes Litzelfelner's study different from those discussed earlier.⁸¹

The results demonstrate that while the CASA group showed no statistical differences in term of outcome variables such as case closure rates, length of time children were under court jurisdiction and number of children adopted, CASAs did have measurable effects on the process variables under investigation. These included types of placements children received while in care, number of court continuances and number of services provided to children and their families. Children in the CASA group had significantly fewer placements (average 3.9) than children without CASA volunteers (average 6.6). This was also true for the cases that had reached closure (2.5 CASA vs. 5.3 non-CASA). During the course of the study, the CASA group experience fewer court continuances (average 2.0) compare to the non-CASA group (average 2.6); however, the difference is not of statistical significance. With regard to the closed cases, the CASA group also experience significantly fewer court continuances (1.07) than the non-CASA group (2.93). The study found that more services were provided to families and children with CASA volunteers (average 8.52) compare to the group without CASAs (average 6.39). Results were similar with the closed cases (CASA 6.2 vs. non-CASA 5.4) although these differences did not approach statistical significance. The researcher felt that the

⁸¹ Pat Litzelfelner, "The Effectiveness of CASAs in Achieving Positive Outcomes for Children," *Child Welfare* 79, no. 2 (2000): 179-181.

inconsistent findings of this study and others may reflect the fact that CASA programs operate differently throughout the country. Litzerfelner advocates for a national child-tracking database system to better monitor the status of children whom CASA serves.⁸²

A report compiled by Caliber Research to evaluate the national CASA system used data to compare children of CASA volunteers against those without from a newly created COMET database which provides information about 25 local CASA programs and the children they serve as well as data from NSCAW which has collected information on 5,500 children who came into contact with the child welfare system between 1999-2000. The researchers set out to answer several questions concerning CASA representation that previous research had not adequately addressed. What are the case characteristics of volunteers? How do the services of CASA children (and their parents) receive compare to children not assigned a CASA volunteer? To what extent are CASA volunteers' recommendations for the court accepted by the courts? How do children assigned a CASA differ from children not assigned one?⁸³ These questions directed the research performed by Caliber.

The findings of the study were mixed. Positive findings demonstrated that volunteers are well educated and often employed, their recommendations to the court are usually accepted, children assigned a CASA receive more services as do their parents and volunteers spend the majority of their time in contact with the child. Some negative findings suggested that children assigned a CASA are more likely to be placed in out-of-home care and less likely to be reunified with their families than the non-CASA kids which contradicts previous studies. However, the researchers note that overall CASA

⁸² Litzerfelner, 182-185.

⁸³ Caliber Associations, *Evaluation of CASA Representation* (Caliber Associations 2005), 8-12.

children had more risk factors and were in more dangerous situations than children not assigned a CASA volunteer. This is important factor to consider when evaluating these findings. Another potentially negative finding was that while children and parents assigned a CASA received more services, there were no differences between the CASA group and non-CASA group with regards to percentages of needs met. This paradoxical finding may be because caseworkers, not CASAs, parents, or children, decide whether or not needs have been met.⁸⁴

Overall, the research conducted to assess the effectiveness of CASA is positive and promising. Having a CASA volunteer assigned to a case may contribute to fewer placements, a shorter time in out of home care, an increased chance of positive outcomes such as permanency, family reunification and adoption if necessary, and also more services. While encouraging conclusions can be drawn from the data discussed, these studies are often limited because they do not have the ability, for ethical reasons, to randomly assign cases with similar characteristics to CASA and non-CASA groups. Also, many confounding factors play a role in the direction, intervention and outcome of abuse and neglect cases. It would be naïve to think that any program could definitively determine the course of a child's life. Additional experimental research is needed and appropriate record keeping by CASA programs and volunteers is vital for this purpose. This suggestion is not without its critics who charge that an organization based on volunteering and intimate connection should not be bogged down by paperwork. This argument is valid and highlights the many challenges involved in researching CASA nationally and locally. In terms of evaluating CASA's importance to the system and the program's benefits to children, research on measurable performance is not sufficient. One

⁸⁴ Evaluation of CASA Representation, 12-50.

must also consider the cost effectiveness of CASA's organizational model, judge's perspectives and the personal relationships volunteers offer to children.

d) Cost Effectiveness

The cost of providing a governmental safety net for children is immense and continues to increase each fiscal year. In 2002, 22.2 billion federal, state and local dollars were spent on child welfare services.⁸⁵ The psychological effects of abuse and neglect haunt children throughout their formative years and into adulthood. The personal and societal costs of this tragedy can never be quantified in its entirety. However, a report authored in 2001 by Prevent Child Abuse of America attempts to measure the national economic costs associated with child abuse each year.

Direct Costs:

Hospitalization	\$6,205,395,000
Chronic Health Problems	\$2,987,957,400
Mental Health Care System	\$425,110,400
Child Welfare System	\$14,400,000,000
Law Enforcement	\$24,709,800
Judicial System	\$341,174,703
Total Direct Costs	\$24,384,247,302

86

⁸⁵ Cynthia Andrews Scarcella, Roseana Bess, Erica H. Zielewski, Lindsay Warner, and Rob Green, "The Cost of Protecting Vulnerable Children" 2004 [report online]; available from www.urban.org/url.cfm?ID=411115; Internet; accessed 12 September 2006.

⁸⁶ Prevent Child Abuse America, *Total Estimated Cost of Child Abuse and Neglect in the United States* (2001) [online report]; available from http://www.preventchildabuse.org/documents/index/cost_analysis.pdf; Internet; accessed 10 October

These numbers provide a staggering assessment of tax dollars invested in protecting and treating abuse and neglect. Working from this perspective, it is imperative to come up with cost effective solutions to the problems associated with abuse and neglect. As demonstrated previously, children with CASAs have a higher probability of receiving more services. While these services come at a cost, volunteer advocates are highly involved in their cases and, therefore, are likely to recommend necessary services. This notion suggests that when CASA is involved service dollars can be utilized with increased efficiency.⁸⁷ Having a CASA volunteer appointed has shown to reduce the amount of time spent in foster care. In 2003, the total cost of foster care services for 520,000 children was estimated at over \$14 billion.⁸⁸ Children spent 17.6 (median) months, on average, in foster care. According to projections made by CASA National using statistics from the Department of Health and Human Services, if the median number of months could be reduced by just one then the savings would amount to \$1.2 billion.⁸⁹ In 2004, CASA volunteers engaged in advocacy activities that would amount to \$225 million dollars if paid hourly for their services.⁹⁰ The cost of running CASA programs is relatively cheap and their funding comes predominantly from the private sector. Given the limited resources available, high case loads of social workers and the overwhelming cost of providing services, the expansion of volunteer based CASA programs to serve abuse and neglected children is clearly a viable cost effective option.

2006. See entire report for justification of each estimate.

⁸⁷ National CASA, *National Court Appointed Special Advocate Association National Statistics 2006* [online report]; available from http://www.casanet.org/download/ncasa_publications/0603_statistics_sheet_0021.pdf; accessed 12 October 2006, 3-4.

⁸⁸ National Court Appointed Special Advocate Association National Statistics 2006, 4.

⁸⁹ National Court Appointed Special Advocate Association National Statistics 2006, 4.

⁹⁰ National Court Appointed Special Advocate Association National Statistics 2006, 4.

III. Personal Experiences

a) Case Study: Myra, Carlos and Liliana

I have been volunteering with CASA for a little over a year. Through my experiences I have learned a lot about troubled families, the juvenile court system and children's advocacy. My first case assignment was with an adorable and headstrong four-year-old girl and her younger siblings ages two and one. The kids had been removed from their mother's care due to severe neglect. She was a drug addict suffering from bipolar disorder and had admitted to leaving the kids alone throughout several evenings. She had trouble handling the necessities of childcare and confessed to having visions of hurting her children. The younger kids, Carlos and Liliana, had been living with their father since they were very young. When I received my case assignment, CPS had just recently removed the four-year-old, Myra, and placed her in her grandmother's home. I was told to focus most of my energy on Myra due to the temporary status of her placement. Still, I was also instructed to visit the other kids periodically in order to make recommendations on their behalf to the court.

The first time I met all the parties involved, I was nervous and unsure of myself. As the case progressed and I began to get to know the kids and their caretakers, I felt more confident in my role as an advocate, particularly when I saw how my involvement was helpful- benefiting the kids and contributing to the progression of the case. I saw Myra every other week, and we quickly became close. I would take her around town on activities such as the park, movies or McDonald's. She shared a lot with me about her life and made numerous references to her previous home life and the happiness and safety she

felt at her current residence. I spent time at the house and got to know her grandmother. The fact that she was having difficulty breaking ties with her daughter became obvious. CPS had clear rules that Myra and her mother were not to have any contact unsupervised by them. Despite this instruction, there had been a few instances in which the grandmother had allowed unauthorized contact to occur between Myra and her mother. CPS suspected that the mother was living in the grandmother's home.

Right before the second status hearing, CPS made it clear that they would recommend that Myra be placed in foster care. I was aware of the unsupervised visits and spoke with the grandmother at length about these violations and the necessity of following the CPS guidelines. The grandmother expressed remorse, and her subsequent actions and verbal promises assured me that her paramount concern was for the safety and security of Myra. I was a hundred percent certain that the mother was not living at the grandmother's house. My frequent visits and understanding of Myra's attachment to her grandmother made me question the CPS recommendation. I did not believe the situation at the grandmother's house warranted the removal of Myra from her family, and I did not want to see her endure any unnecessary trauma. I spoke with Myra's therapist and attorney, and they both agreed that it was best for Maya to stay with her grandmother. I made this recommendation to the court at the hearing, and she was ordered to remain in her grandmother's custody until the trial. Before the trial a mediation was scheduled and CPS changed their position. All parties were now in agreement that Myra should stay with her grandmother. The case was closed several months prior to the year deadline imposed by federal guidelines.

In working this case as a CASA, I established a strong bond with Myra and felt that my consistent and friendly interaction with her offered support during a difficult period in her life. Of course, I did not fix all her problems or fill the void caused by the absence of her mother. Myra was going to struggle with hardship throughout her childhood no matter what anyone did. Still, I was her friend and provided her with individual attention while observing her home life and assessing her situation. I advocated to the court what I believed was best based on my perceptions, concern and fondness for Myra. As a CASA, I believe I played an important role in preventing Myra from living in foster care and resolving the case in under a year.

Myra's siblings, Liliana and Carlos, remained in their home with their father. It had been agreed from the beginning of the case that this outcome was likely and preferable. I visited the younger children and their father about once every month. The father was unemployed and spent the days at home caring for the kids. I would bring them clothes and toys I collected with the help of CASA. I read the kids stories and took them outside to play. Their father was about the same age as I, and we would discuss our lives, his circumstances, goals and challenges he faced. I provided him with information concerning services and resources for the kids. He claimed that he could not get a job because he would never be able to afford daycare for his kids. Working together, the CPS caseworker and I were able to guarantee he would receive state assistance with childcare upon securing employment.

Although my involvement with the younger kids was not as significant as with Myra, I advocated for their permanent placement with their father. He was a good man who loved his children. As a young single parent raising little children, he faced

numerous obstacles. He was glad to receive services and welcomed additional help afforded to him by CPS and CASA. After several months the father reached a point where he felt he should no longer have to be involved with CPS monitoring. I had observed his interaction with his kids and supported this decision. I recommended to the court that he should receive permanent custody, which he eventually did.

b) Case Study: Madison

My current CASA case is with a lively teenager, Madison. Her case is unique because she called CPS several times and requested to be placed in a foster home. Madison explained that she fought with her stepfather excessively and that these arguments often escalated into violence. She had proof of marks and bruises. She claimed that both her mother and stepfather drank too much and used drugs. She had been removed from their care before due to allegations of abuse and neglect and wanted to return to her previous foster home. After several visits by CPS to the home and Madison's school, she was placed in her old foster home. I was the second CASA assigned to the case. The first had left the position due to personal reasons, but she had succeeded in petitioning the caseworker to change Madison's risk assessment due to observations of depression and self-mutilation. Madison was assigned a higher number which qualified her to receive weekly therapy. Madison had two younger siblings. CPS chose to let them remain under their parents' care with monthly monitoring. The parents were ordered to complete a service plan. Again, I was told to focus most of my attention on Madison, but also to keep on the look out for any clues regarding the safety and well-being of the younger kids.

Our first meeting revealed Madison's lengthy history with CASA and CPS. She was not welcoming to the prospect of having another stranger in her life and my questions were met with indifference. I realized what a challenge this case was going to present. As time and visits passed I got to know Madison. Her personality and tastes were similar to mine at her age, and these similarities allowed us to bond. She began to confide in me regularly and we openly discussed her options, past experiences, feelings and future goals. Madison did not want to return home under any circumstances and felt that if she did, her life would go nowhere.

After a month, Madison was contacted by her biological father. He had not been in her life since she was a baby. He got permission to speak to her from CPS, and they began to talk weekly on the phone. At the time, he was living in Florida with a fiancée and young daughter. He appeared to want to remedy the past and build a relationship with Madison. I contacted him and we spoke at length about his intentions. He wanted Madison to come live with him and expressed a willingness to do whatever it took to gain custody of his daughter. He called the caseworker often to express this desire. Madison was excited to get to know her father and welcomed the idea that he might prove to be her primary caretaker if all went well. The reemergence of Madison's father provided a further layer of complexity to this case; as well as a hope that he could give her a stable and loving permanent home. In order for this to occur, more information about the father was needed. According to CPS protocol, a home study on the father was needed, as well as, a service plan designated by the state of Florida. This guideline was much easier to require than to accomplish. It seemed as though it was difficult to get CPS in Florida to

work with CPS in Texas, and the whole thing could take six months before the father was visited or contacted by any agency in Florida.

Madison and her father had already begun to develop a relationship and both were eager to get the process moving along, so that she might visit him and possibly relocate to Florida at some point in the future. I did not feel that Madison should have to wait in foster care because of bureaucratic hurdles. With the help of my supervisor, I arranged for CASA in Florida to go out to visit Madison's father and his family. We would conduct a mini-home-study in order to get a feel for the man and his long term commitment to his daughter. I developed a list of questions and the CASA Florida visited the home, took picture and interviewed the father and his fiancée. Everything seemed to check out and he appeared to be sincere in his intentions. In situations such as these, it is not unheard of for a court to rule that a child be placed with a relative in another state even if a complete CPS home study has yet to occur. This was done only if the child and the court felt comfortable with the relative.

The second status hearing was approaching quickly, and I was not quite ready to go so far as to recommend Madison to be placed with her father. I asked Madison what she wanted and she agreed that more time would be preferable to get to know her dad and visit with him face-to-face. Madison wanted the opportunity to speak with the judge at the hearing and show him/her the pros and cons list she had created comparing and contrasting her three placement options: mom's house, dad's house or foster care. I told her that I was recommending that she remain in foster care for the time being, that family counseling be ordered for her and her mother, that regular sibling visits be ordered and that she be allowed visitation with her dad if he came to Texas. She was fine with all this.

On the day of court Madison asked that I go with her into the Judge's chamber to help her express herself to the Judge. CASA and CPS were in agreement with all recommendations and each was accepted with slight modifications.

Currently, Madison is still in foster care. Her father has moved to Texas so that he might be able to obtain custody of without her without additional obstacles or major disruptions in her life. I helped arrange and was present at their first meeting in Texas. Madison's father had been in Texas a week and still could not get a hold of the CPS caseworker who has to juggle thirty plus cases. He contacted me and I called the caseworker's supervisor and obtained permission to facilitate a visit between Madison and her dad. It was a touching event and I was glad to take part. Madison now has weekly visitations with her father. The next hearing is in late December. Madison wants to live with her father and based on my observations and continued communication with both, this is what I will recommend. It is possible that CPS will want to wait until the deadline in March before they feel it appropriate to take her out of foster care. I do not think it necessary to have Madison spend a full year in foster care if a permanent home is ready and waiting. Hopefully, the court will find that a December move is preferable to March given that she will have to change schools.

Recently, Madison disclosed that she had seen her sister and her sister had reported that their stepfather was drinking again. Madison also observed that her sister appeared skinny and complained that their mother never bought food. I told Madison that I would relay this information to CPS. Presently, a new investigation is occurring and it is very likely the other children will be removed. I have not spent as much time with the other children as I have with Madison, although I visit their home and keep in contact

with the parents. My attempts at recent visits have been met with excuses and schedule conflicts on behalf of the parents. With my upcoming recommendation for these children, I will follow the lead and information gathered by CPS whose role is to actually investigate allegations of abuse and neglect.

This case demonstrates that the activities of a CASA advocate cannot always be directly measured or taken into account. While the first CASA can be credited for helping access additional services, my most meaningful contributions have been working with Madison on a personal level and helping her father and her establish a relationship. It is my intention to see that Madison leaves foster care in the shortest time as possible and appropriate. A lot of my work on this case, and the other, has been in conjunction with the CPS caseworker. This reality shows that CASA offers viable and necessary support to CPS. While they do not always agree, both are working towards a common goal.

Conclusion

Throughout history to present day, Children's advocacy has undergone a steady process of evolution. While the focus, design, administration and efforts of child advocates have changed over time, the larger goal of protecting vulnerable children and helping them secure the best opportunities available has remained a central mission. In the realm of modern children's advocacy, CASA is a key player in providing case advocacy for maltreated children. CASA is unmatched by any private organization in terms of size, organizational model and focus on individual children. CASA is here to stay and this paper has presented research and case studies documenting the importance and promise of the program. Judges routinely request that children in their jurisdiction be

appointed a CASA and complain that there are not enough available.⁹¹ CASA should be expanded in the next few years through active community recruitment programs and additional federal and private funding. Also, college students interested in public service, particularly law or social work, should be given opportunities to serve as CASA volunteers through credit internships. In this way, students gain real world experience and training while children receive caring and committed advocates.

In order to justify an expansion of CASA programs, continued research on their efforts and effectiveness needs to be conducted, particularly long-term empirical random assignment studies. While this is hard to do, it can be accomplished by comparing CASA to no CASA cases in communities already short on volunteers. Volunteers should be given more incentive for keeping adequate records of their activities performed as CASA workers. Better records of the time and energy given by the volunteers and stored in a national database will make research efforts easier and increase the validity of the results. Research is important because it gives legitimacy to the CASA movement; however, it must be remembered that a volunteer offering support, compassion and guidance to a child offers more than can be adequately measured. Experience of CASA volunteer and the children they serve should be expressed qualitatively and could be used to help recruit more volunteers to their cause.

In order for CASAs to succeed in their mission of helping abused and neglected children find safe, stable and permanent homes, there must be continued collaboration with social workers. This cooperation is difficult because CASAs are often seen as

⁹¹ National Court Appointed Special Advocate Association, *Evaluation of Court Appointed Advocates/Guardian ad Litem Volunteer Impact-Judicial Survey* (Organizational Research: 2005), Executive Summary.

adversaries of social workers allowed to critique and at times undermine their decisions in court. Nevertheless, CASAs and social workers have the same goals and CASAs can clearly help caseworkers visit children, monitor services, facilitate child and family interaction, and investigate home environments. Social workers can support CASA programs by beginning such programs in communities that lack the expertise to start their own. Social workers can lend their professional skills to CASA training programs, oversight committees and volunteer recruitment efforts.

Expansion of CASA programs will not fix all the complex issues facing children who suffer from abuse and neglect and become involved in the child welfare system. However, CASA programs have showed commitment to these children for the past three decades and their work has made a difference in the treatment and outcomes of children caught up in the system. CASA volunteers have also impacted the lives of the individual children they serve on a personal level. In the future, the efforts and influence of CASA volunteers can only get better as CASA programs grow and improve in the practice of promoting the best interests of children.