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Permanency Outcomes in Child Welfare Cases: How Parent and Caregiver Factors are Associated with Dependency Case Outcomes and Duration

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UNIVERSITY OF CALIFORNIA,  
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Permanency Outcomes in Child Welfare Cases: How Parent and Caregiver Factors are  
Associated with Dependency Case Outcomes and Duration

DISSERTATION

submitted in partial satisfaction of the requirements  
for the degree of

DOCTOR OF PHILOSOPHY

in Psychology and Social Behavior

by

Amy Castro

Dissertation Committee:  
Professor Jodi Quas, Chair  
Professor Elizabeth Cauffman  
Professor Nicholas Scurich

2021



## **DEDICATION**

To

All of the underprivileged children and families who face insurmountable odds. My life's work will be to promote advancement and opportunity for you.

Also, in recognition of Marta Ávila, my beloved grandmother. Mima, mí querida abuela, te llevo en mi alma y te recuerdo todos los días. Mis triunfos siempre serán en tu honor por el amor y apoyo que me diste durante tu vida. Fue mi orgullo ser tu nieta y sé que estarás muy feliz al verme recibir el grado de Doctora.

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## CURRICULUM VITAE

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### Education

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- Summer Research Fellowship, UC Consortium on Social Science and Law.** Summer 2017  
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## **ABSTRACT OF THE DISSERTATION**

Permanency Outcomes in Child Welfare Cases: How Parent and Caregiver Factors are  
Associated with Dependency Case Outcomes and Duration

by

Amy Castro

Doctor of Philosophy in Psychology and Social Behavior

University of California, Irvine, 2021

Professor Jodi Quas, Chair

A wealth of past research has documented the experiences and outcomes following social service and dependency case involvement in maltreated children. However, the experiences of parents and caregivers, two key contributors to dependency cases, are equally important. The current study systematically examines how parent and caregiver factors predict the placement outcomes (family reunification, termination of parents' legal rights to their children, "pending/ongoing" cases), and duration of dependency cases for children removed from their parents' custody due to substantiated abuse or neglect. Potential predictors were identified according to theory, multidisciplinary work, and legal guidelines concerning social service interventions for maltreated children.

Secondary data analyses were conducted on a sample from the National Survey of Child and Adolescent Well-Being II (NSCAW II), which evaluated the functioning, characteristics, outcomes, services, and case details of families involved in dependency cases. One thousand six hundred eighty-four maltreated children removed from their parents' custody comprised the final sample. The children's cases were coded for parent predictors (type of substantiated abuse

involved in the case, financial hardship, substance abuse history), caregiver predictors (kinship to child, desire to raise child, perceived support from the caseworker), and other important contributors of interest (e.g., caseworkers' years of experience, child age).

Findings revealed the importance of maltreatment type, parent compliance, caregivers' kinship to child, and caregivers' desire to raise the child in their care as important and robust predictors of case placement outcome. Significant age effects contributed to additional analyses examining predictors of case placement outcome for younger and older children separately. Neglect predicted a decreased likelihood of family reunification and, for younger children, an increased likelihood of termination of parental rights. Parent compliance predicted an increased likelihood of family reunification and a decreased likelihood of both termination of parental rights and having a "pending/ongoing" case. Children being cared for by kin had an increased likelihood of family reunification (only if they were younger children) and a decreased likelihood of termination of parental rights. Caregivers desire to raise the child in their care predicted a decreased likelihood of family reunification and an increased likelihood of termination of parental rights. Case duration was not predicted by parent and caregiver factors. Implications for child welfare focus on encouraging parental compliance through continued caseworker support, when possible, and emphasizing the importance of caregiver characteristics on dependency case outcomes.

## INTRODUCTION

When severe abuse or neglect is reported in the U.S., Child protective services (CPS), along with the dependency court system, respond to preserve the safety and wellbeing of children (Child Welfare Information Gateway, 2016). CPS conducts an investigation if maltreatment is suspected, and, if the allegations are substantiated (i.e., sufficient evidence for maltreatment was found to meet the legal definition of abuse or neglect) and children are determined to be at high risk of harm, CPS will formally file a report to the dependency court and may remove children from their parents' or caregivers' custody. This removal triggers a cascade of legal steps, focused on reducing harm, addressing children's needs, and helping parents improve their behavior/functioning through interventions or, in cases where improvements are not possible/insufficient, the permanent severing of parents' rights over their maltreated children.

To date, an impressive body of work has focused on the experiences and outcomes of children who have been involved in the dependency system and removed from their parents (Beitchman et al., 1992; Chaffin et al., 2001; Gilbert et al., 2009; Landrigan et al., 2006; Putnam, 2003; Ryan & Testa, 2005; Stalker & McArthur, 2012; Zigler et al., 1992). This work has identified predictors of specific case outcomes, which range from reunification, though at times only temporarily, to termination. Reunification is when parents regain custody (physical and legal), initially to varying degrees, but eventually in totality of their child again. Reunification is generally preferred as an outcome, when possible, but a number of factors contribute to it as a goal during the dependency process. The type/severity of maltreatment, if children benefit from reunification, and parents' interest in preserving their family (e.g., has not willfully abandoned

their children), along with parent's compliance on their case plan/progress, which includes their mandated rehabilitative services, will all influence whether reunification is a feasible outcome for families (Adoption and Safe Families Act, 1997).

One of the other potential outcomes, termination of parental rights, refers to the legal severing of parents' rights over their child. This outcome eliminates parents' custody over their child and any legal decisions they would normally make over the child's education, medical care, etc. Once children are terminated from their parents, efforts are made to place children in a permanent alternative placement, such as with a caregiver (e.g., foster parent) or other adult, ideally who elects to adopt the child. Yet, some cases do not reach a conclusion where family reunification or termination could be decided, leading to a third type of outcome. Children sometimes remain in out-of-home (OOH) placement (e.g., foster family, group home etc.) or are placed with parents but the case remains open, given the ongoing needs or necessity of monitoring the child, parents, or family. These "pending/ongoing" case situations can sometimes last years, at times until children age out of the dependency system (turn 18 during their dependency case) or until a final decision can be made by the court, after considerable delay and departure from dependency guidelines. Of course, before these ultimate outcomes occur, multiple interim hearings, decisions, and changes occur in the lives of children and families as a result of the dependency case and CPS recommendations.

Because dependency court is ultimately concerned with the best interest of the child, it is critically important to document children's experiences in the dependency system and how those experiences relate to the different types of outcomes. However, it is equally important to evaluate behaviors and experiences of the other individuals directly involved in the case, most notably parents and caregivers. When children are removed, parents are legally mandated by the court to



engage in services aimed at improving the family issues that negatively impacted their child's wellbeing, such substance abuse treatment, domestic violence program, or other programs (Child Welfare Information Gateway, 2018). Thus, parents' behaviors and compliance are critical to consider. At the same time parents focus on their rehabilitation, children are in the care of a court approved caregiver who is responsible for them, ensuring they are also receiving required treatment/service, are maintaining an education, and provided other necessary supports (National Conference of State Legislatures, 2019). Thus, how caregivers feel and behave may also shape outcomes.

Far less attention has been directed toward parents and caregivers, despite their key contribution to dependency cases. The current study provides this direction by providing much needed new information about how parents and caregivers may impact the duration and outcomes of the cases. Findings will inform practice of possible interventions to improve dependency proceedings and outcomes for children and their families.

This study has two primary goals:

- 1) *Assess the direct and interactive links between characteristics of parents and caregivers and outcomes of dependency cases, including both placement outcomes for children (family reunification, termination of parental rights, case outcome still "pending/ongoing") and case duration.*
- 2) *Identify differences between cases that close within the expected time frame, and those that extend beyond the recommended legal guidelines for case completion.*

Goals were addressed by analyzing data collected as part of a nationally representative longitudinal project on maltreated children, their families, and associated child welfare professionals. The present study examined the outcomes, experiences, and characteristics of

cases formally referred to the dependency system that included the removal of children from their parents' custody. Before the study is described, relevant research is reviewed, including that which focused on identifying parent and caregiver factors of theoretical and practical importance to the progression and outcome of dependency cases.

## **LITERATURE REVIEW**

The literature review is divided into three general parts. Relevant research concerning parent characteristics will first be described, followed by a review of caregiver characteristics. Characteristics of these individuals are not only critical to case outcome, but they have received less attention than child-related factors even though understanding parent and caregiver characteristics could provide novel insight into new directions for interventions. Because characteristics of children and case context are also important for case outcomes, they are described third.

### **Characteristics of Parents Involved in Dependency Cases**

Parents are arguably the most important contributors, in terms of their actual behavior or perhaps more aptly their behavioral change, to the outcome of the case. That is, parents' decisions and behaviors led to the dependency case in the first place and need to be modified in order for reunification to occur (Child Welfare Information Gateway, 2018). Parents' rehabilitative efforts, compliance, and engagement, which are themselves shaped by other characteristics in parents, must all be considered, even though only a small amount of empirical research on dependency case outcomes has systematically evaluated any such factors. Nonetheless this work highlights the significance of parental compliance, along with financial

hardship, substance abuse, and even the type of maltreatment committed by the parent, all of which, directly and at times interactively, appears to affect the progression and outcome of the case.

### ***Maltreatment Type***

First, as might be expected, case duration and reunification likelihood are often related to the types of maltreatment parents commit. Child sexual abuse, generally defined as any completed/attempted/noncompleted sexual act, sexual contact with, or exploitation (i.e., noncontact sexual interaction) of a child by a caregiver (Leeb et al., 2008), is associated with the longest time to reunification, reduced likelihood of reunification, and increased likelihood of parental termination (Connell et al., 2006; Courtney, 1994) relative to other forms of maltreatment (Connell et al., 2006; Terling, 1999; Jones, 1998).

However, reunification rates for other forms of maltreatment are mixed. Some studies find that neglect, defined as the failure by a caregiver to meet a child's basic physical, emotional, medical/dental, or educational needs (Leeb et al., 2008), is associated with the shortest delays to reunification and greater likelihood of reunification (Choi & Ryan, 2007; Courtney, 1994; Eamon & Kopels, 2004; Hines et al., 2007), while other studies report the opposite: cases involving neglect are likely to experience longer delays to reunification and less likely to achieve reunification overall (Biehal et al., 2015; Davis et al., 1996; Dawson & Berry, 2002; Wells & Guo, 1999, 2003). The latter seems to be particularly true when cases involving neglect are compared to those involving physical abuse, defined as the intentional use of physical force against a child that results in, or has the potential to result in, physical injury (Leeb et al., 2008).

When considering why maltreatment-related variations exist in case outcomes, some scholars have distinguished active and passive maltreating behaviors. Active maltreatment

behaviors, also called acts of commission, contribute to both sexual and physical abuse, as well as more severe forms of neglect (e.g., willfully abandoning child, purposefully failing to care for them) while passive behaviors, referred to as acts of omission, may contribute to general neglect (Courtney & Wong, 1996; Delfabbro et al., 2013; Leeb et al., 2008). Treatment programs, at times, vary as a function of whether the maltreatment involved active or passive behaviors (e.g., abuser intervention programs/parenting programs with domestic violence focus VS job skills training/counseling for a neglectful parent experiencing financial hardship) (Berry et al., 2003; Capacity Building Center for States, 2018). Berry et al. (2003) argued that active behaviors are easier to target and change through intervention, while passive behaviors are more general in nature and hence difficult to rehabilitate, especially within the limited timeframe offered by the courts for a parent to demonstrate competence and progress. Moreover, some passive behaviors, like those that could be due to other structural or parent characteristics (e.g., financial hardship), may not have programs that lead to direct modifications that demonstrate change. In contrast, many courses are designed to specifically target active behaviors that often contributed to poor parenting and physical abuse (e.g., parenting skills, substance abuse, domestic violence courses) (Berry et al., 2003). Because the case plan can be more concrete, parents can be more easily evaluated as successful (or not), potentially affecting the court's decisions about outcomes.

Maltreatment may also influence dependency case outcomes via perception of caseworkers and dependency judges. Such professionals take a host of factors into consideration when determining what is in the best interest of children. Characteristics of parents certainly are included in these factors. Professionals may consider the likelihood of the parents' success versus risk of future harm (Dorsey et al., 2008; Fraidin, 2012). Such evaluations are very difficult, as professionals need to evaluate the broad list of behaviors and varied circumstances

that contribute to maltreatment (Dettlaff et al., 2015; Levenson & Morin, 2006; Stone, 1998). This is especially true for neglect, given that multiple additional risk factors such as poverty and substance abuse may become conflated with neglect and affect professionals' evaluations of parents' behaviors and the case (Font & Maguire-Jack, 2015; Fox, 2004). Given the common links between poverty and neglect, any evaluation of maltreatment and case outcomes needs to consider both concurrently along with other parent characteristics (Famularo et al., 1992; Kaplan et al., 2009; Walsh et al., 2003; Wulczyn, 2009).

### ***Compliance***

To be reunified with children following their removal, parents need to comply with their case plan. These are legally binding proscribed actions that parents must take to resolve behaviors, challenges, and context that placed their children in harm or danger. Case plans include services and requirements such as substance abuse treatment, counseling/therapy, parenting skills classes, attending child visitations, enrolling in vocational programs, and the like. Parents' progress or successful completion of the plan is reported to the courts at times by parents, but often by caseworkers (Child Welfare Information Gateway, 2016). Parent's unable to comply with their case plan are generally viewed by caseworkers as lacking the willingness or motivation to improve themselves/their family conditions for their children, influencing their reports to the court (Smith, 2008). When parents demonstrate a lack of compliance, the placement outcome usually favored by the court is that of termination of parental rights (Brank et al., 2001). Lack of compliance can expedite the permanency hearing of families, shortening case duration (Child Welfare Information Gateway, 2018). However, because the dependency system needs time to ensure that reasonable efforts were made to engage the family in their case plan, and that the permanent severing of parental rights is in the best interest of children (Child

Welfare Information Gateway, 2020), insufficient progress may be more likely to lead to cases with longer duration. Thus, when considering ultimate case outcomes, and shorter duration, parent compliance is likely central. Yet, compliance is not an isolated characteristic. Other characteristics of parents and their environment likely affect the extent to which parents can comply with the court order. As such, it is important to consider parental compliance, as evidenced by their case progress, in conjunction with other characteristics, to ascertain how each uniquely relates to outcomes.

### ***Financial Hardship***

One influential characteristic of parents that has been linked to a variety of dependency case indices, from initial involvement to reunification, is that of socio-economic status (Berger & Waldfogel, 2011; Pelton, 2015). An estimated 47% of families involved in the dependency system exhibit financial hardship, defined as having trouble affording or obtaining basic necessities (i.e., food, utilities, rent) with their income (NSCAW, 2005). Financial hardship is associated with longer case durations and diminished likelihood of reunification; however, less work has been conducted exploring why and how this hardship influences these outcomes (Berrick et al., 1994; Connell et al., 2007; Courtney & Wong, 1996).

There are several ways in which having financial hardship may affect experiences with and the decisions rendered by the courts. First, financial hardship may impact parents' behavior while with or toward the children, such as discipline styles, where parents live or their source of income, some of which could trigger the involvement of child protective services and the start of dependency cases in the first place. Parents facing financial hardship rely more heavily on less effective parenting strategies, such as ascribing to an authoritarian style and using corporal punishment, and have lower levels of parental locus of control, than parents with higher income

(Hilton & Desrochers, 2000; McLoyd & Smith, 2002; Paxson & Waldfogel, 2002; Smith et al., 2001). Having insufficient income to raise a family may also contribute to increased stress and fewer resources among parents, which can contribute to less warm and more hostile parenting, which may lead to maltreatment (Bradley et al., 2001). Material deficits, as well, increase health and safety hazards that are associated with child endangerment and neglect (Levine & Chase-Lansdale, 2000; Liu & Merritt 2018; Nepl et al., 2016; Pelton, 1994, 2015; Sedlak et al., 2010; Taylor et al., 2017). Despite the documented links among poverty, child endangerment, and neglect, poverty in and of itself does not necessarily mean neglect and does not warrant the removal of children from their parents' care (Pine et al., 2014). As such, it is especially important to examine financial hardship in conjunction with type of maltreatment, to ascertain how each relates to case duration and outcomes (Merritt, 2020).

Second, poverty may also indirectly affect case outcome by influencing parents' compliance once children are removed. Parents who experience financial hardship likely have more challenges than parents who do not have such hardship to overcome simply to comply with their case plan (Eamon & Kopels, 2004; Feely et al., 2020; Noonan & Burke, 2005). For example, financial hardship likely results when parents lose jobs, due to layoffs or changing markets. Yet, parents may be asked to demonstrate proof of employment or vocational training as a part of their case plan. (e.g., child visitations, counseling, substance abuse treatment classes). Also, financial hardship may include relying on public transportation (Freisthler, 2013) to attend classes or visitations, but parents are then subject to schedules which may or may not be compatible with their work, or unanticipated delays that affect such attendance (D'Andrade & Chambers, 2012; Wulczyn, Chen, & Courtney, 2011). It may be challenging for parents to be assigned to necessary services when in poverty, as necessary services can easily become

burdensome and counterproductive to the goals of the dependency court for involved families (Louis-Jacques, 2020). In these situations, financial hardship may ultimately affect the outcome of the case but do so by affecting compliant-relevant behaviors in parents.

Third, financial hardship may predict outcomes by indirectly shaping perceptions of caseworkers and judges, who provide reports and make ultimate decisions in cases (Pimentel, 2019). Assessing family risk is a difficult process, requiring complex decisions to be made on incomplete information, competing goals, and the heavy consequences of decisions for children, parents, and families (Hughes & Rycusa, 2006). Professionals are likely aware of the common links between poverty and maltreatment and the risks that poverty may pose to children (Connell et al., 2007; Enosh & Bayer-Topilsky, 2015), whether they are aware of the problems of incorrectly conflating the two or not. Such knowledge and perceptions certainly could contribute to caseworker and judicial decision-making in ways that reduce the likelihood of decisions to reunify when parents' financial hardship is high.

### ***Substance Abuse History***

Another characteristic of parents that likely shapes dependency case outcomes and progression is substance abuse. This distinct and unique contributor to case outcome and duration has been linked to early entry into foster care for children (Frame, 2002), who subsequently stay in foster care for prolonged periods of time (Walker et al., 1991). When parental substance abuse is present rather than not, children are also less likely to be reunified and more likely to have their parents' rights terminated (Benedict & White, 1991; Choi et al., 2012; Connell et al., 2007; Glisson et al., 2000; Goerge, 1990; Lawder et al., 1986; Meyer et al., 2010; Walker et al., 1991).



There are a number of reasons for why substance abuse may influence the decisions made by the dependency court. First, substance abuse makes children's environment riskier. Children may be exposed to drugs themselves or at the very least to parents who cannot adequately attend to their child's needs, increasing the risk of injury or harm (Coohey, 2003; Ruiz-Casares et al., 2012). Second, parent substance abuse affects the treatments required in the case plans (Green et al., 2007, 2008). Treatment programs are demanding in time and effort, and failure, especially the first few times, is not uncommon (Choi & Ryan, 2006; Green et al., 2007). Such makes it difficult for parents to be successful, but also to have sufficient time for work and other mandated services or visitations (D'Andrade & Chambers, 2012; Osterling & Austin, 2008).

Third, and related is the time required for successful treatment. Substance abuse alone is incredibly difficult to manage and overcome, even when not facing the additional stressors and demands parents involved in the dependency system face. Some examples of this among dependency involved parents reveal this difficulty: Oliveros and Kaufman (2011) note that only small numbers of parents successfully complete their substance abuse treatment programs (estimated at 13%) despite sizeable numbers (60-70%) of parents being mandated to attend substance abuse treatment. For parents to be successful, a collaborative approach among caseworkers, clinicians, and other health providers is needed (Glisson et al., 2000), which demands both time and resources. Yet, the time needed may run in contrast to time limits often in place for other aspects of the child and parents, including dependency case, that affect caseworker and court decisions. These include the Adoption and Safe Families Act of 1997, the treatment-specific time limits for when substance abusing parents should be drug-free, time limits associated with welfare benefits given to families in need, and time limits set by typical child development, which demonstrate the detrimental effects on children separated from their

children for long periods of time. Courts attempt to complete cases in shorter rather than longer durations, recognizing the need for stability in children's lives. Lengthy treatments and repeated attempts on the part of parents could simply be too long for the court to wait, leading instead to decisions to terminate (Brook et al., 2010; Green et al., 2007).

Fourth and finally, caseworkers and judges are likely aware of the challenges and poor success rates among parents when substance abuse is causally linked to maltreatment. Moreover, case plans for such parents are likely complicated, and it is unknown how many child welfare professionals have the necessary education and understanding to create adequate case plans with sufficient supports or to interpret non-compliance due to substance abuse (Karatekin et al., 2014). Professionals' awareness, coupled with a lack of adequate knowledge about what to do, could affect case decisions in ways that lead to faster outcomes, but likely those that involve termination rather than reunification.

### **Characteristics of Caregivers Involved in Dependency Cases**

When the courts make a determination that it is unsafe for children to remain in the home with parents, children are placed with guardians who provide temporary care. These may be either kin or non-kin foster parents or residential staff who provide for the child's basic needs (Foster Care Independence Act, 1999). Although infrequently examined in a comprehensive manner in relation to case outcome, these guardians, or hence referred to as caregivers, may also shape the progression of and ultimate outcome in the case.

#### ***Relationship with Child***

The caregiver's relationship to the child, most often as either kin (biologically related) or not, has also been linked to case outcomes and duration, often in slightly varying ways. On the one hand, children placed in non-kin foster care typically have shorter cases than children placed

with kin (Benedict & White, 1991; Goerge, 1990; Kortenkamp et al., 2004; Smith, 2003; Wulczyn & Goerge, 1992). On the other hand, however, children placed with kin also have a higher likelihood of reunifying with parents, (Berrick et al., 1994; D'Andrade, 2009; Font, 2015; Koh, 2010). Some research shows that when kinship and additional demographic characteristics of the caregiver (e.g., income) are considered, the magnitude of these kinship effects diminish, highlighting the need to evaluate kinship but also important caregiver characteristics (Zinn, 2009). These patterns are complicated even further when considering specific sub-populations of foster children, such as those who are younger, Black, or have disabilities (Bell & Romano, 2015; Hayward & DePanfilis, 2007). These subpopulations do not seem to benefit in terms of reunification when placed with kin, but instead, they at times show no benefits or even the opposite-increased likelihood of termination when placed with kin as opposed to foster caregivers.

One potential explanation for the possible differential influence of kin placement stems from legal guidelines dictating the timeframe within which to resolve of dependency cases. The mandated length of cases for children placed with kin, under some circumstances, is longer than that in cases for children placed in non-kin settings. For example, federal mandates state that, when children have been in foster care for 15 of the most recent 22 months, the court can begin proceedings to terminate parental rights (Child Welfare Gateway, 2016). However, if children are in the care of kin, guidelines may vary, and the courts may not need to move toward termination. That is, although long-term involvement in the foster care system is (correctly) perceived of being linked to negative outcomes for children (Bellamy, 2008; Strijker et al., 2008; Sullivan & van Zyl, 2008), this perception often diverges when children are in the care of their relatives. The harms of long-term care are believed to be less (Pabustan-Claar, 2007).

Kin and non-kin may also view their role in dependency cases. Kin caregivers are often more encouraging of children to maintain a relationship with their parents than non-relative caregivers (Le Prohn, 1994). Such might be due to more negative attitudes held towards parents by non-kin caregivers (Sanchirico & Jablonka, 2000) or the kin caregivers' stronger connection to and history with the parents. Kin caregivers are likely to see themselves as fulfilling more roles for maltreated children, including facilitators to the parents/birth family, assistants in children's socio-emotional development, agency partners, and substitute parents (Le Prohn, 1994). Non-kin caregivers do think these roles are important, but to a lesser magnitude than kin caregivers (Le Prohn, 1994). Finally, Linares et al. (2010) reported that kin are better at communicating with parents and place a greater emphasis on maintaining parent/sibling/family relationships with children (Farmer & Moyers, 2008). All of this, in combination, is likely to help keep parents involved, possibly prolonging the case, relative to how long it might have taken otherwise.

Yet, regardless of whether caregivers are biologically related to a child or not, their attitudes about fostering the child, or perhaps their feelings regarding why taking on the responsibility of fostering child, may also affect the case progression and outcome. Caregivers may feel an obligation to help because they are related to the children, wish to adopt or give back to children, or be altruistic or have financial need that drives their decisions, all reasons that are not exclusive to one another (Edelstein et al., 2002; Rhodes et al., 2006; Testa & Slack, 2002). Such reasons, however, may factor into caregivers' level of investment or involvement with a child (e.g., attempts to gain full guardianship/adoptive status), which in turn could affect the court's decisions about case outcome, for instance, termination, under the assumption that caregivers are committed to a particular child (Brown & Campbell, 2007; Chateaufneuf et al.,

2018). Stated another way, when caregivers express interest in raising the child in their current care after having taken on a parental role for a significant duration of time, the courts may be more inclined to allow those caregivers to become permanent guardians, either by terminating the parents' rights or moving the child into long-term placement in lieu of extending repeated opportunities when parents have not been allowed to reunify (Brown, 2008).

Caregivers' views and experiences, however, are rarely directly communicated to the courts. Instead, caregivers work most closely with caseworkers, who ultimately provide feedback to help the courts make a decision. For example, caregivers report on children's progress to caseworkers and may request additional resources from the caseworkers to address a child's specific needs (DePanfilis, 2018; Sanchirico et al., 1998). The success of these requests, though, requires positive interactions and a positive relationship between caregivers and caseworkers (Chipungu & Bent-Goodley, 2004; Evans et al., 2004; Massinga & Pecora, 2004; Monck et al., 2004). Of note, and somewhat different from high levels of caregivers' feelings of investment in a child, which leads to reduced likelihood of reunification, high levels of caregivers' feelings of support from caseworkers leads to reduced likelihood of termination and to shorter cases (Redding et al., 2000). For example, Katz, Lalayants, and Phillips (2018) discovered that children were more likely to be reunified with families in a timely manner if caseworkers offered respite care to their caregivers and if caregivers regularly spoke to caseworkers. These findings may emerge because supported caregivers are assisted in navigating their role as temporary caretakers of children, and encouraged to facilitate children's relationship with their parents, but also because supported caregivers feel greater satisfaction with the placement and are less likely to terminate their guardianship over children, eliminating in the need for another temporary placement arrangement for children (Redding et al., 2000). Agency support/services are often

cited by caregivers as crucial for maintaining their involvement as a temporary placement (Cheng & Lo, 2021).

### **Other Contributors to Dependency Case Outcomes**

In order to understand how behaviors, characteristics, and decisions of parents and caregivers shape case outcomes and progress, it is necessary to take into account, concurrently, characteristics of the case and children, which also influence what happens. Caseworkers, for instance, are critical decision makers in dependency cases from their very first contact with child and family, to the ongoing evaluation of children's well-being and needs, parents' progress, and ultimately what the child's permanency plan (DePanfilis, 2018). They weigh complicated sets of information to render decisions at each of these junctures. And, as their experience with cases increases, their ability to recognize the complexity of cases, needs of parents, and consequences of decisions all grow as well, perhaps leading to more informed decisions that truly capture the best interests of the child. Such knowledge or experience could affect case outcome. Indeed, caseworkers with fewer years of experience may push more quickly to termination of parental rights, while caseworkers with more experience may be more willing to reunify (Fluke et al., 2016).

Characteristics of children that have received considerable attention as predictors of case outcome include their age, race/ethnicity, prior victimization, and behavioral/physical health problems. First, regarding age, cases involving young children are more likely to result in parental termination of rights than cases involving older children and adolescents (Courtney & Wong, 1996; Davidson et al., 2019; Snowden et al., 2008; Zeanah & Larrieu, 1998). A more rapid transition into a stable placement is stressed more heavily for younger children because of their more intensive care needs and the need to establish consistent attachment bonds (Adoption

and Safe Families Act, 1997). Younger children are also more easily and often able to be adopted. In contrast, placement options are often more limited for older children and adolescents, who are more likely to be reunified, less likely to be adopted, and more likely to remain in long term care (Wulczyn, 2004).

Second, turning to race and ethnicity, Black children have long been documented to remain in out of home care for longer periods of time and reunify at lower rates than White children (Connell et al., 2006; Goerge, 1990; Hines et al., 2007; Jones, 1998; Lu et al., 2004; McMurty & Lie, 1992; Romney et al., 2005; Smith, 2003). Similar patterns (i.e., longer cases, with lower reunification rates) have emerged with other children of color, such as Native American and Latinx compared to White children (Courtney et al., 1996; Church, 2006; Garcia, 2009; Wildeman et al., 2020). Some studies suggest that families of color, who are generally more likely to be of lower income compared to White families, may be perceived as making less progress or having more risky homes for children to return to by caseworkers (Knott & Giwa, 2012; Lu et al., 2004; Putnam-Hornstein et al., 2013). Of note, a few studies have found that children of color are more likely to be placed with kin than White children (Grogan-Kaylor, 2000; Keller et al., 2001), highlighting the need to consider both race/ethnicity and type of placement concurrently to determine how each relates to case outcome and duration.

Third, as might be expected, prior case involvement is linked both to greater likelihood of termination, but also to poorer functioning, and greater placement instability, the latter of which further exacerbates behavior problems in children (Gauthier, Fortin, & Jeliu, 2004; Newton et al., 2000; Widom et al., 2012). And fourth, children with behavioral and physical health problems are less likely to be reunified (Fraser et al. 1996; Stith et al., 2009; Taussig et al. 2001; Teare et al. 2001; Wells & Correia, 2010) and more likely to remain in longer-lasting cases. Such children

require additional care and services, making it difficult to identify appropriate long-term or potentially adoptive caregivers, but the courts, in recognizing these children's challenges, may also be reluctant to place the children back in the custody of their parents, whose prior abusive behavior may be a contributing factor to the children's problems (Connell et al., 2007; Glisson et al., 2000; Schmidt-Tieszen & McDonald, 1998; Shannon & Tappan, 2011). Accordingly, both prior dependency case involvement and poor behavioral functioning may impact the outcome of dependency cases, leading to decreased likelihood of termination and reunification and instead extended cases over time.

### **Hypotheses**

Past studies have identified predictors of dependency case outcome and duration centered on the children involved in the case, but fewer studies have evaluated how parents and caregivers, two adults of importance in dependency case decisions, influence case outcomes and duration. In the present study, factors related to these two adults were tested as predictors of final outcomes of dependency cases and the time taken to reach those outcomes. Case outcomes of interest are: (1) Family reunification, when parents regain custody (physical and legal) of their child, (2) Termination of parental rights, when there is a legal severing of rights parents have over their children, (3) "Pending/Ongoing" cases, where a final verdict has yet to be decided after delay longer than standard or typical dependency guidelines, and (4) time to outcome for those cases that had final decisions rendered. Parental factors of interest include the type of maltreatment parents engaged in (e.g., sexual abuse, physical abuse, neglect), presence of financial hardship resulting (i.e., not affording basic needs), and substance abuse. Caregiver factors of interest include relationship type (kin v. non-kin), attitudes towards the child (desire to



raise the child), and perceptions of support from the caseworker. Specific hypotheses were as follows:

1) Parent characteristics

- (a) *Type of maltreatment will be related to outcome. Sexual abuse will be associated with decreased likelihood of family reunification, increased likelihood of termination of parental rights, decreased likelihood of cases being “pending/ongoing”, and shorter case duration relative to other forms of maltreatment. Given study trends suggesting that neglect is associated with a lower likelihood of family reunification and increased likelihood of termination (Berry et al., 2003), such was anticipated in the present study.*
- (b) *Greater compliance will be associated with an increased likelihood of family reunification, decreased likelihood of termination, a decreased likelihood of a “pending/ongoing” case, and cases of shorter duration.*
- (c) *Financial hardship will increase case length, that is, having a “pending/ongoing” case, given that parents have challenges unrelated to the maltreatment or their children that are impeding their progress and possibly leading to poorer evaluations of their capabilities as parents. Such will be especially likely when financial hardship is combined with low levels of parental compliance, given that both are likely to lead to caseworkers’ and the courts’ assumptions that parents do not have the capacity to provide a safe environment for children.*
- (d) *Substance abuse will impact case outcomes by decreasing the likelihood of family reunification, increasing the likelihood of termination of parental rights, increasing*

*the likelihood of cases being “pending/ongoing”, and increasing the duration of dependency cases.*

## *2. Caregivers*

- a) Children in the care of kin will be more likely to be reunified, or have pending cases, relative to termination of parental rights, given that kin may facilitate maintaining connection with parents that ultimately leads to a greater likelihood of reunification. Such may be particularly likely when parents are complying with court orders (and in fact, kin may help facilitate that). Children in the care of kin are likely to have cases of longer duration because of flexibility in legal guidelines concerning case duration when children are in the care of kin.*
- b) Caregivers’ desires for the child (due to their feelings that children should be back with parents or not wanting to keep child) will also affect case outcomes. Caregivers who do not wish to raise the child in their care may have cases with an increased likelihood of reunification, decreased likelihood of termination of parental rights, decreased likelihood of a “pending/ongoing” case, and longer case duration.*
- c) Kinship may predict case outcomes of interest through caregiver’s perceptions of support from the caseworker/service team. Increased values of support will predict higher likelihood of family reunification, lower likelihood of termination, higher likelihood of “pending/ongoing” cases, and cases with a longer duration.*

## **Method**

The present investigation relied on data collected from the National Survey of Child and Adolescent Well-Being II (NSCAW II). This longitudinal survey, the second of two such projects, examined the functioning, characteristics, outcomes, service needs/use, and case details of families involved in the child welfare system (Dowd et al., 2013). These projects spanned from 1997-2014. The NSCAW I sought to explore children's needs while in the dependency system and was one of the first large scale national studies that collected data directly from involved children and families. The NSCAW II largely mirrored the study design of NSCAW I, with fewer waves, but data were collected on a wider range of information from multiple informants, parents, caregivers, caseworkers, and teachers, to gain comprehensive insight into the experiences and outcomes of families involved in dependency cases. Below, details about the NSCAW II data collection approach are provided, followed by information about the current study's methods of extracting and coding data.

### **Overview of NSCAW II**

The NSCAW II database (Restricted Release Version 3.0) contains three waves of data collected on the sample. All child participants were selected using a two-stage sampling procedure. First, 81 primary sampling units from 83 counties were randomly selected from 30 states. Second, in each sampling unit, cases of maltreatment in which children were involved in child protective service investigations within a 15-month period (starting February 2008) were randomly selected to form the final sample. Children one year of age or younger were oversampled, but their ages could range up to 17 years of age at wave 1 (see Ringeisen et al., 2011). Specifically, eligibility included the following: (1) CPS opened investigation, (2) children

younger than 17.5 years of age at the time of the investigation, (3) only one child per household, and (4) children were suspected victims only (no suspected perpetrators were eligible). In total, 5,873 children were included in the final sample, ages 0 years (i.e., birth) to 17.5 years, 49.2% female (Dowd et., 2013; Ringeisen et al., 2011).

Multiple informants were interviewed in each wave of data collection. This included the children themselves (when possible), their current caregiver (e.g., foster parent, group home caretaker), parents (when possible), caseworkers, and teachers. As a reminder, in the current investigation the term “parents” refers to the adults who had custody of the child before the CPS investigation began, and on whom the investigation focused. The term “caregiver” references the adult who cared for children who had been removed from their parents’ care as a result of findings from the CPS investigation.

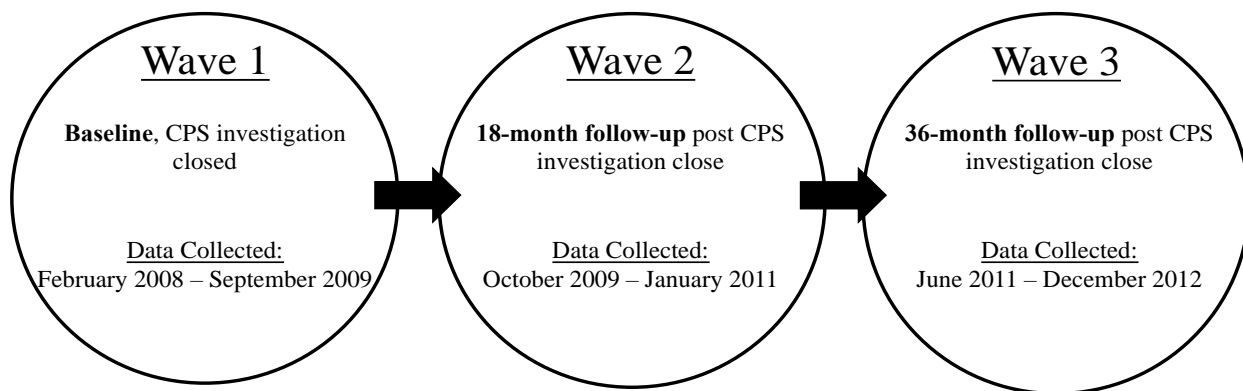
The first wave (W1), or baseline, was conducted once CPS had concluded their initial investigation into the maltreatment allegations. At the conclusion of the investigation, a decision was made by CPS either to “refer” the case for formal processing to the dependency system or not. For non-referred cases, caseworkers may still have mandated or recommended services for the family or conducted ongoing assessments, or caseworkers may have decided that no additional assistance or services were needed. Cases referred to the dependency system were deemed sufficiently serious, warranting formal evaluation or immediate action. In these cases, children were considered at high risk of significant harm or had experienced such harm (DePanfilis, 2018). Based on caseworker input, referred cases may also have resulted in a judge ordering children’s removal from parental custody, although not all referred cases result in such removal. The second wave (W2) was conducted 18 months after CPS concluded their initial investigation (18 months post-referral for dependency cases), and the third and final wave (W3)

was conducted 36 months after CPS concluded the investigation and, when cases were referred, the dependency process began (refer to Figure 1 for additional details; Dowd et., 2013).

During each wave, children when age permitted, their caregiver, parents (when possible), caseworker, and teacher were interviewed by NSCAW II staff and completed questionnaires (e.g., about their experiences with the system, functioning etc.). Also, at the second and third wave, placement information and the disposition of the case, if known, were collected. Response rates were 82.8% and 80.17% for W2 and W3 respectively, as reported in the NSCAW II Data File User’s Manual (DFUM).

Figure 1

*NSCAW II Longitudinal Date Overview*



The research team at UCI obtained authorization to access the de-identified NSCAW II data via a data license agreement with the National Data Archive on Child Abuse and Neglect (NDACAN), the organization that maintains the NSCAW databases. Secondary data analyses of the NSCAW II were conducted to examine how parents and caregivers contributed to children’s dependency case outcome and duration, independently and interactively. Of the full NSCAW II data set, measures included in the current study are described here.

## Participants

Children in the 5,782 cases from the original NCSAW II whose cases were referred formally to the dependency system in W1 were identified. They had been removed at that time from their parents and were living in temporary out-of-home care. Thus, all had experienced substantiated maltreatment sufficiently serious to warrant children's removal. From this set, screening variables from the NCSAW II data file were further reviewed to make final determinations about eligibility and determine the final sample: (1) children were in out-of-home (OOH) care at W1, (2) children's case outcomes had not been decided by W1, (3) both parents were eligible for reunification throughout all waves of data collection, (4) children younger than 18 years of age during all waves of data collection, and (5) children's case status (e.g., placement, case disposition) was able to be determined in W2 and W3.

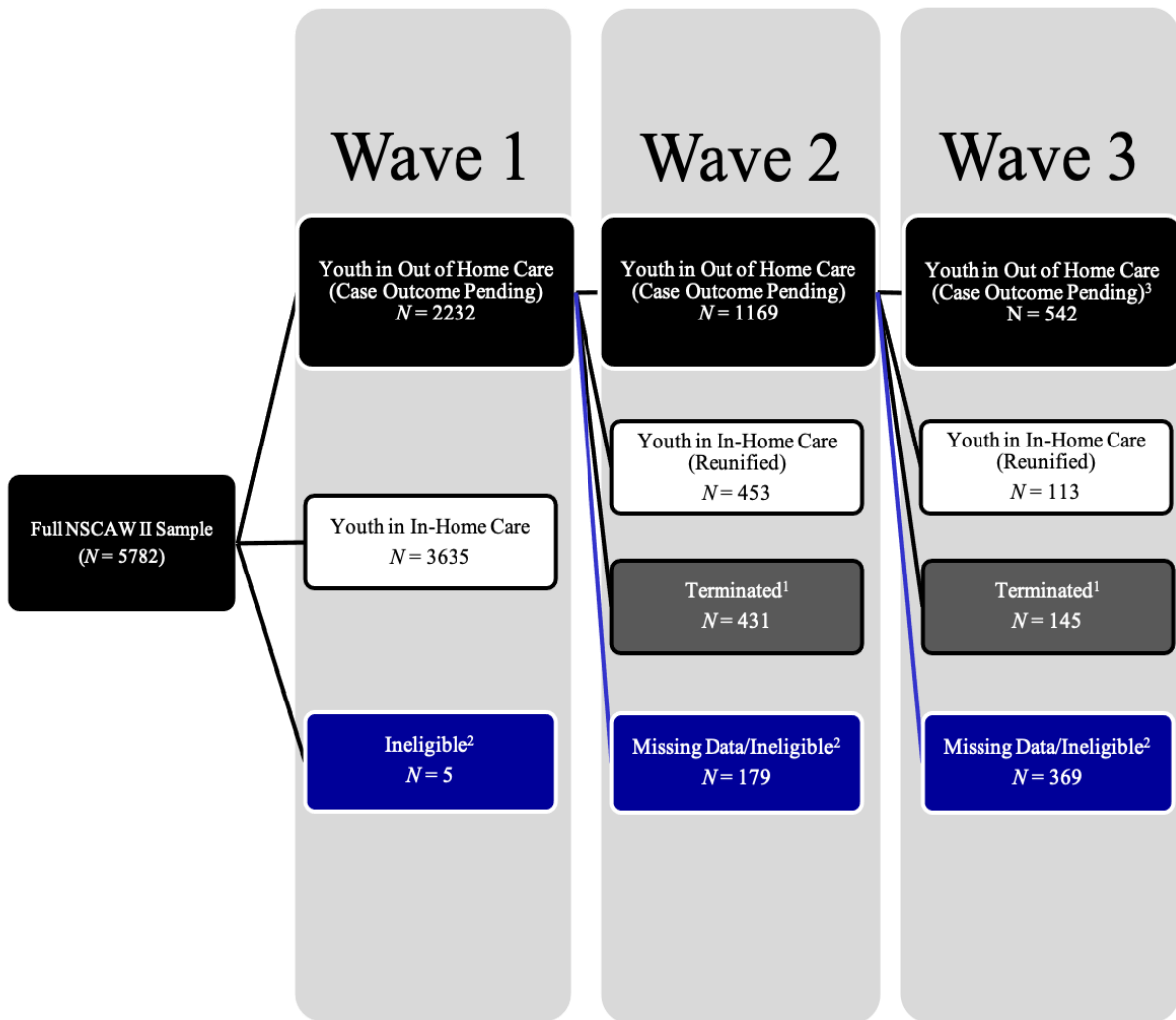
At W1, 2,232 children had been removed and were living in OOH placement. By W2, after losing cases to attrition and ineligibility ( $N=179$ ), 453 children had reunified with their parents, 431 children had parents whose rights were terminated (both parents had to be terminated), and the remaining 1,169 cases were still pending. By W3, of the 1,169 cases still ongoing, 113 children were reunified, 145 parents had their parental rights terminated, and 542 were still pending. Attrition and ineligibility accounted for an additional 369 cases from the 1,169 in W3.

Overall, the current study contains 1,684 child cases (this excludes cases lost to attrition/ineligibility). Of these, 566 children were ultimately reunified, 576 were ultimately terminated, and 542 were "pending/ongoing" a case outcome at the end of W3 or were ongoing 36 months post CPS investigation (See Figure 2 for details concerning the subset of cases included in the current study). There were 792 girls and 892 boys, and their ages ranged from 0

to 17 years at W1. Race and ethnicity (documented according to caregiver and caseworker reports) were as follows: Black/African American,  $N = 553$ ; White,  $N = 517$ ; Latinx,  $N = 496$ ; and Other,  $N = 109$ .

Figure 2

*Decision Tree for Current Study's Final Sample Selection*



Notes. <sup>1</sup> Children who were terminated from both their parents were included in the Terminated sample size. <sup>2</sup> Additionally, sample sizes for “Missing/Ineligible” category included: cases with missing data, children who turned 18 or older during data collection, cases where both parents were deceased, or cases with no documented case outcome. <sup>3</sup> Children who remained in OOH care at W3 had cases that were pending a final decision 36 months post-referral to dependency system. Their final case outcome remains unknown.

## **Measures**

For ease in interpretation, measures are described separately for the topic of the measure, as being about the parent, the caregiver, or other case characteristics (the precise individual who completed each measure within the section could vary). The original coding and recoding for the purposes of the current study are both described.

### ***Parent Measures***

**Maltreatment Type.** At W1, caseworkers identified the types of maltreatment to which children were exposed, whether each was substantiated and each one's severity. If multiple types of abuse were present in a case, only the maltreatment type which was most severe was coded by NSCAW II as maltreatment type. In the current study, type included the following: sexual abuse, physical abuse, neglect, and "other" (Barnett et al., 1993; English et al., 2005). The "other" category was comprised of various conditions/experiences/behaviors that were coded for by the NSCAW II but unable to be included in the aforementioned abuse categories (e.g., emotional abuse, low birth weight, child in need of services). Thus, each child had four dichotomous scores, indicating the presence or not of each form of maltreatment.

**Compliance.** During W2 and W3, caseworkers documented how much progress had been made in the case. Caseworkers in W1 were investigating the allegations, so they were gathering information on the family prior to the case plan being developed. In W2 and W3, however, the caseworker's role included that of managing and monitoring services. Caseworkers rated the amount of overall progress family has made on a four-point scale, ranging from family has deteriorated to family has made a lot of progress. For the current study, scores from W2 were used to predict final case outcome and duration, as these scores were obtained for the majority of the sample.



**Financial Hardship.** At W1, caseworkers responded to a variety of items that describe the standard of living of the parents being investigated. One such item was a dichotomous yes/no statement, “Family has trouble paying basic necessities (e.g., food, shelter, clothing, electricity, heat).” This item is similar to that used in a prior investigation of economic hardship and child maltreatment (Lefebvre et al., 2017) and thus was taken as an indicator of financial hardship prior to the CPS investigation at W1.

**Substance Abuse History.** At W1, caseworkers documented a range of parent behaviors that they had observed. One of these referred to whether children had a substance abusing parent or a parent with a history of substance abuse, separate from maltreatment type. Responses were coded dichotomously as presence of substance abuse in the home (1) or not (0).

### *Caregiver Measures*

**Demographics.** Caregivers’ relationship to child was documented at W1 as kin (e.g., aunt, cousin, sibling) (1) versus non-kin (0). Other caregiver data at W1 included caregiver age in years and caregiver annual income (coded in the current study as 1= < \$10,000 to 7 > \$70,000, in \$10,000 increments). For ease of presentation, descriptive statistics concerning caregiver income was presented in Table 1 in increments of \$30,000.

**Caregiver perceptions.** Caregivers were asked a number of questions about their relationship with the child in their care. Of interest here was a yes/no question about whether caregivers “wished to raise the youth [in their care]?” Yes responses (1) indicated more commitment to the child, and no responses (0) indicated less commitment. Caregivers also reported yes/no (1,0) to questions about the responsiveness and support they received from the caseworker (e.g., did the caregiver receive essential information when child was placed in their care, was caregiver allowed to provide additional input concerning services, was the caregiver

treated as a respected member of the service team). For the current study, a composite variable was calculated by averaging caregivers' responses to seven items about their perceptions of the support they received from the caseworkers.

### ***Other Contributors to Dependency Case Outcomes***

**Child Characteristics.** Child age in months was documented by caseworkers at W1 (when the dependency case was formally referred to the dependency system). Because of the distribution of child age in the current sample (skewness = 1.26, SE = .06), age was also dichotomized: infants (< one year of age at W1) versus children (older than one year of age at W1). Sex and race/ethnicity were recorded by the caregiver or caseworker (792 girls and 892 boys). The NSCAW II only classified children into singular race and ethnicity categories (NSCAW II recoded multiracial children into the racial/ethnic category that was least common). Children were classified as Black/African American (32.8%), White (30.7%), Latinx (29.5%), or other (primarily Asian and Native American children, 6.5 %).

**Child Welfare and Dependency History.** In W1, caseworkers reported on the child's prior involvement with social services and the dependency system. Dichotomous codes were created to reflect whether a prior maltreatment report had been made, any investigation conducted, and whether services provided. These were combined and coded as 1 = yes, if child had *any* prior reported instance(s) of maltreatment documented regardless of whether the prior instance led to a dependency case, or 0 = no.

**Child's Functioning.** The main measure used to assess children's functioning was caseworkers' W1 response to the question, "Does child have major special needs (e.g., developmental disabilities)/ behavioral problems?", which was coded as yes (1) or no (0). The use of this item to capture general problems in child functioning was further validated by scores

on the Child Behavior Checklist (CBCL; Achenbach, 2000) for older children and the Bayley Infant Neurodevelopmental Screener (BINS) for younger children (Aylward, 1995). A standardized, combined functioning score was computed from CBCL and BINS scores. These functioning scores were moderately correlated with the caseworkers reports of child functioning  $r = .29$ .

**Caseworker Demographic Characteristics.** Caseworkers were asked questions about their background (e.g., gender and age) and time as a caseworker (e.g., years of experience on the job) and work duties (i.e., time spent visiting families) during W2, the earliest wave in which service caseworkers were available.

### ***Dependent Measures***

With regard to case outcome, there were three placement outcomes identified at the closure of the case: family reunification, termination of parental rights, or long-term placement. Family reunification is defined as the process of reconnecting children in substitute/foster care with their families (Tromble, 2007). This occurs when children who were placed in out-of-home (OOH) care are permanently returned to the parent's custody after the parent demonstrated sufficient improvement in the circumstances that contributed to maltreatment (e.g., home environment, parenting behaviors) (Child Welfare Information Gateway, 2016; 2017).

Termination of parental rights refers to the permanent end of the legal parent-child relationship. According to the courts, the parent failed to rectify their parenting behaviors or improve the conditions that contributed to CPS involvement (Child Welfare Information Gateway, 2017; 2020). Children in this situation may become eligible to be adopted or they remain in long-term out-of-home care (Child Welfare Information Gateway, 2017).

In some cases, the court does not make a final decision about the parent’s rights or children’s final placement. Instead, children remain in OOH placements, such as foster care, but the case itself is not closed as a final verdict has not been reached. These long-term placements (referred to as “pending/ongoing” in the current study) extend beyond the typical guidelines adhered to by the courts and sometimes extend until children become legal adults (e.g., age 18).

In addition to one of the three aforementioned outcomes at W3, a duration of case variable was also calculated as the time (in months) from the initial investigation to the case conclusion. Federal guidelines offer timeframes for when cases should be decided. For instance, if children have been in OOH care for 15 of the last 22 months, termination proceedings can more easily proceed (Child Welfare Information Gateway, 2017). Before then, it is typically recommended that parents be given the opportunity to reunify with their children, although with some forms of maltreatment, termination can begin earlier. Moreover, in some circumstances, parents are given longer to attempt to reunify. The duration variable was only computed for families who were given a final verdict (reunification/termination). For pending cases, all that could be documented was that case duration was at least 36 months from the CPS investigation.

Table 1

*Descriptive Statistics of Parents, Caregivers, Other Contributors, and Final Placement Outcome*

Descriptives	Total (N = 1,684)		Reunified with parent before, or at, W3 (N = 566)		Terminated from parents before, or at, W3 (N = 576)	
	N	%	N	%	N	%
<b>Parent Descriptives</b>						
<i>Compliance (Case Progress) <sup>a</sup></i>						
No progress or worsening	475	35.3	17	3.7	327	60.4
Some, or more, progress	871	64.7	444	96.3	214	39.6
<i>Financial Hardship</i>						
Facing Financial Hardship	615	46.5	193	43.1	258	56.5

<i>Substance Abuse History</i>						
Yes, prior history	500	34.7	153	31.7	194	38.1
<i>Type of Maltreatment</i>						
Physical	183	12.8	73	15.3	40	7.9
Sexual	74	5.2	28	5.9	22	4.3
Neglect	900	62.9	276	57.9	354	69.7
Other	274	19.1	100	21.0	92	18.1
<b>Caregiver Descriptives</b>						
<i>Caregiver Kinship to Child</i>						
Kin/Blood to Child	739	45.1	265	48.6	165	29.2
<i>Age of Caregiver (in years)</i>						
19 – 30	164	10.0	48	8.9	64	11.3
31 – 40	374	22.9	113	20.9	175	31.0
41 – 50	523	32.0	179	33.2	174	30.8
51 – 60	385	23.5	133	24.6	107	18.9
61+	189	11.6	67	12.4	45	8.0
<i>Gender of Caregiver</i>						
Female	1,536	93.7	504	92.5	541	95.8
<i>Caregiver Income (USD)</i>						
0-30,000	448	33.0	150	33.3	112	23.0
30,001-60,000	486	35.9	170	37.7	199	40.9
60,001+	421	31.1	131	29.0	176	36.1
<i>Caregiver Level of Education</i>						
Below HS	277	20.0	136	32.3	35	7.7
HS diploma	533	38.5	180	42.8	161	35.2
Some college/2yr degree (AA)/technical degree	394	28.5	95	22.6	151	33.0
BA/BS	121	8.7	7	1.7	81	17.7
Post-Baccalaureate	59	4.3	3	0.7	29	6.3
<i>Desire to Raise Child</i>						
Yes, desire to raise child	1,275	82.8	360	71.0	493	88.7
<i>Perceived Support from Caseworker</i>						
More perceived support (composite score > .50)	983	62.9	302	58.7	383	68.1
<b>Caseworker Descriptives</b>						
<i>Gender of Caseworker</i>						
Female	1204	87.4	395	85.9	509	90.1
<i>Caseworker Level of Education</i>						
Less than Bachelor's	12	1.0	4	1.0	6	1.2
Bachelor's	835	66.5	271	64.7	344	69.2
Master's	402	32.0	140	33.4	145	29.2
Ph.D.	7	0.6	4	1.0	2	0.4

Child Descriptives						
<i>Age of Child (at W1)</i>						
<1 Year of age	759	45.1	205	36.2	347	60.2
<i>Gender of Child</i>						
Female	792	47.0	264	46.6	280	48.6
<i>Race/Ethnicity of Child</i>						
Caucasian	517	30.7	171	30.2	193	33.5
Black	553	32.8	172	30.4	177	30.7
Latino	496	29.5	178	31.4	166	28.8
Other	118	7.0	45	8.0	40	6.9
<i>Child Dependency History</i>						
Prior involvement	942	67.3	292	62.7	354	70.8
<i>Child Functioning</i>						
Significant health/behavioral problems	339	24.2	114	24.2	121	24.4

*Note.* <sup>a</sup> Parent progress was collected at W2 and documented by caseworkers. W3 family progress descriptives were not presented as that data only applies to the families with cases that ended, regardless of outcome, at W3 and those who have pending final outcomes.

## RESULTS

### Analysis Plan

Logistic and linear regressions were conducted to assess how parent and caregiver characteristics, factors from other contributors, and important interactions influenced both placement outcome and case duration. Before conducting these main analyses, Pearson point-biserial correlations and bivariate correlations were calculated for all predictor variables and factors from other contributors. Refer to Table 2 for  $r$  values and significance levels.

Table 2

*Point-Biserial and Bivariate Correlations on Parent Characteristics, Caregiver Characteristics, and Factors from Other Contributors*

Variables	Parent Compliance	Caregiver Perception of Support	Caregiver Income	Caseworker Yrs of Experience	Child Age
<i>Parent Characteristics</i>					
Sexual Abuse <sup>a</sup>	0.01	0.02	-0.02	-0.02	0.29**
Neglect <sup>a</sup>	-0.05	-0.01	0.02	-0.09*	-0.23**
Physical Abuse <sup>a</sup>	0.05	-0.02	0.02	0.05	0.14**
“Other” Abuse <sup>a</sup>	0.02	0.01	-0.03	0.07*	-0.002
Parent Compliance	-	-0.02	-0.09*	-0.01	0.09**
Financial Hardship <sup>a</sup>	-0.05	0.03	0.08*	0.004	-0.16**
Substance Abuse <sup>a</sup>	0.01	-0.04	-0.08*	-0.09*	-0.17**
<i>Caregiver Characteristics</i>					
Kinship <sup>a</sup>	0.12**	-0.23**	-0.26**	-0.002	0.07*
Desire to Raise Child <sup>a</sup>	-0.08**	0.02	-0.004	0.04	-0.08*
Perception of Support <sup>a</sup>	-0.02	-	-0.01	0.04	0.02
<i>Other Contributors</i>					
Caregiver Income	-0.09*	-0.01	'-	-0.01	-0.08*
Caseworker Yrs Experience	-0.01	0.04	0.02	'-	0.03
Child Age	0.09**	0.02	-0.08*	-0.08*	'-
Child Race (White or POC) <sup>a</sup>	-0.08*	-0.01	0.16**	0.16**	-0.01
Child Functioning <sup>a</sup>	0.04	0.08*	-0.03	-0.03	0.24**
Child Dependency History <sup>a</sup>	-0.03	0.01	-0.02	-0.02	0.15**

Notes. <sup>a</sup> Represents all dichotomous variables, all others are continuous  $P < .05^*$ ,  $P < .001^{**}$

To examine predictors of case outcome across parent and caregiver characteristics, factors from other contributors, and important interactions, a multinomial logistic regression was initially conducted. However, zero frequency cells in the multinomial regression model biased the goodness of fit results reported, making this statistical test unreliable. As such, three binary logistic regressions were conducted instead to predict case placement outcome. One predicted

the likelihood of family reunification compared to all other outcomes (termination of parental rights and “pending/ongoing” case), the other predicted the likelihood of termination of parental rights compared to all other outcomes (family reunification and “pending/ongoing” case), and the last regression model predicted the likelihood of a “pending/ongoing” case to those which received a verdict from the dependency judge (cases ending in family reunification or termination of parental rights). The first step of the three logistic regressions conducted included parent characteristics, caregiver characteristics, and factors from other contributors of interest, while the second step included two additional interaction terms, parent compliance by financial hardship and parent compliance by caregiver kinship. Results are discussed below.

### **Logistic Regression Predicting Family Reunification**

The full model predicting family reunification cases ( $N = 254$ ) compared to cases with any other outcome (“pending/ongoing” or termination of parental rights,  $N = 476$ ), across all parent characteristics, caregiver characteristics, factors from other contributors of interest, and interaction terms, was significant  $\chi^2(15) = 307.51$ ,  $p < .001$ . Of the 15 predictors in the full model, 4 were statistically significant: neglect as maltreatment type, parent compliance, caregiver’s desire to raise child, and age of child.

When neglect was present, compared to all other types of maltreatment (physical abuse, sexual abuse, “other”), the odds of family reunification decreased .59 times, holding all other predictors constant. For every unit increase in parent compliance, the odds of family reunification increased 6.72 times, while holding all other predictors constant. The odds of reunification decreased .29 times for caregivers who did want to raise the child in their care, compared to caregivers who did not want to raise the child in their care, while holding all other



predictors constant. For every yearly increase in child age the odds of family reunification increased 1.08 times (see Table 3 for more details).

Table 3

*Logistic Regression Predicting Family Reunification*

	<i>B</i>	Wald	<i>df</i>	Odds Ratio	95% CI for Odds Ratio	
					Lower	Upper
Constant	-5.03(.98)**	26.61	1	0.01		
<i>Parent Characteristics</i>						
<i>Maltreatment Type</i>						
Neglect V All other abuse types	-0.53(.22)*	5.60	1	0.59	0.38	0.91
Parent Compliance	1.91(.25)**	59.39	1	6.72	4.14	10.91
Financial Hardship (1 = Yes, 0 = No)	-0.03 (.99)	0.01	1	0.97	0.14	6.67
Parent Substance Abuse (1 = Yes, 0 = No)	-0.28(.23)	1.58	1	0.75	0.49	1.17
<i>Caregiver Characteristics</i>						
Kinship to Child (1 = Kin, 0 = Not Kin)	1.88(.99)	3.61	1	6.53	0.94	45.25
Perception of Child (1= Wants to Raise, 0 = Does Not Want to Raise)	-1.25(.26)**	23.10	1	0.29	0.17	0.48
Perception of Support from Caseworker	-0.34(.45)	0.58	1	0.71	0.30	1.70
<i>Other Contributors</i>						
Caregiver Income	0.02 (.05)	0.18	1	1.02	0.93	1.12
Caseworkers Years of Experience	-0.03(.02)	2.79	1	0.98	0.95	1.00
Age of Child	0.08(.03)**	10.33	1	1.08	1.03	1.14
Race of Child, Dichotomized (1 = White, 0 = Non-White)	0.01(.22)	0.003	1	1.01	0.66	1.55
Child Functioning (1 = Impaired Functioning, 0 = Non- Impaired Functioning)	-0.41(.24)	2.92	1	0.66	0.42	1.06

Dependency History	-0.19(.21)	0.78	1	0.83	0.55	1.25
<i>Interaction Terms</i>						
Compliance by Financial Hardship	-0.40(.28)	0.02	1	0.97	0.56	1.67
Compliance by Kinship	-0.51(.28)	3.38	1	0.60	0.35	1.04

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**Note.** Standard errors in parentheses. \* $p < .05$ , \*\* $p < .001$

Because child age was a significant predictor of the likelihood of family reunification, as previously found in prior research (Davidson et al., 2019; Snowden et al., 2008; Wulczyn, 2004), two additional logistic regressions were conducted on younger (less than one year of age) and older (greater than one year of age) children to further explore differences in predictors of reunification for younger and older children.

When predicting the likelihood of reunification for younger children ( $N = 356$ ) across all parent and caregiver characteristics, factors from other contributors, and important interactions, the full model was significant  $\chi^2(14) = 141.91, p < .001$ . The 4 statistically significant predictors were: neglect as maltreatment type, parent compliance, caregiver's kinship to the child, and caregivers desire to raise the child. The odds of reunification decreased by .25 when younger children were neglected compared to those that experienced any other form of maltreatment, holding all other predictors constant ( $p < 0.001, 95\% \text{ CI } [.12, .55]$ ). For every unit increase in parent compliance the odds of family reunification increased 6.98 times, while holding all other predictors constant ( $p < 0.001, 95\% \text{ CI } [3.32, 14.66]$ ). The odds of reunification increased 23.92 times when caregivers were kin, compared to non-kin caregivers, holding all other predictors constant ( $p = 0.04, 95\% \text{ CI } [1.23, 464.85]$ ). The odds of reunification decreased by .35 when caregivers want to raise the child in their care, compared to caregivers who did not want to raise the child in their care, while holding all other predictors constant ( $p = 0.02, 95\% \text{ CI } [.15, .85]$ ).

When predicting the likelihood of reunification for older children ( $N = 374$ ) across all parent and caregiver characteristics, factors from other contributors, and important interactions, the full model was significant  $\chi^2(14) = 162.01, p < .001$ . The 3 statistically significant predictors were: parent compliance, parent's history of substance abuse, and caregiver wanting to raise the child. For every unit increase in parent compliance, the odds of family reunification increased 5.89 times, while holding all other predictors constant ( $p < 0.001, 95\% \text{ CI } [3.95, 8.78]$ ). The odds of reunification decreased by .47 when parents abused substances, while holding all other predictors constant ( $p < 0.02, 95\% \text{ CI } [0.25, 0.88]$ ). The odds of reunification decreased by .33 when caregivers want to raise the child in their care, compared to caregivers who did want to raise the child in their care, while holding all other predictors constant ( $p < 0.001, 95\% \text{ CI } [0.17, 0.64]$ ).

Overall, for both younger and older children, increased parental compliance and having a caregiver who wants to raise them predicted an increased likelihood of family reunification. For younger children, being neglected decreased the likelihood of family reunification and being in the care of kin predicted an increased likelihood of family reunification. Older children had a decreased likelihood of reunification if their parents abused substances.

### **Logistic Regression Predicting Termination of Parental Rights**

The full model predicting cases ending in the termination of parental rights ( $N = 305$ ) compared to all other case outcomes (family reunification or "pending/ongoing",  $N = 425$ ), across parent and caregiver characteristics, factors from other contributors, and important interactions, was significant  $\chi^2(15) = 199.66, p < .001$ . Of the 15 predictors in the full model, 3 were statistically significant: parent compliance, caregiver's desire to raise child, and age of child.

For every unit increase in parent compliance, the odds of termination of parental rights decreased by .45, while holding all other predictors constant. The odds of termination increased by 2.14 times when caregivers wanted to raise the child in their care, compared to caregivers who did not want to raise the child in their care, while holding all other predictors constant. For every yearly increase in child age the odds of termination of parental rights decreased by .91 (see Table 4 for more details).

Table 4

*Logistic Regression Predicting Termination of Parental Rights*

	<i>B</i>	Wald	<i>df</i>	Odds Ratio	95% CI for Odds Ratio	
					Lower	Upper
Constant	0.58(.60)	0.91	1	1.78		
<i>Parent Characteristics</i>						
<i>Maltreatment Type</i>						
Neglect V All other abuse types	0.39(.20)	3.79	1	1.48	1.00	2.19
Parent Compliance	-0.81(.14)**	35.31	1	0.45	0.34	0.58
Financial Hardship (1 = Yes, 0 = No)	0.76 (.52)	2.14	1	2.14	0.77	5.91
Parent Substance Abuse (1 = Yes, 0 = No)	0.02(.20)	0.01	1	1.02	0.69	1.50
<i>Caregiver Characteristics</i>						
Kinship to Child (1 = Kin, 0 = Not Kin)	-0.92(.54)	2.91	1	0.40	0.14	1.15
Perception of Child (1= Wants to Raise, 0 = Does Not Want to Raise)	.81(.25)**	10.43	1	2.24	1.37	3.65
Perception of Support from Caseworker	0.12(.40)	0.10	1	1.13	0.52	2.47
<i>Other Contributors</i>						
Caregiver Income	0.05 (.04)	1.45	1	1.05	0.97	1.14

Caseworkers Years of Experience	0.01(.01)	0.51	1	1.01	0.98	1.04
Age of Child	-0.09(.02)**	14.29	1	0.91	0.87	0.96
Race of Child, Dichotomized (1 = White, 0 = Non-White)	0.16(.19)	0.67	1	1.17	0.80	1.71
Child Functioning (1 = Impaired Functioning, 0 = Non- Impaired Functioning)	0.37(.21)	3.00	1	1.45	0.95	2.20
Dependency History	0.28(.19)	2.07	1	1.32	0.91	1.92
<i>Interaction Terms</i>						
Compliance by Financial Hardship	-0.13(.17)	0.59	1	0.88	0.63	1.23
Compliance by Kinship	0.11(.18)	0.36	1	1.11	0.79	1.56

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**Note.** Standard errors in parentheses. \* $p < .05$ , \*\* $p < .001$

Because child age was a significant predictor of the likelihood of termination of parental rights, as previously found in prior research, two additional logistic regressions were conducted on younger (less than one year of age) and older (greater than one year of age) children to further explore differences in predictors of reunification for younger and older children.

When predicting the likelihood of termination of parental rights for younger children ( $N = 356$ ) across parent and caregiver characteristics, factors from other contributors, and important interactions, the full model was significant  $\chi^2(14) = 82.63, p < .001$ . The 4 statistically significant predictors were: neglect as maltreatment type, parent compliance, parents' financial hardship, and caregiver's kinship to the child. The odds of termination of parental rights increased 2.01 times when younger children were neglected compared to those that experienced any other form of maltreatment, holding all other predictors constant ( $p = 0.01, 95\% \text{ CI } [1.18, 3.72]$ ). For every unit increase in parent compliance the odds of termination of parental rights decreased by .48, while holding all other predictors constant ( $p < 0.001, 95\% \text{ CI } [0.39, 0.63]$ ). The odds of termination of parental rights increased 1.72 times when caregivers were experiencing financial

hardship, compared to caregivers who did not experience financial hardship, while holding all other predictors constant ( $p < 0.03$ , 95% CI [1.05, 2.77]). The odds of termination of parental rights decreased by .49 when caregivers are kin, compared to non-kin, while holding all other predictors constant ( $p = 0.01$ , 95% CI [.29, .83]).

When predicting the likelihood of termination of parental rights for older children ( $N = 374$ ) across all parent and caregiver characteristics, factors from other contributors, and important interactions, the full model was significant  $\chi^2(14) = 104.82$ ,  $p < .001$ . The 3 statistically significant predictors were: parent compliance, parents experienced financial hardship, and the caregiver's desire to raise the child. For every unit increase in parent compliance, the odds of termination of parental rights decreased by .46, holding all other predictors constant ( $p < 0.001$ , 95% CI [0.32, 0.68]). The odds of termination of parental rights increased 11.57 times when parents experienced financial hardship, compared to parents who did not experience financial hardship and when all other predictors were held constant ( $p = 0.004$ , 95% CI [2.19, 61.21]). The odds of termination of parental rights increased 2.21 times when caregivers want to raise the child in their care, compared to caregivers who did not want to raise the child in their care, while holding all other predictors constant ( $p = 0.03$ , 95% CI [1.08, 4.51]).

Overall, for both younger and older children, increased parental compliance predicted a decreased likelihood of termination of parental rights and having parents who experienced financial hardship increased the likelihood of termination of parental rights. For younger children, being neglected and being in the care of non-kin increased the likelihood of termination of parental rights. Older children had an increased likelihood of termination of parental rights when their caregivers wanted to raise them.

***Logistic Regression Predicting “Pending/Ongoing” Case***

The full model predicting cases which were awaiting a verdict (“pending/ongoing”,  $N = 171$ ) and those which received a verdict (family reunification or termination of parental rights,  $N = 559$ ) was significant  $\chi^2(15) = 33.67, p = .001$ , including parent and caregiver characteristics, factors from other contributors, and important interactions. Of the 15 predictors in the full model, 2 were statistically significant: parent compliance and parent financial hardship.

For every unit increase in parent compliance, the odds of cases being “pending/ongoing” decreased by .65, while holding all other predictors constant. The odds of cases being “pending/ongoing” decreased .34 times when financial hardship was present (see Table 5 for more details).

Table 5

*Logistic Regression Predicting “Pending/Ongoing” Case*

	<i>B</i>	Wald	<i>df</i>	Odds Ratio	95% CI for Odds Ratio	
					Lower	Upper
Constant	-0.25(.62)	0.16	1	0.78		
<i>Parent Characteristics</i>						
<i>Maltreatment Type</i>						
Neglect V All other abuse types	0.05(.21)	0.06	1	1.05	0.70	1.58
Parent Compliance	-0.43(.14)*	9.87	1	0.65	0.50	0.85
Financial Hardship (1 = Yes, 0 = No)	-1.02 (.50)*	4.19	1	0.36	0.14	0.96
Parent Substance Abuse (1 = Yes, 0 = No)	0.17(.20)	0.70	1	1.18	0.80	1.78
<i>Caregiver Characteristics</i>						
Kinship to Child (1 = Kin, 0 = Not Kin)	0.46(.52)	0.78	1	1.58	0.57	4.37

Perception of Child (1= Wants to Raise, 0 = Does Not Want to Raise)	.41(.26)	2.51	1	1.50	0.91	2.49
Perception of Support from Caseworker	0.16(.42)	0.15	1	1.18	0.52	2.67
<i>Other Contributors</i>						
Caregiver Income	-0.07 (.04)	2.97	1	0.93	0.85	1.01
Caseworkers Years of Experience	0.01(.01)	0.46	1	1.01	0.98	1.04
Age of Child	0.03(.02)	1.63	1	1.03	0.99	1.98
Race of Child, Dichotomized (1 = White, 0 = Non-White)	-0.20(.20)	0.94	1	0.82	0.56	1.22
Child Functioning (1 = Impaired Functioning, 0 = Non- Impaired Functioning)	-0.14(.22)	0.37	1	0.87	0.57	1.35
Dependency History	-0.71(.20)	0.13	1	0.93	0.64	1.37
<i>Interaction Terms</i>						
Compliance by Financial Hardship	0.26(.17)	2.34	1	1.29	0.93	1.79
Compliance by Kinship	0.05(.17)	0.07	1	1.05	0.75	1.46

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**Note.** Standard errors in parentheses. \* $p < .05$ , \*\* $p < .001$

### **Linear Regression Model Predicting Case Duration (in Months)**

A linear regression was conducted to predict case duration (in months), ranging from 0 to 43 months. Note that some children ( $N = 5$ ) had a case duration longer than 36 months post the start of their dependency case due to data collection delays. As a reminder, only cases where children were reunified with their parents ( $N = 248$ ), or cases where parents had their rights terminated ( $N = 530$ ), are included in this model, as pending/ongoing cases did not have a case end date. Step one of the model included all parent factors of interest (type of maltreatment, compliance, financial hardship, substance abuse history), caregiver factors of interest (kinship, desire to raise the child, and perception of support from caseworkers), and other important contributors to dependency court decisions (caregiver income, caseworker years of experience,



child age, child race, child experiencing significant problems functioning, prior experience with child welfare). The second step of the model included two additional interaction terms of interest: parental compliance by financial hardship and parental compliance by kinship. Only the first step of the model was statistically significant,  $R^2 = .05$ ,  $F(13, 406) = 1.76$ ,  $p = .047$ ; adjusted  $R^2 = .02$ .

When assessing the full model ( $N = 420$ ), the following two factors were significant: age of children and child functioning. For every yearly increase in children's age, there is a 0.26 month increase in case duration, when all other independent variables are held constant. When children have problems functioning there is a 1.92 month decrease in their case duration, when all other independent variables are held constant (see Table 6 for details). Findings concerning case duration suggest, once again, the importance of considering child age when evaluating dependency case outcomes, whether they be placement outcomes or outcomes concerning case duration.

Table 6

*Linear Regression Predicting Case Duration (in Months)*

	<i>B</i>	<i>Beta</i>	<i>t</i>	95% CI for Odds Ratio	
				Lower	Upper
Constant	19.01(2.39)**		7.97	14.35	23.76
<i>Parent Characteristics</i>					
<i>Maltreatment Type</i>					
Neglect V All other abuse types	-0.86(.88)	-0.05	-0.97	-2.61	0.89
Parent Compliance	-0.44(.34)	-0.06	-1.28	-1.12	0.24
Financial Hardship (1 = Yes, 0 = No)	0.46 (.78)	0.03	0.59	-1.08	1.99

Parent Substance Abuse (1 = Yes, 0 = No)	-1.15(.86)	-0.07	-1.34	-2.83	0.53
<i>Caregiver Characteristics</i>					
Kinship to Child (1 = Kin, 0 = Not Kin)	0.73(.86)	0.04	0.84	-0.97	2.43
Perception of Child (1= Wants to Raise, 0 = Does Not Want to Raise)	0.22(1.06)	0.01	0.21	-1.80	2.22
Perception of Support from Caseworker	-3.03(1.71)	-0.09	-1.77	-6.38	0.33
<i>Other Contributors</i>					
Caregiver Income	-0.02 (0.19)	-0.01	-0.11	-0.39	0.35
Caseworkers Years of Experience	-0.06(.06)	-0.05	-0.97	-0.17	0.06
Age of Child	0.26(.10)*	0.13	2.26	0.06	0.46
Race of Child, Dichotomized (1 = White, 0 = Non-White)	-0.53(.82)	-0.03	-0.67	-2.11	1.04
Child Functioning (1 = Impaired Functioning, 0 = Non- Impaired Functioning)	-1.92(.90)*	-0.11	-2.13	-3.69	-0.15
Dependency History	-0.17(.83)	-0.01	-0.21	-1.80	1.45

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**Note.** Standard errors in parentheses. \* $p < .05$ , \*\* $p < .001$

## DISCUSSION

The current study assesses the links between characteristics of parents and caregivers on the outcome and duration of dependency cases, and identified differences between cases which were closed within, and those which extended beyond, recommended legal guidelines.

Secondary data analyses were conducted on the National Survey of Child and Adolescent Well-Being II (NSCAW II), which evaluated the functioning, characteristics, outcomes, service needs/use, and case details of families involved in the dependency cases. Findings provide some

support for study hypotheses and also highlight interesting patterns, as discussed in the following section.

Overall, findings offer mixed support for proposed hypotheses. With regard to placement outcomes, neglect was found to predict a decreased likelihood of reunification and an increased likelihood of termination of parental rights, albeit with regard to younger children. These findings partially support the proposed hypotheses and prior work that suggests that neglect may be more difficult to improve with the current interventions mandated by dependency court, which can contribute to these cases being more likely to end in termination (Berry et al., 2003). Sexual abuse was not related to any case outcomes or case duration. Although this deviated from prior studies conducted, the prevalence of substantiated sexual abuse, both in the general population and in this nationally representative sample is low, potentially obscuring effects due to the limited number of sexual abuse cases in the current sample (Hinds & Giardino, 2020; U.S. Department of Health & Human Services, 2021). Studies examining the effect of sexual abuse tend to oversample this population because of the lower frequency compared to other types of maltreatment. Larger samples specifically targeting sexual abuse may be necessary to extrapolate findings, especially when conducting analyses with numerous predictors such as those used in the current study (Black et al., 2001).

Parent compliance was a robust predictor of case placement outcomes. Findings supported hypotheses in that higher levels of parental compliance were associated with an increased likelihood of family reunification, a decreased likelihood of termination of parental rights, and decreased likelihood of “pending/ongoing” cases. These findings align with prior research and legal guidelines highlighting the importance of parent participation in court mandates (Child Welfare Information Gateway, 2018). However, parent compliance had a direct

effect on placement outcomes of interest, not through interactions with other factors, suggesting that parent compliance is not necessarily influenced by levels of other factors (kinship, financial hardship). Findings suggest that compliance, as measured by caseworkers reports of parent progress on their case plan, may not necessarily be influenced by preceding case factors (e.g., experiencing financial hardship). Results may suggest that there is sufficient support for parents to demonstrate their compliance due to the intervention and services provided by CPS, or maybe the assessments caseworkers are making of parents consider those prior factors and their influence on parent progress.

Parent financial hardship and substance abuse history were related to an increased likelihood of termination and decreased likelihood of reunification, respectively. These findings align with prior work conducted, but effects were not found across all placement types, as anticipated. This may be due to the separation of neglect from financial hardship and substance abuse as variables in the current study, thus weakening the effect these two predictors have shown in prior work.

Caregivers' kinship to children in their care was related to family reunification for younger children as well as a decreased likelihood of termination of parental rights. These findings support past research and strengthen the past body of work highlighting the importance of this relationship (D'Andrade, 2009; Font, 2015). Caregivers desire to raise the children in their care was associated with a decreased likelihood of reunification and increased likelihood of termination. Findings on caregivers demonstrate the importance of who the alternative placement is in dependency cases. The attitudes of these caretakers may suggest to the court that children are improving while removed from their parents, or that there are capable and willing adults

wanting to have a more permanent role in children's lives, increasing the likelihood of these caregivers being viewed as viable permanent placements once parental rights are terminated.

Lastly, case duration was not associated with any parent or caregiver characteristic. Case duration was a more challenging variable to assess because of the lack of direct data available for all families who received an outcome, as well as the third of our total sample that was still pending a verdict/placement outcome 36 months after the start of their dependency case.

Overall study findings demonstrate that case facts, such as the type of maltreatment committed or parents' prior substance abuse history, do influence case outcome but, by and large, are less robust at predicting case outcomes than predictors associated with the current conditions of parents (i.e., compliance). Additionally, findings demonstrate the importance of thoughtfully selecting a caregiver for children, as the kinship of caregivers to children, and their attitudes about wanting to raise the child in the long term, has measurable impacts on case outcomes.

### **Limitations and Future Directions**

The current study does have some limitations that should be acknowledged. The main limitations to be discussed are reporting biases in collected data, unverifiable final placement outcome of pending cases, and unknown effectiveness of the dependency system's family intervention.

There are two main sources of reporting biases in NSCAW II. One concerns the discrepancy between the respondent, and subject, of the interview questions and the second concerns missing data. The main respondent for various items of interest was not always the individual who was the primary subject of that item. For example, as this sample was comprised of children who were living in OOH placements, children's parents were not directly

interviewed. Questions concerning children's original home environment/parents were answered by caregivers or caseworkers. Because direct reports from key respondents were not obtained from the primary source, there is a level of bias in the reported results. It is possible that caregiver/caseworker evaluations of parents were skewed negatively because of biases and preconceived notions about the involved families (Dale, 2004; Smith, 2008). Additionally, missing data contributed to conclusions which are more limited. For example, data concerning the date of final placement decision (regardless of whether children were reunified or not) and measures concerning case details (e.g., types of rehabilitative services mandated by the court for parents) had high non-response rates. As only some measures were viable for use in analyses, conclusions made in the present study are more conservative than if more complete data were collected by the NSCAW II.

Future work could address both these reporting biases by directly interviewing the parents and caregivers involved in the case. Having primary data collected from the source can be beneficial in reducing biases in the perceptions of involved families or highlight just how extreme these biases can be (e.g., comparing primary responses by the direct subject VS secondary responses by other respondents). Both the collection and coding of qualitative data can be improved to further understand the nuanced ways parents, caregivers, and other contributors of interest, such as the caseworker and judge, impact dependency case trajectories.

A second limitation concerns the large number of cases with an unverifiable final placement outcome 36 months after the end of CPS investigation (close to 1/3 of final sample,  $N = 542$ ). Outcome data surrounding these pending cases can provide particularly compelling and useful data concerning families facing more challenging, broader dysfunctions, which may be contributing to the delay in their case outcome (e.g., greater concerns regarding parents' fitness,

unstable temporary child placements, children with additional challenges adjusting to their placement) (Jones & Gupta, 1998). Knowing the final placement outcome of cases with longer duration could better our understanding of how the studied factors impact the timeliness of dependency cases.

Lastly, the conclusions drawn by the current study stop short of recommending either reunification or termination, generally, as the ideal placement outcome for children in dependency cases. Yearly, over 100,000 foster children await placement with an adoptive family and many potential adoptive families do not consider fostering children (Zhang & Lee, 2011). As such, making blanket recommendations of terminating parental rights may be counterproductive to them achieving a permanent placement soon after the end of their case. On the other hand, promoting speedy reunification also has its drawbacks, as prior studies suggest that re-entry rates are especially high for families that are reunified sooner rather than later, attributed to the insufficient time spent completing services (Kimberlin et al., 2009; McDonald et al., 2006).

Future work can consider a long term follow up with NSCAW II participants, or an extended (over 36 months) longitudinal design with a new sample, so that family units can be tracked post final placement. Expanding the study range will provide information on the rehabilitation of families post CPS contact, the longevity of those improvements (if any), which families are most at risk of re-entry, and the outcomes of children who were reunified VS terminated from their families (all of which can contribute to best policies and procedures within the dependency system). Overall, these limitations do not negate the merits of this project, but rather highlight the richness this topic offers for future research.

## **Concluding Comment**

The overarching goal of the dependency system is to safeguard children. Family rehabilitation is emphasized so that children can reunite with their families whenever possible. However, this task is more difficult to complete if the dependency system is unable to identify predictive factors that influence which families reunite, and how quickly they do so. Failing to unpack the contributions of key adults involved in dependency cases, and how their contributions may directly influence case outcome and duration, does a disservice to the mission of child protective services and the children involved. By investing in creating a more transparent and supportive experience, children can more efficiently transition into a healthy permanent placement (with or without their parents). In the end, evaluating ways in which to improve the efficiency of the dependency system promotes the preservation of justice and the healthy functioning of families.



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