Drivers of Custody Rates in Vermont

Final Report 2021

THE UNIVERSITY OF VERMONT
EDUCATION AND
SOCIAL SERVICES

Drivers of Custody Rates in Vermont
Final Report

Submitted to:	Senator Jane Kitchel *Chair, Appropriations Committee*
Submitted by:	Jessica Strolin-Goltzman, PhD, LMSW Hannah Holbrook, PhD Tammy Kolbe, PhD
Leadership oversight:	Scott Thomas, PhD Katharine Shepherd, PhD *University of Vermont*

September 2021

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Executive Summary

The Vermont state legislature contracted with the University of Vermont's College and Education and Social Services Faculty to investigate and report on *"the drivers of variance in Vermont's custody rates over time…and consider the influences of policies, programs, casework practices, and other practices or conditions that are presumed to prevent or influence foster care placement" (pg 5, UVM-JFO contract #39513).*

Decisions regarding the removal of a child are complex and complicated by strong family context, professional opinions, limited time, limited resources, and high levels of accountability and visibility, resulting in an atmosphere where consistent decision making can be a challenge. In the full report, we present our organizing conceptual framework—the *decision-making ecology*—which intentionally considers the multiple contextual and systems factors that influence custody. In the executive summary, we focus on presenting the factors that are *malleable* through actions that can be taken by courts, agencies, and legislature such as policies, programs and practices, and resources.

The study utilized a multiphase design—framed by the decision-making ecology (Fluke and colleagues, 2014) that included a review of the literature, analysis of administrative data, survey data, focus groups, and case reviews. This report summarizes the findings and offers considerations for the (a) courts, (b) family services and community partners, and (c) policymakers.

Summary Findings

Based on all the data we collected, the major drivers that rose to a level of significance are similar to what we see across the nation: *age, immediate danger, poverty, caseload size, risk,* and *previous reports.* While some of these are contextual and cannot be changed, the study uncovered some systems-level factors contributing to foster care placement that are policy malleable and if addressed would improve Vermont's child welfare system. These include opportunities related to aspects of state policy, programs and practices, and resources that impact decisions to place a child in foster care. Specifically, the factors are as follows:

- **Data systems that support field personnel's decision making are inadequate.** Vermont's child welfare data systems do not allow court and child-welfare professionals to meaningfully measure and track child safety, permanency, or wellbeing. Data are inadequate to support data-informed practices recognized as effective in the field and create opportunities for individual bias in decisions to place a child.

- **Field personnel do not uniformly apply protocols for safety and risk assessment.** Vermont, like many other states, requires child welfare professionals to systematically assess child safety and risk using the *structured decision making (SDM)* tool. This tool is designed to guide decision making related to child welfare practice. The study found that child welfare personnel do not uniformly or consistently apply this tool in their practice, especially when making decisions related to child custody. Additionally, the

study finds that child welfare caseworkers' background, training, and potential bias can influence removal decisions.

- **Access to evidence-informed, community-based services is uneven across the state.** Not all Vermont families with children have similar access to evidence-informed and community-based services that provide the types of support and services struggling families need to stay intact. Such services include evidence-based mental health treatment, family counseling, childcare, parenting support, and legal representation and advocacy that assist families both before and during times of crisis. Access to this support and services varies considerably among Vermont communities, with places with low population density and higher proportions of economically disadvantaged households at particular risk of not having access to these essential services.

- **Vermont has not yet maximized federal dollars to improve statewide practice.** The Federal Families First Prevention Act (FFPSA; 2018) intends for Title IV-E dollars to be invested in programs that support families *before* children are removed from their homes. However, this funding can only be used to pay for evidence-based practices identified in a U.S. Department of Health and Human Services registry. Currently, it is unclear to what extent evidence-based practices are employed and consistent evidence that the opportunity to use federal funding to transition to using evidence-based approaches is being maximized is lacking.

Implications & Considerations

Considerations for Family Services Division and Community Partners[1]

The study's findings have several identifiable implications for Vermont's FSD and community partners, as well as offer opportunities for future consideration and policy development. DCF-FSD should consider actions in two areas: (1) policy and practice; and (2) infrastructure and funding – including:

Infrastructure & Funding

- **Upgrade the data systems used by caseworkers and field personnel in their work with children and families.**
  Existing data systems are insufficient to support effective decision making, continuous quality improvement, and service array re-alignment. Investments in a statewide child welfare information system (CWIS) with a user-friendly reporting interface – such as Casebook – is an immediate priority. Such systems can link administrative data with assessment tools that measure and report child safety and well-being (e.g., SDM and CANS). Child welfare information systems also can: (a) aid intra- and cross-agency coordination, including referrals and service provision; (b) enable more efficient progress monitoring; and (c) facilitate collaboration with outside experts in CQI and data-driven practice. Alongside investing in a new data system, additional personnel with expertise in

[1] As a result of this study, FSD has already begun to address several of the recommendations and considerations.

data-driven practice are needed to set up the system and provide the support necessary for continuous quality improvement.

- **Utilize federal funding to expand the number and reach of practitioners trained in evidence-based prevention and intervention practices.**
  There is a critical need to invest in efforts to expand the number of trained practitioners, and continue to train additional practitioners working in community mental health, parent child centers, and early childhood education. Specifically, Vermont needs quality practitioners trained in evidence-based services identified by the FFPSA's Prevention Services Clearinghouse, and other trauma informed approaches. Three years ago, UVM worked with DCF/FSD and a Title IV-E funding consultant to expand the definition of the child welfare workforce with the aim of increasing the types of personnel who are eligible for federally funded professional development, education, and training under section 8.1H of Title IV-E. The expanded definition included childcare providers, mental health clinicians, mentors, birth parents, foster/kin caregivers, healthcare, and school personnel. DCF should build on that change and invest federal funding in additional training and education for prevention focused professionals and para-professionals from multiple sectors, with targeted prioritization in areas of the state where there are no or limited services available to families (as identified by current waiting lists or geographically- based service gaps). Additionally, FSD could explore using federal funding for upstream strategies such as: (a) college tuition for birth parents and foster parents to enter Title-IV- E training degree program; (b) certificates and training opportunities for paraprofessionals and teachers in trauma-informed instruction; (c) legal advocates to work in collaboration with FSD workers and parents; and (d) foster parent/birth parent mentoring programs.

- **Increase funding, workforce professionalization, and family-based services provided by the state's Parent-Child Centers.**
  Vermont's Parent-Child Centers provide an existing infrastructure for expanding the range of family support and mental health services available to families with young children. Evidence suggests that there is greater family engagement when services are accessed through family resource centers housed within communities, as often community-based mental health agencies carry stigma. FSD might consider diverting funding for prevention services toward family resource centers while enhancing funding for evidence based treatment interventions toward community-based mental health centers.

  Investing in Parent-Child Centers is well-aligned with this preferred service delivery model. Specifically, Parent Child Centers can provide functional family-centered, community-based practices that go beyond face-to-face contacts and family time visitation to focus on primary prevention of child maltreatment. Instead, they provide concrete supports that can enable families to maintain crucial connections and meet identified needs in their home communities (e.g., childcare respite to birth parents struggling with domestic violence or substance use; violence prevention hotline for perpetrators such as *respectphoneline.org)*.

- **Equitably allocate available state and federal funding among service districts and communities.**
  Families' abilities to access support services varies greatly among Vermont districts and communities, and according to community need. Future funding should be allocated differentially to reflect community-based need. The Community Opportunity Map[1] (Casey Family Services) can be used to identify communities where there is more or less need for family services and supports. State funding should be distributed (weighted) in a way that reflects such differences in need, and likely demand for family preservation services.

- **Support caseworkers and other child welfare personnel who experience secondary traumatic stress (STS) as a result of their work.**
  Secondary traumatic stress (STS) (i.e., compassion fatigue) is common among child welfare, mental health professionals, and school-based personnel who are regularly exposed to the stories of traumatic experiences faced by their students and clients. Findings from this study suggests that more than half of Vermont's child welfare professionals may experience moderate-to-high/severe levels of STS. Other studies also show moderate to high rates STS experienced by teachers and mental health clinicians. DCF should regularly assess all child welfare professionals for STS and provide formal education about STS and trauma-informed resources/referrals. Additionally, personnel would benefit from organizational structures that address STS, like reflective supervisions and transformational leadership approaches that move beyond self-care.

Policy & Practice

- **Take steps to minimize decision-making bias.**

  Individual bias plays a significant role in child welfare caseworkers' decisions to place a child in foster care. Specifically, study findings show that a caseworkers' different orientations toward risk play an oversized role in decision making, while objective assessments of current and immediate danger are inconsistently applied. Consistent application of practice strategies may minimize these types of bias, including:
  1. Embedding training on decision making bias in new employee onboarding.
  2. Implementing *Blind Team Decision Making*, a teaming model where prior to any custody recommendation caseworkers utilize team decision making without any demographic or socioeconomic information in case presentation.
  3. Promoting a culture of data-informed practice by FSD and the courts.
  4. Engaging with the media to explain the impact of the sensationalized high-profile cases on future outcomes for children, families, and caseworkers.
- **Develop expanded practice guidance for caseworkers to use when applying the SDM safety assessment to decision making.**

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[1] The Community Opportunity Map uses US Census Bureau data to describe differences across regions in the likely need for family support and other social and mental health services.

The SDM safety assessment is inconsistently applied in decision making. FSD should develop new, explicit practice guidance that establishes guidelines for what circumstances do and do not apply to each specific danger item identified on the tool. This may be undertaken in partnership with Evidence Change (formerly the National Council on Crime and Delinquency and Children's Research Center, CRC). Additionally, DCF should establish policies that promote regular aggregated reviews of the safety assessment data for the specific purpose of reviewing how these data are influencing decision making at the system level.

- **Expand the service array of EBPs available to Vermont families in addition to shoring up the EBPs that are already available in VT.**
  The system would benefit from focusing prevention funding on specific opportunities for high-impact, evidence-based, professional development such as *Parent-Child Interaction Therapy*, *Child-Parent Psychotherapy*, and *Motivational Interviewing*, *Strengthening Families*, *LifeSet*, and *Families and Schools Together* (native American adaptation).

Considerations for Court Systems

The study's findings have several identifiable implications for Vermont's court system, as well as offering opportunities for future consideration and policy development. Specifically, the Vermont courts should do the following:

- **Request and incorporate documented evidence of immediate danger prior to making custody decisions.**
  The case studies undertaken for this study revealed that children frequently entered custody before an updated SDM safety assessment was completed. The SDM was designed to be used prior to custody decisions, particularly whether safety concerns and threats to imminent danger for a child can be adequately mitigated by implementing a safety plan. Whether danger can be mitigated is a necessary consideration for the courts prior to placing a child in custody. Judges should request documented evidence of completed safety assessments (e.g., updated SDM) at the time they are asked to consider a child's case.

  The study shows that incorporating documented evidence of immediate danger is not standard practice in judicial proceedings for child custody cases. As noted above, whether danger can be mitigated is a necessary consideration for the courts prior to placing a child in custody. Time pressure and emergency situations may place pressure on the process to skip this step, or the data may not have been requested by the courts at the time of adjudication.

  Establishing a shared database between the family services division (FSD) and the courts where this information can be easily tracked and accessed by the courts could encourage the use of safety assessments in decision making and may also streamline access to available information. For instance, comprehensive data systems (e.g., Casenotes) would allow the completed safety assessment data to be stored electronically and easily retrieved by both FSD and court personnel.

Judges may also benefit from additional training on the SDM tool and how this tool may best be used in evidence-informed determinations that are aligned with best practices for collaborative child welfare approaches to support families.

- **Consider the match between family needs and the services they have received.** The study found evidence that not all families have received the range of possible evidence-based services that might mitigate the risk of immediate danger and harm to a child. Judges may not always know what constitutes the appropriate constellation of services and supports needed by a family. Judges should be encouraged to inquire about what evidence has been collected to demonstrate that a family has received services or interventions and whether these services are evidence-based or shown to be effective with other families with similar needs.

  Multidisciplinary representation that includes a licensed social worker and high-quality legal representation for families may also provide the courts with the additional knowledge and capacity to evaluate whether appropriate steps have been taken to mitigate risk.[2] This model has been successful at assisting the courts in adjudication and as a result reducing custody and disproportionality in custody while increasing family engagement in services.

Considerations for Policymakers

The study's findings have several identifiable considerations for Vermont policymakers, including:

- **Provide necessary funding to upgrade the data systems used by caseworkers and field personnel in their work with children and families.** Existing data systems are insufficient to support effective decision making, continuous quality improvement, and service array alignment. Investments in a statewide child welfare information system with a user-friendly reporting interface – such as *Casebook* – is an immediate priority. Alongside investments in a new data system, additional personnel with expertise in data driven practice are needed to set up the system and provide the support necessary for continuous quality improvement.

  In addition to providing funding for the one-time cost of upgrading the data systems, the legislature must commit to annual funding for this system to maintain standards for data- driven practice.

- **Encourage DCF/FSD to utilize federal funding to expand the array of services available to Vermont families.**

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[2] This recommendation was also highlighted by Deal & Robinson (2021) in the CHINS report that discusses how Title IV-E prevention funds can be used for multidisciplinary representation.

There is a critical need to invest in efforts to expand the number and train practitioners working in community mental health, parent child centers, early childhood education who are trained in evidence-based, trauma informed approaches identified by the Title IV-E Prevention Services Clearinghouse. Two years ago, UVM worked with DCF/FSD and a Title IV-E funding consultant to expand the types of personnel who are eligible for federally-funded professional development, education, and training related to supporting families involved in or at risk of entering foster care. DCF should invest federal funding in training additional professionals in the field, particularly in areas of the state where there are no or limited services available to families (as identified by current waiting lists or geographically-based service gaps).

A comprehensive evidence-based service array configuration plan should be established and funded by the legislature. Title IV-E federal funding may be available to pay for approved EBPs to families, however it is not available to fund training of professionals necessary to build an effective prevention-focused service array, or address the shortages of practitioners trained in EBPs across the state. Funding will be needed to build an effective service array that addresses the shortage of prevention and family preservation services, as well as necessary training for professionals and para-professionals from multiple sectors (e.g., child welfare workforce, child care providers, mental health clinicians, mentors, birth parents, foster/kin caregivers, school personnel).

- **Provide necessary requirements and funding to ensure families' access to culturally-responsive services and supports.**
  The report highlights the need for culturally-responsive supports and services for families from underrepresented and minoritized racial and ethnic groups as well as economically-disadvantaged families. In particular, DCF should be encouraged to engage organizations such as the Associations of Africans Living in Vermont to identify opportunities for collaboration and to close service gaps within the state's BIPOC community. Additionally, it is necessary to consider the availability of services across the state, particularly in small and geographically-isolated communities with concentrations of economically-disadvantaged households.

- **Consider statutory changes that would revise mandatory reporting requirements.**
  In Vermont, anyone who is a mandated reporter must report *any* instance of child maltreatment, regardless of whether anyone else has also reported the concerns. This results in a high rate of calls and administrative burden to the agency. For instance, Vermont has the highest rate of child maltreatment hotline referrals in the country (172 per 1,000 children in 2019). At the same time, it also has the lowest screen-in, or acceptance, rate in the country, with just 21% of calls to the hotline meeting acceptance criteria. Changes to Vermont statute that clarify instances where mandatory reporting is necessary when multiple reporters may be involved in a case, may improve the system's efficiency as well as minimize potential bias and surveillance disproportionately impacting families identifying as economically-disadvantaged or BIPOC.

Introduction and Background

At the national level, 5.7 children in every 1,000 were living in foster care on the last day of the fiscal year in 2017. In the same year, Vermont's rate was 11 children per 1,000, far above the national average and the fifth highest in the country (Child Trends, 2019). Vermont also showed higher rates of entry into foster care than the national average (6 versus 4 per 1,000, respectively). As such, in 2019 the Vermont state legislature contracted with the University of Vermont's College of Education and Social Services to conduct a multiphase research study including literature review, quantitative data analysis, survey data collection, and focus groups to shed light on and give an evidence-based understanding of the drivers of Vermont's custody rates over time. Since the beginning of the study, there has been a continued regression of Vermont's custody rates toward the national mean. Although still above average, in 2020 Vermont's rate decreased to 4.8 per 1,000 according to Casey Family Programs Vermont report of CFSR (2020).

Conceptual Framework

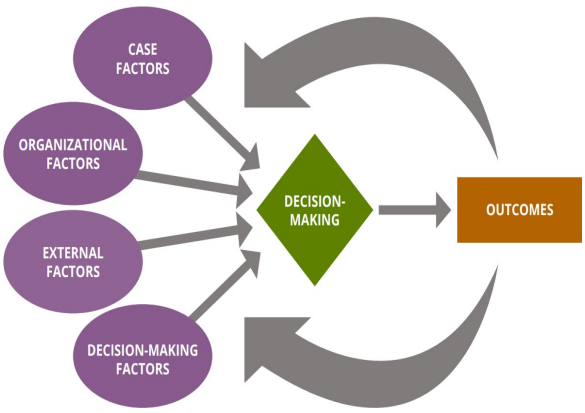
Child placement into foster or kinship care should not immediately be recommended when maltreatment occurs or when there is a risk of maltreatment but rather when a specific danger to a child cannot be resolved and the child cannot remain safely in the home. Many decision points exist prior to entry into foster care, including the stages of Child Protective Services (CPS) referral, investigation, and substantiation. Foster care entry rates are influenced not only by the prevalence of maltreatment, but also case, external, organizational, and decision-maker factors that comprise what Fluke and Dalgleish (2016) call the *decision-making ecology (*DME*).* Such factors may include the availability of alternatives to foster care,

state definitions of abuse and neglect, community prevention resources, risk tolerance, media influence in high-profile cases, and policies regarding intervention. The purpose of this report is to share the findings and considerations that resulted from the study through the lens of Vermont's DME.

The child welfare system is highly complex, so in order to understand the problem, we chose to view it through a multisystem lens considering multiple forces influencing the decision to bring a child into care. Thus, we use the DME as an organizing conceptual framework, which helped us structure our approach to this study. The DME considers the influences of *individual* case factors (such as age of child, type of abuse), *organizational* factors (climate, turnover, policies) *external* and *community* factors (media influence and high-profile cases, mandates and policies, court system processes, community resources and services) and *decision-maker* factors (risk aversion, removal vs. family preservation, bias, secondary traumatic stress [STS], family engagement skills).

Figure 1

Decision-Making Ecology (Fluke et al., 2014)



We conducted the study in three phases utilizing multiple data sources.

Study Phases, Methods, and Data Collection

Phase I (Winter 2020): We began the investigation with a comprehensive literature review to avoid missing variables that might be driving the custody rate in Vermont. Based on what we found in Phase 1, we identified which data we were able to secure from the state and which data we still needed to collect in the subsequent phases of the study.

Phase II (Spring–Fall 2020): The next phase of the study included quantitative data analysis and focus groups. This phase began upon receipt of the data-sharing memorandum of understanding allowing us to access the state administrative data. These data included variables related to case, maltreatment type, risk, race, district, and number of previous reports. Although these variables are critical for understanding the case factors, they did not provide any contextual information related to other factors within the DME. Specifically, the state data did not include information about other known drivers of custody such as services received prior to custody recommendation, organizational factors, workforce risk tolerance, or community professional collaboration, nor did we have information about substance use involvement, DV, and risk and safety data. As a result, we conducted further data collection from two additional sources: (1) a workforce survey of Family Services Division (FSD) staff and (2) focus groups with parents, lawyers on both sides, guardian ad litems (GALS), and foster parents in collaboration with the center for courts.

We then merged the data and conducted a multilevel model to answer the primary research question "*what are drivers of custody in Vermont."* We included all relevant variables including race, child age, safety assessment, risk level, gender, type of abuse, child removal

orientation (Dalgleish), organizational climate, time pressure, collaboration with community providers, poverty, and caseload. The findings from that analysis yielded similar patterns to those found in the national literature review yet led to an additional nuanced question related to whether risk of danger or actual danger was driving custody in Vermont. By working with *Evident Change*—the developers of the *SDM* tool that the system uses to determine risk and safety—we were able to obtain additional data, which led us to a third phase of the study.

Phase III (Spring 2021): During the final phase of the study, we analyzed the SDM safety assessment data linked to custody outcomes and conducted systematic case reviews. Phase III allowed the research team to conduct an in-depth analysis of the influence of risk and safety as drivers of custody in Vermont.

This report considers all three phases and provides considerations for future action to improve practice.

Key Findings

In this section, we present a concise summary of the findings and associated considerations based on the cumulated results from all phases of the study. The full methods, analyses, and findings for each individual phase are presented in the next section of this report. Below, we begin with drivers of custody from the Phase I literature review, then present Vermont-specific findings in Phases II and III.

Phase I: Literature Review

During Phase I, we conducted a comprehensive review of the literature on child custody drivers. Across many published articles, the strongest drivers fell into the four categories outlined in the DME detailed above.

- *Case factors* that drove custody rates included child demographics such as age, race, and developmental abilities, a history of child maltreatment, and parental substance use or mental health concerns.
- *Organizational factors* were specific to the climate and culture of a child protection agency and included factors such as inadequate support, high turnover, and statutes or policies specific to organizations.
- *External factors* related to aspects of the broader community, and factors shown to impact custody included availability of treatment and services, high-profile cases with a strong media response, and economic policies.
- *Decision-maker factors* showed that custody decisions were influenced by the risk threshold of the professionals supporting a family. In addition, decisions were also influenced by attitudes, influences, biases, or values related to removal that a caseworker, judge, or other professional holds, including STS and confirmation bias. Confirmation bias is the interpretation of evidence through the lens of an individual's existing values related to child safety and placement.

Phase II: Drivers of Custody

During Phase II, we merged several sources of data to understand the factors that influence and drive custody in the state of Vermont. We constructed a multilevel model and performed additional correlational analyses. Based on all the data we collected, the major drivers that rose to a level of significance are similar to what we see across the nation: *age, immediate danger, poverty, caseload size, risk,* and *previous reports.* The findings of the multilevel model

and correlational models are presented below and reference the four factors identified in the DME model (Figure 1).

Multilevel Model

We conducted a multilevel logistic regression model using merged data from 2018–2019, resulting in the following statistically significant drivers. **The odds of entering custody in Vermont are as follows:**

- 20.5 times greater for children with an identified danger on the SDM safety assessment tool (*case factor*)
- 7.4 times greater for children with a high or very high SDM risk assessment tool (*case factor*)
- 2.1 times greater for children with alleged physical abuse or neglect (*case factor*)
- 1.9 times greater for children who were prior victims of maltreatment *(case factor*)
- 1.7 times greater for children living in a district whose caseworkers, on average, were more oriented toward child removal (vs. family preservation as described in the section below; *decision-maker factor*)
- 1.3 times greater for children younger than six (*case factor*)
- 1.2 times greater for children living in districts with high poverty rates for children younger than six (*community factor*)
- 1.1 times greater for children living in districts with lower than average caseloads (*organizational factor*)

In our analysis, *case factors* were the strongest drivers of custody. The odds of entering custody were 20 times greater for children with an identified danger on the SDM safety

assessment. This tool is designed to aid decisions regarding safety and custody placement, so it is not surprising but rather reassuring, that case factors were the strongest predictor of custody. The odds of entering custody were seven times greater for children with high or very high scores on the SDM risk assessments. Risk assessments capture largely demographic and/or historical aspects of a family's case. The odds of entering custody were approximately two times greater for children with alleged physical abuse or neglect. Allegations of sexual abuse did not significantly predict custody, which is to be expected since our data indicate that perpetrators of sexual abuse were frequently not caregivers, so placement in custody was warranted less frequently. Custody odds were also higher for children who were prior victims of maltreatment.

Regarding *organizational factors*, caseload size was the only significant driver. Children living in districts with lower average caseloads were slightly more likely to enter custody than children in districts with higher caseloads. Data from the caseworker survey indicated that districts with higher average caseloads also had lower average custody rates. This finding was unexpected; however, when probing the workforce about this finding, it was noted that removing a child into state custody is highly time intensive. Caseworker survey data also showed that time pressure was significantly, positively correlated with caseload size. It is possible that when the FSD workforce is feeling high levels of time pressure, they have less time to be able to prepare an affidavit, attend court hearings, and then coordinate and supervise visits. Alternatively, caseworkers who experience a high degree of time pressure (e.g., "I cannot spend enough time with my clients") may have less time to spend directly with a family leading to less of an opportunity to identify a specific danger. We want to be careful with interpretation of these data as they refer to average district-wide caseload size in relation to average custody rate in a district, not case-level data. At the state level, data show an opposite relationship, with a correlational

trend between caseload size and custody. Between 2016 and 2020, caseload (over 20 vs. 16.8 families) and children in custody have trended downward.

For external, or *community factors*, living in a district with high poverty rates for children younger than 5 also conferred an increased risk of custody. This is consistent with data from the national level.

The most influential *decision-maker factor* was a caseworker's orientation toward child removal (over family preservation). These data points were gathered from the survey administered to child welfare professionals. The odds of entering custody were 1.7 times greater for children living in a district whose caseworkers reported a stronger inclination toward child removal.

To gain greater contextual understanding of the findings, we also conducted correlational analyses. The key correlational findings are discussed in the next section and help derive meaningful, data-driven implications for practice and policy considerations.

Correlational Models

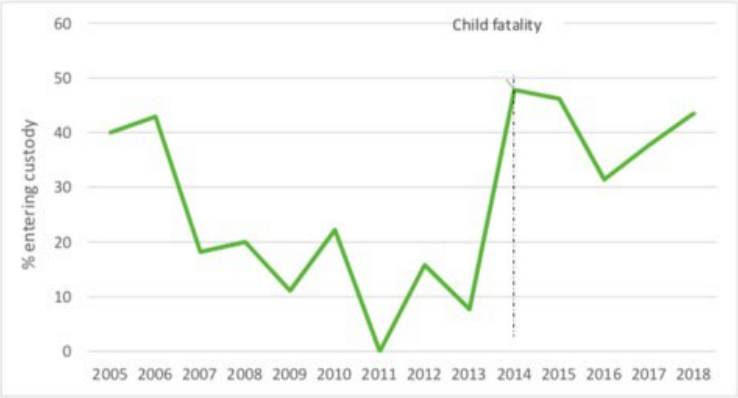
Organizational Community Factors. Although caseload and poverty were the only organizational and community factors that were significant in the multilevel model, other interesting factors emerged in some of the correlational analyses. Most notable were the influence of media and access to available community-based services.

Media Influencing Custody Recommendations. In addition to the above findings, the study revealed evidence of the impact of external factors impacting custody entrance such as high-profile child deaths. Over 50% of survey participants were concerned that one of their cases may draw media attention or that they might be fired should a child on their caseload be harmed, while 12% expressed that media response could influence their

recommendation to seek court intervention. The figure below depicts one district that experienced a tragic high-profile case in 2014. The "foster care frenzy" that ensued after this is evidenced in the sharp incline in the percentage of physical abuse cases that led to custody during the year in which the fatality occurred.

Figure 2

Foster Care Frenzy

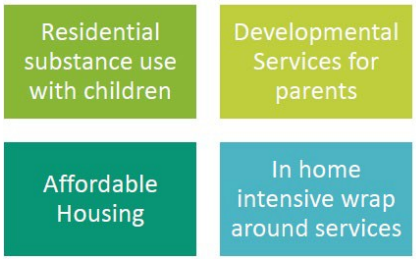


Access to Community-Based Prevention Services. Although administrative data on service provision is lacking at the individual child and family levels, we obtained information on service availability by surveying child welfare professionals about their experience with and perception of services in the state. We analyzed the results by district, as service availability differed markedly across districts. Child welfare professionals reported that on average, their district offered 8.5 services out of 19 possible services queried. Child welfare workers also reported on the quality of services available in their district. On a scale of 1–5, with 5 representing high-quality services, they reported a statewide average of 3.6 for quality of services. We then asked survey respondents who have a role in custody decisions to answer the question *"Are there services that are not available in your district, but if they were it would have changed a decision*

to recommend removal?" The four most common service gaps identified across districts are shown in the figure below:

Figure 3

Services That Could Have Prevented Placement



Decision Maker Factors. One of the significant variables in the multilevel model was orientation toward child removal versus family preservation. The survey asked participants questions related to their inclination toward child removal or family presentation using a standardized scale developed by Dalgleish, Fluke, and colleagues. We included this scale in the survey as a proxy for understanding how values and bias can influence custody recommendations. Previous studies have found that inclination toward child removal is positively correlated with custody rates, whereas inclination toward family preservation is negatively correlated with custody rates.

Additional analyses revealed findings that may be helpful for guiding practice, hiring, and new worker training. When we classified caseworkers into two groups based on their survey responses, one inclined toward child removal and the other toward family preservation, we found significant differences. When compared to the *child removal* group, the *family preservation* group was more likely to

- have a master's degree (58% vs. 42%)

- have a social work degree (50% vs. 39%)
- identify as a race or ethnicity other than White (111% vs. 6%)
- be in a leadership role (42.1% vs. 11%)
- have been working in the field longer (7.2 years vs. 4.5 years)
- have a lower percentage with high or very high STS scores (20% vs. 42%)
- have higher resilience scores (23 vs. 21)
- identify a stronger tendency to remove based on facts *internal* to the case rather than personal beliefs and values (5.8 vs. 5.5)
- report higher use of SDM to guide decision making (4.7 vs. 4.1)
- report being less affected by anger or hostility (3.7 vs. 4.4)
- report more collaboration with community providers (83% vs. 62%)

Focus Group Findings

For the purposes of this report, three relevant themes emerged from the focus groups: (a) unrelated family histories, (b) lack of shared vision of "best interest," and (c) service availability before and after custody. The full findings can be found in the CHINS report (Deal & Robinson, 2021).

Unrelated Parent History. Participants reported that parent histories are "*thrown in the affidavit,*" leaving parents feeling like they will never be able to have a clean slate due to the "long laundry list" of things—not always relevant to removal—the affidavit contains. Many parents and attorneys noted that the Department for Children and Families (DCF) often includes old information in the affidavit that is not relevant to the current case. One attorney suggested that "*The court needs to be firm with the department and state the affidavits directly support why*

the child should be removed from the house in the current situation, not the parents' 15 year history." Many parents gave comments conveying the sentiment, "*Once you are known to DCF, they think of you like that forever."* Affidavits should note the specific danger that is occurring relevant to the current episode, not a risk or past history. Courts need to encourage this by asking for evidence from the SDM safety assessment with an extra probe when Items 8 or 9 are identified.

Lack of Shared Vision of "Best Interest". Participants in the focus groups and interviews did not share a common goal or understanding of the target for the "best interest" in the custody process. There was little agreement on whether custody was in the best interest of the child, the parent, or the family. Many of the professionals in the focus groups and interviews did not have particularly positive views of parents involved in child welfare. In fact, the majority seemed frustrated with the lack of follow through, which leads to parents feeling stigmatized, decreasing their engagement with the system. As noted by Deal and Robinson (2021), "Parents reported feeling looked down upon because they were single mothers or of low income."

Services Before, During, and After Custody. *Before Placement:* Focus group participants noted several different types of supports and services that may have been helpful in keeping their children within their own homes. Many participants noted the lack of access to mental health services, the long waitlists, challenges with housing, and the need for more substance use treatments that allowed cohousing with children of all ages. Many noted the long waitlists for community-based services. Other parents noted the lack of sufficient services provided prior to custody leading to questions about reasonable efforts. Similarly, caregivers and attorneys suggested that father engagement services might have eliminated the need for custody.

During Custody: Focus group participants focused on visitation as a service provided during custody that could support reunification and noted that visitation provided by DCF was inadequate. This could be partially due to an effect of timing because the focus groups were conducted during the pandemic lockdown and the transition to virtual visits. However, several attorneys identified concerns predating the pandemic, such as that parents had to "fight for visitation" and "DCF is quick to take things like visitation from parents, but slow to reinstate it." Parent attorneys perceive DCF to have a negative attitude toward parents and advocate for consistent visitation even when a parent is not progressing on their case plan. One attorney noted instances when DCF limited visitation as a punishment for parents not progressing on their case plan.

After Reunification. Focus group participants also observed that when families are reunified, the supports and services vanish. Parents are not prepared or adequately supported, leading to reentry.

Phase III: Understanding Influence of Risk and Danger on Custody

The final phase of the study led us to conduct analyses on 727 safety assessments from children who entered custody within one year of a report in 2018. The safety assessments are part of the battery of assessments included in the SDM tool. The safety assessment helps determine whether a specific danger is present, and it is this tool that should be used in determining whether custody is needed. The tool includes nine specific danger items (listed below).

Of the 727 safety assessments, 405 were identified as "safe," 190 were "safe with plan," 127 were "unsafe," and five were missing a decision. Best practice suggests that a family would enter custody only when there was a specific danger item checked, meaning that a family was

deemed “unsafe.” There were 317 assessments that were “safe with plan” or “unsafe”, where best practice would suggest that the assessments should have had at least one danger item checked. However, of these assessments, only 78 assessments had a specific danger item checked, leading us to make the decision to conduct randomized, systematic case reviews of these cases. Among the 78 safety assessments that identified a danger,

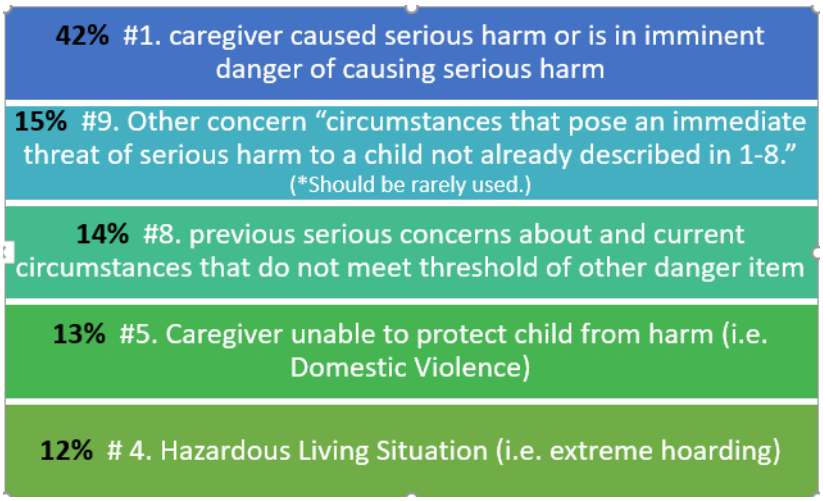
1. 42.3% reported that caregiver caused serious harm or is in imminent danger of causing serious harm.
2. 9.0% reported suspected child sexual abuse
3. 10.3% reported caregiver does not meet child’s immediate needs
4. 11.5% reported a hazardous living situation (e.g., developmentally unsafe or extreme hoarding)
5. 12.8% reported a caregiver unable to protect child from harm
6. 2.6% reported caregivers’ explanation is inconsistent
7. 2.6% reported caregiver denies access to child
8. 14.1% reported previous serious concerns about safety (either pattern or a single severe incident) and current circumstances are near but do not meet the threshold for any other danger item*
9. 15.4% reported caregiver other concern “circumstances that pose an immediate threat of serious harm to a child not already described in the other danger items (1–8*).

*According to the SDM safety assessment manual, the “other” category (#9) should be rarely used, and workers should ensure that the concern for danger cannot fit under any other item definition.

Our analysis revealed inconsistencies in the use of the tool. The item most frequently checked was #1 "*caregiver caused serious harm or is in imminent danger of causing serious harm*," present in 42% of the cases that had an identified danger. This was followed by the "other" category, at 15%. The safety assessment details that this item captures *risk of harm* that is not present in the other danger items and should be used rarely. The third most frequently identified item was "previous serious concerns **and** circumstances that do not meet the threshold of any other item." Item #8 is a combination of concerning history as well as subthreshold current danger. Although these data should be cautiously interpreted due to the large number of missing data, further investigation is needed to understand why almost a third of the dangers checked relate to nonspecific danger (Items 8 and 9, particularly, because these two items are only supposed to be used sparingly and allow more room for risk versus concrete or specific evidence of immediate danger. Further, our investigation found irregularities in the use of the SDM tool. The data showed that a large percentage of cases did not have safety assessments completed prior to removal recommendation. This could be due to many causes including time pressure, but without a consistently used standard measure, there is a greater opportunity for bias to be introduced into decision-making.

Figure 4

Five Most Common Dangers Among Children in Custody



Custody Rates and Structured Decision Making

Districts with above-average use of danger items 8 and 9 had a higher average custody rate than districts that used those danger items less frequently (11.9% vs. 9.0%).

Systematic Case Reviews

Based on the finding that some children appeared to enter custody without an identified danger on the SDM safety assessment, we randomly selected "26 safe" and "safe with plan" cases to review. Case reviews revealed that the vast majority of the cases did indeed have a danger present but that the child entered custody before an updated safety assessment was filed and recorded in the data system. Of the 26 cases,

- 65% (17 cases) involved substance use as a driving factor in custody
- 12% (or three cases) had a conditional custody order (CCO)* that failed prior to custody
- 50% (13 cases) involved a CCO after custody.
- of those involving CCOs after custody, 10 were CCOs to a parent (77%).
- 27% (seven cases) involved domestic violence as a factor impacting custody

- For the 23 cases that included race data, 9% (n = 2) identified as black, indigenous, or people of color (BIPOC) and 91% as White.
- in 15% of cases, the danger was coded as "other"

Note. CCOs are granted by the court to confer temporary legal custody to an individual who is subject to conditions determined by the court. Conditions may include protective supervision, such as unannounced home visits by CPS to ensure compliance with the custody order. CCOs are frequently granted to a parent, guardian, relative, or another individual who has a significant relationship with the child.

Cross-Phase Findings

Data-Driven Practice

Data-driven practice is essential for understanding the efficacy of a system, for measuring progress and impact, and for prioritizing practice initiatives. The Vermont DOS-based data system is detrimental to effective data-driven practice. The current data capture information about how many children are in the system, the type of maltreatment, age of children, how many days they have been in systems, if there is a re-report, and time to permanency. They are not inclusive of the data necessary to inform practices, community-based services, family progress, system impact, or wellbeing. A comprehensive data system would likely facilitate more data-driven practice, lead to more efficient casework, and decrease confirmation bias or "hunch-based" custody decisions that can be steeped in racial and socioeconomic bias.

Currently, there are enormous data limitations within the state of Vermont, beginning with its antiquated system for collecting child maltreatment data as evidenced through this project. Many subcategories of these data are stored in separate data files using different ID

codes, so it is highly time consuming to merge data sets and produce meaningful reports that can inform practice decisions. While cleaning the data for this study, we found that many children had two or more IDs, which makes it challenging to know with certainty whether a child has been a prior victim of maltreatment. Distinct data sets are organized in different time segments, varying from every 6 months to every year. There is no way to link a particular maltreatment report with a custody episode. The research team had to rely on following children up for a year after a given maltreatment report to determine whether they entered custody at any time in that period. Some data, such as safety assessment information, is captured in a different database, at the family level, while child maltreatment reports and custody data are captured at the child level. In addition, the SDM tools were only consistently implemented starting in 2015, and reliable electronic data on them was available starting in 2017, which limits the ability to study patterns over a long time period.

In addition, after we merged the data files, we discovered high rates of missing data, particularly regarding types of services received. The current administrative data systems do not collect information regarding length of services, and no link is possible between service referrals and outcomes, which greatly limits the ability to assess the effectiveness of community-based services. Except in select districts, we do not collect data on child and family functioning.

In sum, the data systems do not allow for critical analysis or meaningful measurement of safety, permanency, and wellbeing of the children and families served by the system. This was illuminated during this study when it became clear that we would not be able to draw a picture of the prevention services that were offered prior to custody. Further, the current data lack information on specific types of prevention services that families are accessing prior to entering custody. Demonstrating that reasonable efforts were made to keep a child in their family of

origin prior to a custody recommendation would be much more efficient with an integrated data system.

Considerations

Considerations for Family Services Division & Community Partners

A. Upgrade data systems to ensure data-driven practice…

at the case level to support *data-driven decision-making*;

at the systems level to support *continuous quality improvement (CQI)*;

and at the community level for *service array realignment*.

Suggested Action Steps:

1. Immediately invest in a statewide CWIS with a user-friendly reporting interface, such as Casebook, that can merge administrative data in addition to assessment tools such as the SDM, which measures safety; the child and adolescent needs and strengths (CANS) tool which measures wellbeing; and interagency information related to service referrals and services received.
2. Collect and utilize child and family wellbeing assessments as progress monitoring tools in relation to services provided to support documentation of reasonable efforts.
3. Collaborate with outside experts with expertise in CQI and data-driven practice to assist with system setup and periodic reporting.
4. Hire additional staff specializing in ongoing CQI and data-driven practice.

B. Utilize Title IV-E prevention funding as an opportunity to increase access to evidence-based services that are available to families *before* custody, particularly services that address substance use and domestic violence

As a rural state, Vermont's access to community-based services that could support families to remain intact is inadequate. Until recently, funding for many family preservation services has been tied to restrictions related to foster care. However, in 2018, the federal government passed the ***FFPSA*** which provided an avenue for leveraging Title IV-E funding for direct family preservation services. This act aims to utilize Title IV-E dollars to support families before children are removed from the home decreasing the likeliness that cases will be open as an avenue for equity in service access while improving the service array. However, FFPSA funds can only be used to fund evidence-based practices that are identified as promising, to well supported, as identified on the Title IV- E Prevention Services Clearinghouse. Unfortunately, Vermont's current roster of available evidence-based practices is minimal. Vermont must therefore invest in workforce development focused on training practitioners across community mental health, parent–child centers, early childhood, and other partners in evidence-based, trauma-informed approaches identified in the clearinghouse.

Expanded definition of workforce enables broader funding for professional development. Two years ago, the University of Vermont's (UVM) College of Education and Social Services worked closely with the FSD and a Title IV-E funding consultant to expand the definition of the child welfare workforce in order to provide access for professional development, education, and training to all those supporting families involved in or at risk of entering foster care. This shift, along with the passage of the

FFPSA, expands available fiscal resources that can support an expansion of services across Vermont's rural communities as well as enhance opportunities for education, professional development, and training of a broader workforce. FSD is currently developing its FFPSA plan and is able to utilize IV-E funds for training and professional development of Vermont's broadly defined child welfare workforce.

Suggested Action Steps:

1. **Strategically fund initiatives that will broaden and expand the evidence-based service array.** Although it is necessary to build on the current array of evidence-based practices available in this state, Vermont should also use FFPSA funds to encourage the *expansion of the service array* beyond what is currently available. By increasing the types of evidence-based services available to our communities, we will improve the alignment between available *services* and culturally relevant, family-support *needs*.

   Unfortunately, the funding cannot be used to train providers in evidence-based practices (EBPs), but once Vermont has trained providers, funding is sustainable through Title IV-E. Currently, Vermont has access to eligible EBPs such as parent–child interaction therapy (PCIT) and motivational interviewing (MI). However, it lacks access to other EBPs provided in less stigmatized settings (e.g., schools, parent–child centers). In addition, this study found a need for EBPs that address domestic violence and family-centered substance use treatment. Additional examples include

   - *Strengthening families,* which cuts across substance use, mental health, and parenting,

- *Lifeset,* for prevention of substance use, domestic violence, and intergenerational trauma
- *Families and schools together:* Native American Indian adaptation

2. **Engage families in decision making about the service array.** Ask families what services will meet their needs and build on their strengths to allow a child to remain safely at home, including what services are most culturally relevant to their family and how they would like to be involved in reporting on the progress made in services.
3. **Examine current waiting lists for evidence-based services and recruit additional service providers as needed to fill service gaps.** The Family First Prevention Services Plan will include three EBPs this year that are identified as promising or well supported, including PCIT, child–parent psychotherapy, and MI. The state will need to allot resources to training the workforce in each region in these EBPs to ensure equitable access across the rural corners of the state.
4. **Expand training for professionals and paraprofessionals** from multiple sectors across the expanded child welfare workforce including childcare providers, mental health clinicians, mentors, birth parents, foster or kin caregivers, court system professionals, and educators and paraprofessionals in schools.

   The following are possibilities for how Title IV-E funding might be able to be leveraged to expand training for the broader child welfare workforce in Vermont:

   - ✓ Provide concrete support for parents and foster parents (as employees of the child welfare system) to return to college in areas that relate to social

services, thus increasing their socioeconomic potential and skills while building a workforce with lived experience.

- ✓ Support the professional development of paraprofessionals and other education professionals who work most closely throughout the school day with children who have experienced trauma, and their families.
- ✓ Pay members of interdisciplinary family support teams that include legal advocates working in collaboration with FSD workers and parents.
- ✓ Provide training for foster parent mentoring programs that shift the role of foster parents to being birth parent mentors that actively support reunification.

5. **Increase funding, workforce professionalization, and family-based services provided within parent–child centers.** Some evidence suggests that there is greater family engagement when services are accessed through family support centers within communities rather than community mental health centers. In addition, access to services in home communities assists with creating a firewall between the child welfare agency and community services. Current parent–child centers in Vermont provide an infrastructure that could expand upon the current family support and mental health contracts. The services offered by FSD and its community partners need to include functional family-centered, community-based practices that go beyond face-to-face contacts and visitation. They must provide real, concrete support and skills that will enable families to maintain critical connections and meet identified needs within their home communities (e.g.,

respite provided to birth parents struggling with domestic violence or substance use).

C. Support community partners to expand the family preservation service array in all regions of the state with particular emphasis on services that are effective with families who are underrepresented and/or struggle with socioeconomic disadvantage.

In the multilevel model that we constructed to examine drivers of custody rates, socioeconomic factors emerged as significant driver. Specifically, living in a district with higher poverty rates for children under 5 years old was associated with a greater risk of entering custody. Although we cannot definitively explain why this association exists, it is reasonable to consider that socioeconomically disadvantaged districts likely have fewer economic resources and less access to evidence-based treatments that support family preservation.

From the child welfare worker survey, we learned that reports on service availability varied across districts. St. Johnsbury professionals reported the most services available (11.8 out of 19 possible) and all other districts reported fewer than 10. Child welfare workers' reports of service quality also varied markedly across districts, with Burlington and St. Johnsbury reporting the highest quality (scoring at least 4 out of 5) and Brattleboro and Newport reporting the lowest quality services (2.2–2.9 out of 5). The focus group findings also supported the lack of service availability.

Suggested Action Steps:

1. We recommend reviewing the Community Opportunity Map published by Casey Family Services, which uses census data to publish region-specific findings in areas such as race, poverty, educational outcomes, and housing.
2. Use the above data to identify areas that are particularly at risk of receiving inadequate funding for family preservation services.
3. Prioritize interventions from the clearinghouse that have demonstrated effectiveness with families whose demographics mirror those of Vermont.

D. Address STS in the workforce

STS, also referred to as compassion fatigue (CF), is common among child welfare and mental health professionals regularly exposed to stories and images of their clients' traumatic experiences (Bride, 2007; Strolin-Goltzman, Breslend, Deaver, Wood, Woodside-Jiron, & Krompf, 2020). While primary exposure to trauma may lead to symptoms of posttraumatic stress for clients, secondary exposure can result in comparable symptomatology among service providers (Figley, 1995). A recent study by colleagues at the University of Vermont published in *Traumatology* found that STS was mitigated by transformative leadership emphasizing role clarity, supervisory support, and cross-system collaboration (Strolin-Goltzman, 2020). We included an assessment of STS in the survey we administered to the workforce. The survey revealed that in Vermont, 55% of child welfare professionals reported moderate to high or severe levels of STS. Resilience was inversely associated with STS, such that individuals who reported higher scores on a measure of resilience tended to report lower levels of STS. Further, individuals who reported higher levels of STS reported higher feelings of time pressure.

The survey results also provided a measure of a child welfare professional's orientation toward child removal versus family preservation (based on a scale published by Dalgleish and colleagues, 2010). We categorized professionals' orientation as either family preservation or child removal and found that the percentage of workers reporting high or very high STS levels was twice as high in the child removal group as in the family preservation group (42.1% vs. 20.0%). Although we cannot infer the direction of causation, it is possible that addressing STS in the workforce may also influence the degree to which a worker is oriented toward child removal versus family preservation, or that there is a third common spurious variable causing both.

Suggested Action Steps:

1. Encourage or require regular self-assessment of STS symptoms for all child welfare professionals
2. Provide formal education about STS and provide trauma-informed resources or referrals to all child welfare professionals
3. Encourage supervisors to ask supervisees about symptoms of STS. Further, supervisors and leaders can move beyond encouraging self-care to also emphasize the critical influence that interprofessional collaboration has on the prevention of STS and child wellbeing.
4. Create formal opportunities for caseworkers to report on areas in which they feel skilled and those in which they would like additional training and/or support.

E. Identify and prevent decision-making bias.

Decision-making science is a "process of selecting the best option among a number of competing choices (Capacity building center for the states, 2017)."

Traditionally there has been an assumption that humans make decisions using a rational process involving weighing costs and benefits. However, recent studies have shown that this is likely not often the case.

Decisions in child welfare are impacted by many factors, as noted in the DME, but they are also impacted by available information (data), time pressure, and biases. There are three common types of biases that might be impacting Vermont's custody decisions. According to Platt and Turner (2014) these include the following:

1. ***Confirmation bias:*** A type of processing in which information is selectively gathered to confirm the worker's previously held notion about the case or family.
2. ***Recency effect:*** Patterns identified from more recent cases are used at the expense of relevant knowledge gained from older cases.
3. ***Order effect:*** Information obtained later in the investigation is weighed more heavily than information obtained at the beginning of the investigation.

Bias may be at play within Vermont, as evidenced by the fact that survey, focus group, and safety data all suggest that history and risk alone are impacting some custody recommendations and decisions rather than current and immediate danger. Other jurisdictions have utilized practice strategies to minimize bias, such as those suggested below.

Suggested Action Steps:

1. Embed training on decision-making bias into new worker preparation including addressing the stigmatization of low-income single parents
2. Consider implementing blind team decision making. New York City instituted **blind removal decisions** Using a teaming model where prior to any custody

recommendation, caseworkers utilized team decision making without any demographic or socioeconomic information in the case presentation. Dr. Jessica Pryce describes the success of the program at decreasing custody rates, particularly among youth of color.

3. Enhance a culture of data-driven practice across the courts and FSD.
4. Engage with media to understand the impact of the sensationalized high-profile cases on future outcomes for children, families, and the workforce.

F. Develop detailed and refined practice guidance for SDM safety assessment items and conduct regular reviews of safety assessment data related to case outcomes.

Suggested Action Steps:

1. FSD should collaborate with Casey and the Evident Change, formerly called the National Council on Crime and Delinquency and Children's Research Center, to develop new practice guidance related to when and how to complete the safety assessments and reoperationalize the definitions for Items 8 and 9.
2. We suggest that the system complete regular reviews of safety assessment data linked to case outcome data to inform practice guidance, particularly in relation to the appropriate use of SDM Items 8 and 9.
3. Finally, the state should invest in a shared data system that houses case plans and safety assessments that can be accessed by the court and FSD, which would greatly ease the time burden of sharing these data using current methods. Ideally, it could also include other assessments such as the CANS completed by designated community mental health agencies (DAs).

G. Revisit caseload distribution

Data from the caseworker survey indicated that districts with higher average caseloads also had lower average custody rates. However, state-level data show a correlational trend where custody rates and caseloads have both been decreasing, on average, for the past 5 years.

Suggested Action Steps:

1. FSD supervisors and directors should convene at the state level to determine maximum caseloads by studying caseworkers' actual caseloads and their reported time pressure. Maximum caseloads should be weighted to account for more time-intensive cases (such as foster care cases).
2. Examine yearly trends of maltreatment reports, investigations, and removals to project anticipated numbers of cases in the coming years.
3. Hire additional caseworkers and supervisors as needed to reduce caseloads to the determined maximum. Yearly reassessment of caseload size is an important factor in identifying hiring needs as early as possible.
4. Consider how to incorporate the findings from the workforce survey related to worker inclination toward family preservation when assigning cases.

Considerations for Court Systems

As noted, we collaborated with the Center for the Courts on the CHINS study, and the final report from that study provides the courts with excellent recommendations. We suggest referring back to that report for more court-specific strategies to improve data-driven decision making related to custody in Vermont. In addition, we provide the following considerations specific to our findings:

A. Request documented evidence of immediate danger, and not risk alone, prior to custody entrance (e.g., SDM safety assessment)

As detailed above (see Family Services Division and Community Partners, section A), the case studies revealed that children frequently entered custody before an updated SDM safety assessment had been completed. This tool is intended to be used to identify whether one of nine possible immediate dangers is present, and if so, whether the danger can be adequately mitigated through implementing a safety plan. If the danger cannot be mitigated, custody may be the only safe option for a child. The safety assessment was designed as a structured way for caseworkers to assess danger, but it only does so when used prior to custody decisions. Time pressure and emergency situations likely disrupt the process of completing safety assessments prior to custody. Having judges request documented evidence of completed safety assessments would likely encourage closer adherence to the intended use of these assessments, which would presumably serve to reduce potential bias as well as allow for analysis into safety assessments trends and outcomes over time.

Suggested Action Steps:

1. Training should be provided to judges related to using the SDM tool to inform custody decisions *prior to ordering that a child enter the custody of the state*. This action would lead to a more objective *and evidence-informed* determination while being aligned with best practices related to a collaborative child-welfare-systems approach to supporting families.

2. Incorporate a request for documented evidence of immediate danger into standard judicial proceedings for child custody cases with an additional probe when items are identified that should be "rarely used."
3. Establish a shared database between FSD and the courts to streamline access to such documentation
4. Consider purchasing a comprehensive data system such as Casenotes, which would allow the completed safety assessment data to be stored electronically in a manner that allows for easy retrieval should multiple safety assessments be completed for a given child (as is often the case) over time.

B. Inquire about the match between needs and services.

1. Request documentation about evidence-based services and concrete support offered to families, with attention to how services match needs.
2. Inquire about what evidence has been collected to demonstrate that the services or interventions provided to a family have been shown to be effective with other families with similar needs.
3. Engage multidisciplinary family support teams. Deal and Robinson (2021), in the CHINS report, discuss how Title IV-E prevention funds can be used for multidisciplinary representation that incorporates a professional licensed social worker and high-quality legal representation for parents. This model has been successful in various jurisdictions at reducing custody and disproportionality while increasing family engagement in services.

Considerations for the Legislature

A. **Annual funding allotment to build statewide CWIS.** Currently, the state is embarking on building a CWIS system; however, the currently available funding is only a fraction of what will be needed to fix and maintain a minimal standard of data-driven practice.

B. **Allot funding to expand access to evidence-based prevention services that are currently not available but needed to prevent placement.** A comprehensive service-array reconfiguration plan should be created with funding to support its implementation and evaluation or CQI necessary per funding regulations. Specifically, the legislature should annually allot funding for professional development and systemwide training in order to expand the service array across Vermont. In particular, funding will need to (a) support initial training and ongoing consultation and (b) initial and ongoing evaluation aimed at moving the program onto the clearinghouse if it is not already in existence.

C. **Culturally responsive services.** Provide funding focused on expanding the community-based service array in all regions of the state with particular emphasis on services that are effective with families who are underrepresented and/or struggle with racism and socioeconomic disadvantage. Engage organizations such as the Association of Africans Living in Vermont to identify service gaps within BIPOC communities across the state.

D. **Consider mandatory reporting requirements.** Vermont has the highest rate of child maltreatment hotline referrals in the country (172 per 1,000 children in 2019, whereas the average in similar states such as New Hampshire is 69 per 1,000 children or Maine [95 per 1,000]). However, Vermont also has the lowest screen-in rate in the country, with only 21% meeting the criteria. In comparison, New Hampshire screens in 58% of its

referrals and Maine 46%. This rate may be inflated because, in Vermont, calls regarding adolescent behavior (such as truancy, running away, and addiction) are routed to the FSD hotline, which is not the case in many states. Additionally, in Vermont, anyone who is a mandated reporter must report regardless of whether anyone else has also reported the concern, which may lead to a high rate of calls that do not correspond to an equally high rate of investigations. It is possible that the expanded mandatory reporting may add to a culture of bias and surveillance disproportionately impacting families experiencing poverty and/or identifying as BIPOC.

Methods and Comprehensive Reports

In this section, we give details on the methods used as well as the complete reports for each phase of the study. Some repetition exists between some aspects of these reports and the summary of key findings in Section III of this report.

Methods

Data Sources and Collection

The analyses in this report have been completed using state databases, published national data sets, and surveys of Vermont's child welfare professionals. Survey data were collected from the workforce to capture organizational, external, and decisionmaker variables. Focus group data were collected by a partnering team working on a study for the court systems. Preliminary results of the focus groups will be presented in this report.

Quantitative Administrative Vermont Department for Children and Families Data. The analyses in this report were completed using state databases with published national data sets used for national comparisons. Data were available from 2005 to 2018 for most case factors.

From 2010–2018 the data included risk-level, and other variables that were obtained at the time of intake. Data were received in Excel files and entered into the *Statistical Package for the Social Sciences* (SPSS). Data were cleaned and merged to capture the full range of case factors (e.g., child demographics, risk factors present at intake report, services offered). Subsequently, administrative data were also merged with data files of organizational, external (community), and decision making (survey for child welfare professionals). Prior to analyzing, data files were aggregated by year to allow for the examination of patterns over time. Data were analyzed using descriptive, bivariate analysis (chi-square, *t*-tests) to identify differences between children who entered custody and those who did not. After new safety data were integrated into existing data files, data were also analyzed using multilevel models to examine which DME factors (e.g., case factors, external factors, organizational factors, and decision-making factors) are most predictive of custody entrance. Multilevel modeling ensured that district-level variability was accounted for in the model.

Quantitative (Survey) Data. In the summer of 2020, family services staff in all districts and central offices were sent a link to complete the survey related to child welfare practices in Vermont. The focus of the questions related to decision-making factors within individuals, organizations, and the external community. Survey data were downloaded from REDCap and entered directly into SPSS. Data were analyzed using descriptive, bivariate analysis (ANOVA, *t*-tests, and correlation), and multivariate analysis (multiple regression) for differences between groups. With three years of data, some analyses were repeated on the combined samples, as well as assessing change over the years. Established measures were analyzed as scores while other measures (e.g., project developed) were analyzed either as scale scores (if the items formed a reliable scale) or individually by item.

Qualitative Data. The research team collaborated with the National Center for the State Courts during the summer and fall of 2020 to conduct joint focus groups with stakeholders and individual interviews with birth parents.

Table 1

Number of participants in each focus group

Stakeholder Group	# of Participants	# of Focus Groups and Interviews
Attorneys for children and/or parents	7	3 focus groups and 1 interview
Caregivers	4	1 focus group
Community Resources	4	1 focus group
DCF Caseworkers	9	1 focus group
Guardian ad Litem	6	1 focus group
Guardian ad Litem Coordinators	7	1 focus group
Judges	5	1 focus group
Juvenile Court Staff	4	1 focus group
Parent	7	1 focus group and 5 interviews
State Attorneys	6	1 focus group
Youth	7	1 focus group and 1 interview

Note: DCF-Department for children and families

Analyses

As outlined in the Phase 1 report, four factors influence outcomes for children. The analyses in this report merge survey data with administrative data to understand the influence of case factors, organizational factors, external factors, and decision-making factors on custody within one year of maltreatment report. Multilevel modeling was used to understand the effects of each factor within the DME on entry into foster care within one year of a report. Models included case-level factors (e.g., child demographics, type of maltreatment), district-level community factors (e.g., child poverty rates, vacant housing), and district-level organizational

factors (e.g., organizational leadership, organization-wide resilience). District-level effects were accounted for in the multilevel models. Values were assessed to compare model fit and to determine the best-fitting model.

Measures. The survey administered to caseworkers included several scales that have been used in other studies measuring constructs such as caseworker skills, job experience, removal decisions (internal and external to the case), liability, availability of services, difficult situations related to managing conflict in a case, attitudes toward removal and family preservation, and case worker orientation (as measured by the Dalgleish scale).

Dalgleish Scale. The Dalgleish scale (see Appendix E; Dalgleish, 2010; Fluke et al., 2016) was designed to measure attitudes toward child removal and family preservation. This scale consists of eight sentence pairs. Each pair included a sentence leaning toward child removal and a sentence leaning toward family preservation. For example, two statements read as follows: "The state has a responsibility to protect children" and "Work should be focused on keeping the family together." These were forced-choice items where the participants were asked to choose the statement that better reflects their general work focus and beliefs. The participants were then asked to rate their strength of preference for the statement they chose on a five-point Likert scale, ranging from very weak to very strong. In this example, a participant may choose sentence *A* as the statement that best reflects their general work focus and beliefs and rate the strength of their preference as weak. Some of the statements were repeated on the scale but were paired with different statements each time. This scale is scored by assigning ***a -1 for items that were oriented toward family preservation*** and a ***+1 for items oriented toward child removal***. That score is then multiplied by the strength of preference for that item. In the above example, sentence *A* is oriented toward child removal and is scored a +1. This is then

multiplied by their strength of preference, a 2, and the final score for that item pairing is +2. The range of scores is -5 to +5 for average scores and -40 to +40 for total scores. A low score (below zero) reflects attitudes more favorable toward family preservation, and a high score (above zero) reflects attitudes more favorable toward child removal.

Demographics. Participants were asked about demographics including, race, age, experience, education, district office, role, and job title.

Sample

Survey Sample. Of 416 possible participants, 64% responded to the survey. A total of 266 participants completed at least some of the survey of Vermont Child Welfare Practices during May and June of 2020.

Administrative Data. The study used administrative data on entrance into custody dating back to 2009; however, due to many irregularities in the data, the most robust data are for the latest years. The most recent years include data from the SDM tool, which assesses risk and safety, linking these data to out-of-home placements. Constructs from the survey data on individual, organizational, community, and decision-making factors were then merged into a single complete dataset from the most recent year.

Phase I: Literature Review

Case factors

Parent/Caregiver and Family Factors

Substance Use. The strongest substance use predictors for foster care entry appear to be opioid and amphetamine use, particularly when a mother uses substances while pregnant.

Nationally, from 2000 to 2017, the proportion of foster care cases attributed to parental substance use has steadily increased from 15% to 36% (Meinhofer & Angleró-Díaz, 2019; Sulpaveda & Williams, 2019; Child Trends). Roscoe, Lery, and Chambers (2018) examined correlates of safety determinations that caseworkers made after completing the SDM risk assessments (National Council on Crime & Delinquency; Children's Research Center, 2015). Safety determinations included "safe," "safe with plan," or "unsafe." They found that caregivers who experienced comorbid substance use and mental illness were almost 10 times more likely to have children deemed unsafe to live at home than caregivers with neither substance abuse nor mental illness (54% versus 11%).

Substance abuse alone was associated with a higher prevalence of "unsafe" determinations (42%) than mental illness alone (23%). Over half of the effect of comorbid substance abuse and mental illness was accounted for by scores on three specific safety threats: failure to meet the child's immediate needs; presence of a drug-exposed infant; and caretaking impairment due to emotional stability, developmental status, or cognitive deficiency.

Prenatal exposure to substances has also emerged as a strong risk factor for foster care entry. A study reported that about 30% of infants diagnosed at birth with prenatal substance exposure entered foster care. The research shows that there is a differential impact where foster care entry may be less associated with parental alcohol use than other substances. For example, children and/or mothers with diagnoses related to neonatal withdrawal, amphetamines, and opioids had the highest rate of foster care entry (Prindle, Hammond, and Putnam-Hornstein, 2018). Still, the rate of foster care for children with fetal alcohol syndrome is higher than the rate for control children (Urban et al., 2016). Further, English, Thompson, and White (2015)

also found parental alcohol abuse to predict foster care entry in a longitudinal sample of families across five regions of the United States (LONGitudinal Studies of Child Abuse and Neglect; LONGSCAN), while accounting for many other family and child characteristics.

Mental Health. Foster care entry rates are predicted by maternal depression and anxiety and paternal depression, though accurately reporting mental health problems is a challenge with current child welfare data systems. In the LONGSCAN study mentioned above, English et al. (2015) also reported higher foster care rates for children whose parents had depression or received mental health services. In a sample of low-income mother–child dyads using linked data from the Departments of Social Services and Mental Health, Kohl, Jonson-Reid, and Drake (2011) found that children with mothers who had a mental illness (per diagnostic codes) entered foster care more than twice as often as children with mothers without a diagnosis. Foster care entry was also strongly associated with maternal anxiety disorders. These findings accounted for the effects of covariates, including demographics, census track median income, type of maltreatment, and services received after the initial report.

Amidst a primary focus on maternal mental health, mental wellbeing of fathers has also been explored. Jackson Foster, Beadness, and Pecora (2015) recruited adult parents who had experienced foster care as children to participate in a study of caregiver factors related to foster care placement of their own children. Low social support for fathers mediated the association between fathers' depression and foster care placement. Low parental social support was also identified as a risk factor for foster care by English et al. (2015).

Parental History of Childhood Foster Care. The intergenerational cycle of foster care is largely explained by the higher rate of social and behavioral challenges that foster care

alumni face during adulthood, such as limited education, poverty, and substance use. Wall-Wieler, Almquist, Liu, Vinnerljung, and Hjern (2018) conducted a study that followed children from birth to age 13 and examined whether parents who were alumni of foster care were more likely to have their own children enter foster care than parents who were never in foster care during childhood. Foster-care alumni were less likely to be living with the child's other biological parent at the time of child's birth, had fewer years of education, were more likely to be unemployed and receiving welfare benefits, and were younger than non-foster-care alumni parents. They were also more likely to have had a psychiatric disorder, substance abuse problems, and criminal convictions prior to the child's birth.

Results indicated that the likelihood of entering foster care was 48.7 times higher for children with two parents who were foster care alumni compared to children whose parents were never in foster care. When adjusting for relevant social and behavioral correlates (parental age, level of education, employment, reception of welfare benefits, parental psychiatric disorder, substance abuse, and criminal conviction), the odds ratio decreased to 3.04. Though still significant, this change indicates that much of the augmented risk was due to social and behavioral correlates.

Domestic Violence. Children exposed to domestic violence enter foster care 37% sooner than children not exposed. Although domestic violence has been repeatedly linked to general CPS involvement (Henry, 2018; Holbrook & Hudziak, 2019; Victor, Grogan-Kaylor, Ryan, Perron, & Gilbert, 2018), far less literature exists regarding risks for foster care placement. Ogbonnaya and Guo (2013) examined cases of children who had been investigated for maltreatment and found that children exposed to domestic violence entered foster care 37% faster than those not exposed. These analyses were weighted to account for possible effects of

variables that differed between families with and without domestic violence, including child age, substance use, history of abuse, substantiation status, and harm level of maltreatment report.

Perception of Parent Cooperation. Although not much research has examined the role of caregiver cognitive functioning, an analysis of Canadian parents with cognitive impairment reported that caseworker perception of parent noncooperation strongly predicted court action to protect a child (McConnell, Feldman,Aunos, & Prasad, 2011). CPS systems are complex and parents who function at a lower cognitive level may face additional barriers to engaging with case plans that result in a heightened risk of foster care.

Poverty. Economic hardship increases the risk of initial foster care placement and reentry following reunification with parents, and these risks have been mitigated when families receive financial and material support. In Vermont, 17% of children receive some type of public assistance, with 6.7% receiving Temporary Assistance for Needy Families (Kids Count, 2019), whereas 44.1% receive free and reduced-cost school meals.

Economic hardship has repeatedly emerged as a strong associate of child maltreatment and foster care more narrowly. Long-term economic hardship has been associated with entry into foster care (Hiilamo, 2009). Family poverty also predicts reentry into care following reunification (Akin, Brook, Lloyd, & McDonald, 2017). Housing stability correlates with economic status, and according to a study of data from National Child Abuse and Neglect Data System (NCANDS) in 2010, 23% of children entering state custody had insufficient housing (Pelton, 2015). In a study comparing children in foster care to those who remained at home with services, parental income was the strongest predictor of out-of-home placement for preschool-aged children, even stronger than the reason for referral (Lindsey, 1991). In

contrast, in Canada, where residents can rely more heavily on government-funded social benefits such as universal health care and childcare, income status was not associated with foster care placement (Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010).

Child Factors

Developmental Problems. Foster care rates are three times higher for children with autism spectrum disorder than typically developing children. Although most research on risk factors has centered on caregiver characteristics, several child characteristics have been identified as associated being with foster care placement. In a 6-year study of Medicaid-enrolled children in the United States, heightened rates of foster care entry were found for children with autism spectrum disorder and Intellectual Disability (8.1% and 5.7%, respectively, compared to 2.6% for typically developing children; Cidav, Xie, & Mandell, 2018). In a study of LONGSCAN data, researchers examined many child variables and found that developmental problems, measured via the Battelle Developmental Inventory, were the only child characteristic assessed that was associated with entry into foster care (English et al., 2015).

Age. Nearly half (44%) of Vermont children entering foster care do so by age 6. Young age has been identified as a risk factor for foster care entry. AFCARS data from 2016–2017 reveal that nationally, 19% of children entering foster care (range 0–20 years old), are less than 1 year old, and 49% are less than 6 years old (US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children's Bureau, 2014). In Vermont, the 2017 percentages are similar, with 16% entering before age 1 and 44% by age 6, which demonstrates a marked increase from 2008, at which time 31% of children entering foster care did so by age 6 (Child Trends, 2019).

Race. Across the country, Black children are two to three times more likely to enter foster care than White children, although in some studies, this disproportionality is reduced when accounting for socioeconomic factors such as income, parental marital status, and parental age. In Vermont in 2019, non-Hispanic/Latino White children entered foster care at a rate of 6.4 per 1,000, and the rate for non-Hispanic/Latino Black children was 9.6 per 1,000. Non-White children enter foster care at a disproportionately high rate. Belanger (2002) studied racial disproportionality at three time points during a child welfare case: investigation, case opening, and removal to foster care. She found that from 1997 to 1999, Black children were referred to CPS twice as frequently as White children, and the discrepancy increased at subsequent stages (case opening and foster care). Estimates based on nationally reported foster care data (AFCARS) from 2000–2011 reported that 15.4% of Native American children and up to 11.5% of Black children enter foster care during their lifetime, which is a far higher rate than the overall child population (5.6%; Wildeman & Emanuel, 2014). Further, in a study of CPS files from 2003–2005, Black children were 77% more likely to be removed to state custody than White children, even when accounting for risk and socioeconomic factors (Rivaux et al., 2008). A higher rate of foster care has also been demonstrated in Indigenous children in Canada relative to non-Indigenous children (Oviedo-Joekes et al., 2018).

Although this racial discrepancy has endured for many years, researchers have recently endeavored to determine whether this discrepancy is indeed due to racial bias or perhaps due to other confounding variables. Maloney, Jiang, Putnam-Hornstein, Dalton, and Vaithianathan (2017) examined linked birth records and administrative data and found that the rate of entry into foster care by age four was three times higher for Black children than White children. When they adjusted their statistical model to account for the effect of

parental marital status and parental age at child's birth, the effect of race disappeared. They concluded that in their sample, racial differences could be attributed to differences in these parental factors, suggesting that Black and White families differed notably with regards to marital status and parental age.

Similarly, when assessing a cohort of children born in 2002, researchers initially found that Black children entered foster care more than White children. However, when they accounted for racial and ethnic differences in common socioeconomic and health correlates of child maltreatment, Black children and Latino children had lower rates of referral, substantiation, and foster care entry compared to White children of similar socioeconomic status (Putnam-Hornstein, Needell, King, & Johnson- Motoyama, 2013). In a similar vein, using data from the National Survey of Child and Adolescent Well-Being data file (NSCAW), Ogbonnaya, Finno-Velasquez, and Kohl (2015) found that when accounting for variables such as presence of an intimate partner, household income, type of maltreatment, and number of children, the rate of entry into foster care did not differ between children of White, Black, or Hispanic caregivers who had reported domestic violence.

As part of a focus group in an impoverished area in the Southern United States, Black families involved with CPS provided hypotheses as to why Black children are overrepresented in the CPS system. Their responses closely aligned with the variables that carry much of the explanatory power in studies of racial disproportionality; they highlighted problems with severe and persistent poverty, health and mental health, socioeconomic conditions, and profound lack of trust between families and CPS agencies (Kokaliari, Roy, & Taylor, 2019). It has become quite evident that non-white children enter foster care more frequently than White children, although the extent to which this can be attributed to other

socioeconomic variables versus racial bias has yet to be conclusively determined and likely varies between communities.

Case Factors

Type of Maltreatment. In Vermont, the percentage of maltreatment victims that were substantiated for neglect is the lowest in the country and far lower than the national average, whereas physical abuse and sexual abuse percentages were 3.1 and 4.8 times the national average, respectively. This statistic could be in part due to the "Risk of harm" category that is unique to Vermont. Yearly Child Maltreatment reports of NCANDS data (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2019) shed light on which maltreatment types comprise the majority of foster care placements. In 2017, averaged across states, neglect was the type of maltreatment that relates to most (74.9%) foster care placements. Physical abuse was present in 18.3% of cases that result in foster care, and sexual abuse followed, present in 8.6% of cases.

Examining NCANDS data from 2017, maltreatment type of substantiated victims differed drastically between Vermont and the nation as a whole in three categories: neglect, physical abuse, and sexual abuse. The rate of neglect as the reason for substantiation is much lower in Vermont than in the United States (Vermont = 2.4%, United States = 74.9%), whereas the rates of physical abuse (Vermont = 57.9%, United States = 18.3%) and sexual abuse (Vermont = 41.7%, United States = 8.6%) are much higher in Vermont than the United States. The elevated sexual abuse cases in Vermont could be due to the fact that Vermont investigates allegations of sexual abuse outside of the home where many states only conduct investigations of abuse in the home. It is important to note that this sample of substantiated victims differs

from a sample of children entering foster care, as only a portion of substantiated victims enters foster care. A Child Trends (2015) report on reasons for foster care entry in 2015 shows much higher and more similar rates of neglect in Vermont to those found in the United States overall. Definitions of neglect and other maltreatment types differ between states and likely contribute to state-level differences in the prevalence of certain maltreatment types.

Risk. Higher scores on standardized risk assessment measures do appear to predict a higher likelihood of foster care entry, though these data are not yet available for the state of Vermont. The most predictive risk models utilize variables gleaned from administrative databases, such as public benefit data and child protection records. Scores of youth and parent risk have been associated with placement decisions in a sample of youth in the Rhode Island child welfare system (Huang, Bory, Caron, Tebes, & Connell, 2015). In the cited study, outcomes included several different types of placements, which varied in the degree of restrictiveness. Variables that comprised youth risk scores included substance use, mental health or development, education, vulnerability, permanency, and medical or dental risk. Parental risk assessments were comprised of factors related to bonding, financial stability, support system, mental health, substance use, history of violence or criminal behavior, childhood history, and family violence. Study authors reported that more restrictive placements were associated with higher youth risk ratings, even when accounting for youth age, gender, race, ethnicity, and maltreatment history. Children in kinship care and nonrelative foster care had the highest parental risk ratings.

Actuarial risk assessments are currently used in many states to reduce the bias that plagues clinical judgments. The factors included in risk assessments vary from state to state, as the instruments are created to optimize risk prediction within each state. One such assessment,

the California Family Risk Assessment (CFRA) generates risk scores in categories of low, moderate, high, and very high. A well-performing risk assessment should show higher rates of foster care placement as risk score increased. Accordingly, the CFRA showed this pattern for children with placement rates during the following 18 months of 1.5% for low risk, 4.4% for moderate, 8.8% for high, and 13.4% for very high (Children's Research Center, 2014). This pattern held for children of all races except for Native American children, for whom placement rates increased minimally from low to very high risk (11.1% to 13.3%). Substantiated maltreatment rates during the following 18 months were 5.1% for low risk, 10.9% for moderate, 19.4% for high, and 25.9% for very high.

Vaithianathan, Maloney, Putnam-Hornstein, and Jiang (2013) created a risk model that predicted the likelihood of substantiated maltreatment based on an algorithm of integrated public benefit and child protection records in New Zealand. Within the top 10% of risk scores, 47.8% of children experienced substantiated maltreatment by age 5. Although no data have been published regarding this model's prediction of foster care placements, these findings are an important step in predicting substantiation, which often prompts child removal.

History of Child Welfare Involvement. The risk of foster care increases alongside the number of previous child maltreatment reports in a family, and 75% of children who enter foster care have an initial report that was unsubstantiated. In addition to current aspects of a case, a family's history of involvement with CPS has also been found to influence the likelihood of foster care. Specifically, increased risk of foster care has been predicted by a higher number of prior reports, history of severe maltreatment, and early emotional maltreatment (English et al., 2015).

Detecting early life neglect was identified as the largest contributor to one country's increase in foster care rates (Bilson, Cant, Harries, & Thorpe, 2017). Although prior substantiation determination provides a record of evidence for past allegations, it is not particularly predictive of custody, as over 75% of children removed from their parents' custody had an initial report that was unsubstantiated (Drake, Jonson-Reid, Way, & Chung, 2003).

Community Factors

This section includes community factors such as the availability of economic, human, and social services within a community.

Family, Early Childcare, and Education Services. Access to early childcare and education through programs such as HeadStart or childcare subsidies decreases the risk of foster care up to 93%. In a study of the second wave of the National Survey of Child and Adolescent Well-Being (NASCAW-II), children enrolled in Headstart were 93% less likely to enter foster care than children with no early childcare and education. However, children who received more than one early childcare and education service were seven times more likely to enter foster care than children with no early childcare and education services (Klein, Fries, & Emmons, 2017). This finding emerged even when controlling for several sociodemographic variables, so is unlikely to be due solely to an association between poverty and reception of multiple services. The authors suggest that the heightened rate of foster care for families receiving multiple services may be an effect of surveillance bias (having more mandated reporters in contact with a child) or may result from a parent's decreased ability to meet case plan goals if significant time is spent coordinating or applying for multiple early childcare services. Alternatively, using multiple early childcare services may represent residential

mobility or a change in eligibility criteria for such services, both of which may increase parental stress.

A geocoding study of neighborhoods revealed that from 2000 to 2003, childcare burden was associated with high rates of foster care entry (Lery, 2009). It appears that when childcare needs are adequately met, the risk of foster care may be mitigated. In another study, families in which children were maintained in their homes showed a higher rate of using childcare subsidies and longer duration of use compared to families with children in state custody (Lipscomb, Lewis, Masyn, & Meloy, 2012). In a study comparing state policies, easier access to childcare subsidies was associated with reduced foster care rates (Meloy, Lipscomb, & Baron, 2015). These data were merged from the Child Care and Development Fund Policies and AFCARS, and ease of access to subsidies was coded based on requirements for parents to receive subsidies, priority for subsidy receipt given to parents, and accommodations to reduce subsidy co-pay requirements.

A high density of services for substance abuse, domestic violence, and pregnant and parenting teens has been associated with high rates of foster care entry (Freisthler, 2013). It may be that a high density of such services represents a particularly high level of risk existent in a community. Substance abuse and domestic violence are also strongly tied to child maltreatment rates and substantiated maltreatment in particular, which may help partially explain this finding.

Family Treatment Drug Courts. Participation in family treatment drug courts is associated with a decreased likelihood of subsequent maltreatment and variable associations with the length of time a child spends in foster care. As previously discussed, parental substance use is a risk factor for foster care entry. Family treatment drug courts (FTDC)

provide services to parents with substance use problems who are involved with the child welfare system. Because most cases in FTDC place children in foster care while their caregiver(s) focus on treatment, research thus far has focused on the effect of FTDC on time to reunification or risk of reentering foster care following reunification, rather than initial entry into foster care. However, these two outcomes directly affect the number of youths in foster care at any given time. Children whose parents completed FTDC had a shorter stay in foster care than those whose parents enrolled in but did not complete FTDC and a shorter stay than children whose parents never enrolled (Gifford, Eldred, Vernerey, & Sloan, 2014). In contrast, in a rural setting, children whose parents completed FTDC had longer stays in foster care, but a much lower likelihood of future maltreatment (11%) than children whose parents abused substances but were not enrolled in FDTC (71%; Pollock & Green, 2015).

Economic and Housing Factors. Housing subsidies that cap rent at 30% of a family's monthly income have been shown to mitigate the risk of foster care up to 50% compared to families with no such subsidies. In Vermont, 35% of families statewide spend at least 30% of their monthly income on rent. In addition to affecting foster outcomes on the individual family level, community-level economic factors appear to influence foster care rates. Housing stability, in particular, has emerged as an economic correlate with a sizable association with foster care entry. In a study of neighborhood-level factors, Lery (2009) found that impoverishment and residential instability were associated with foster care entry. To examine whether housing intervention could influence rates of foster care, Shinn, Brown, and Gubits (2017) randomized families living in shelters to receive either (a) permanent housing subsidies that reduced rent to 30% of monthly income, (b) temporary rapid rehousing subsidies with some housing and employment support services, or (c) transitional supervised

housing with psychosocial support services, and all groups were compared to a treatment-as-usual group. Twenty months later, the group that received permanent housing subsidies had half the rate of foster care entry as the treatment-as-usual group, and no other interventions showed a similar benefit. Homelessness was one of the primary predictors of parent–child separation, and results indicated that subsidies benefited foster care rates through a reduction in homelessness.

The Family Unification Program (FUP) is a federal program that provides housing subsidies to families for whom inadequate housing is the primary factor posing risk for child placement into foster care or risk for delayed reunification (US Department of Housing and Urban Development, 2019). In a recent study of the utility of the FUP (Fowler, Brown, Shoeny, & Chung, 2018), participants included families under investigation for child abuse or neglect who were at risk of placement due to inadequate housing. Families were randomized to receive either housing subsidies and housing case management or case management only. Housing subsidies capped contribution toward rent at 30% of the family's monthly income. While controlling for effects of child sex, age, race, and ethnicity, both groups showed an increase in the risk of foster care placement over 3 years, but families who received housing subsidies and case management showed a smaller increase than families who received only case management.

Importantly, some evidence suggests that the link between economic hardship and foster care can be partially weakened through financial and material assistance (Ryan & Shuerman, 2004). Ryan and Shuerman studied outcomes of the Evaluation of Family Preservation and Reunification Programs (run by the U.S. Department of Health and Human Services) and found that among families who reported difficulty paying bills, those who

received cash assistance and material support (e.g., clothing, furniture, supplies) showed reduced odds of foster care compared to those who received other types of services.

Prevention and Family Stabilization Practices. Several programs have been found to reduce entry into foster care and child maltreatment reports by up to 50% compared to families that did not receive services. The California Evidence-Based Clearing House for Child Welfare rates intervention programs according to the rigor and findings of the research studies that examine them. Rated as "supported by research evidence," *Homebuilders* is a program that targets familiesin contact with the child welfare system who are at risk of having a child enter foster care or are moving toward reunification. Study results indicate that families enrolled in Homebuilders retain children in the home more often (74%) than families who received usual care (48%; Wood, Barton, & Schroeder, 1988), and Homebuilders children in foster care are reunified with their parents more often than children not in Homebuilders (Fraser, Walton, Lewis, Pecora, & Walton, 1996).

The Sobriety Treatment and Recovery Team (START) program was rated as "promising research evidence" and provides intensive substance and child welfare services to families in which children are at risk of foster care due to parental substance use. START pairs each family with a caseworker and peer mentor who is in long-term recovery to engage them with services. Data show that children in families participating in START entered foster care half as often as matched controls and mothers attained sobriety almost twice as often as matched controls (Huebner, Willauer, & Posze, 2012).

Family group decision making (FGDM) was also rated as "promising research evidence" and emphasizes the family and extended family's roles in making decisions related to child permanency. Families engaged in FGDM had half as many maltreatment events

during the follow up period compared to the period preceding enrollment, whereas the comparison group showed an increase in events during follow up (Pennell & Burford, 2000).

Two additional programs that do not assess foster care entry as an outcome variable but aim to reduce child maltreatment received CBEC's highest rating of "well supported by research evidence." These programs include the Nurse-Family Partnership (NFP) and Safe Environment for Every Kid (SEEK). The NFP provides in-home visits for low-income, first-time mothers during and after pregnancy and has been associated with fewer maltreatment reports in which the mother is the perpetrator, (Eckinrode et al., 2000) as well as fewer maltreatment reports with any perpetrator and less child punishment (Olds, Henderson, Chamberlin, & Tatelbaum, 1986). SEEK relies on primary care providers to preventatively assess risk and make appropriate referrals as needed to mitigate the risk of child maltreatment. SEEK has been associated with fewer child maltreatment reports and less harsh punishment by parents (Dubowitz, Feigelman, Lane, & Kim, 2009).

Opioid Prescriptions, Overdose Rates, and Alcohol Sales. Vermont showed a positive association between opioid prescription rates and foster care rates over a 5-year period. In a national study of the association between county-level opioid prescription rates and foster care, notable variation among states emerged (Quast, 2018). The association was positive for 23 states, negative for 15 states, and there was no significant association for 12 states. Vermont showed a significant positive association while accounting for demographics, poverty rate, and unemployment rate. In Vermont, for each standard deviation increase in opioid prescriptions (number of prescriptions per 100 people) from 2010 to 2015, foster care rate increased from 0 to 5% in the same time frame. Exact state-level regression coefficients were not reported, and instead, states were categorized by range and valence of effect. Opioid

overdose fatalities also increased alongside foster care rates throughout different regions of the country. Of the six states with the highest opioid overdose rates in 2016 (West Virginia, New Hampshire, Ohio, the District of Columbia, Maryland, and Massachusetts), five reported increases in foster care rates. However, in Vermont, this percentage decreased by 10% from 2016 to 2017 (Sepulvida & Williams, 2019).

Opiate use is not the only community-level substance trend associated with foster care.

The density of off-premises alcohol outlets per zip code was positively associated with foster care rates (Freisthler, Grunenewald, Remer, Lery, & Needell, 2007), controlling for neighborhood demographic characteristics such as child population, median age, median household income, and racial composition. Within neighborhoods, the rate of change of foster care placements over time was positively associated with both the sales of alcoholic beverages and the density of community-based substance use treatment services (Hiilamo, 2009).

Policy Factors. In the policy realm, links to foster care rates are difficult to identify, as state-level random assignment is not possible, and confounding variables are rampant. Although more local initiatives have been addressed through random assignment, as previously discussed with housing subsidies (Shinn et al., 2017), changes in foster care rates after policy changes are observational and effects or associations are difficult to isolate. Despite these challenges, it is worthwhile to examine patterns of foster care rates as they relate to the timing of policy changes.

Legal Representation. Counties using independent firms have fewer foster care placements than counties using county-affiliated legal representation. We identified one study of the role of parent legal representation in foster care placement. Goodman, Edelstein, Mitchell, and Myers (2008) studied rates of foster care entry across types of legal

representation in California. Their findings indicated that counties using independent types of legal representation, such as private firms or a panel of court-appointed attorneys, had fewer foster care placements than counties using county-affiliated legal representation, such as district attorneys, public defenders, and county counsel. This finding controlled for the effects of number of first-time entries, median family income, and percentage of nonminorities, all at the county level.

Structured Decision Making. Counties using structured risk assessments have shown slightly lower foster care entry rates and higher rates of reunification as well as other permanent placements. SDM; Children's Research Center, 2008), an actuarial risk assessment framework used in many states across the United States, including Vermont, has compared rates of foster care prior to and after implementation of their risk assessment instrument. SDM has two assessments that may influence custody more than others: (a) the safety assessment and (b) the risk assessment. In practice, only the safety assessment should be used to inform custody decisions as this is the tool that measures actual danger, whereas the risk assessment should be used to inform service provision. Although it is not possible to assume causality, researchers found that after SDM implementation, high-risk families in counties using SDM had slightly lower rates of foster care placement (4.1%) compared to families in non-SDM counties (5.2%) and higher rates of various types of permanent placement, including returning home, termination of parental rights, or adoption.

Differential Response. Vermont is a Differential Response State. In a summary of over 50 publications compiled by the Center for Child Policy's Differential Response Committee (Piper, Vandervort, Schunk, Kelly, & Holzrichter (2019), findings suggest that differential response has benefited the child welfare system by encouraging a focus on family-

centered best practices, yet research has not yet shown consistent evidence for positive safety outcomes. Differential response has been implemented in an increasing number of states across the country. It allows screeners or caseworkers to assign families to either a traditional investigative response (IR) track, in which a typical child maltreatment investigation is conducted, or an alternative response (AR) track, which emphasizes connecting families with needed services (Child Welfare Information Gateway, 2014). AR tracks are appropriate for low-risk families for whom there is no immediate safety concern and maltreatment is unlikely to occur again based on a risk assessment. Families determined to be high or very high risk are statistically more likely to have maltreatment occur again, and thus child protection agency involvement is warranted. Much of the research has focused on family engagement, attitudes toward caseworkers, and service provision and reception. Overall, research regarding differential response and foster care placements is limited by the fact that AR tracks aim to serve lower-risk families who would be expected to have very low placement rates. The most compelling studies of AR outcomes have included randomization of alternative response-eligible families (families with risk low enough to warrant AR) to either AR or traditional tracks. This has allowed for comparison of outcomes while risk is held relatively consistent across groups, whereas comparisons between AR and traditional tracks in nonrandomized studies are confounded by the higher risk in the traditional tracks. Randomized studies such as these have been completed in Ohio, Illinois, and Colorado, the data from which have been made publicly available through the National Quality Improvement Center on Differential Response in Child Protective Services (National Data Archive on Child Abuse and Neglect, 2018).

The Center for Child Policy's report (Piper et al., 2019) highlighted the challenge of accurately triaging cases into AR versus IR tracks prior to obtaining all the facts and reported that high-risk cases are often inappropriately assigned to the AR track. Regarding follow-up measures, the authors found that studies that reported lower rates of substantiated re-reports were biased toward detecting fewer reports for AR families. This is because when a new case was opened for a family, prior AR families were more likely than prior IR families to be assigned to the AR track, and families on the AR track did not undergo investigations and thus did not receive dispositions of substantiation. The authors point out the limitations of research that describes AR children as "just as safe" as IR children because (1) achieving comparable outcomes in a context that emphasizes service provision is not particularly impressive and (2) given accurate track triaging, AR children should be lower risk than IR children and would accordingly be expected to have better outcomes than IR children.

Piper and colleagues (2019) indicate that studies have shown that up to 50% of AR families decline services and service engagement rate is higher in the IR track, where service engagement is frequently mandated. This contrasts with the fact that many states have increased funding for AR services without similar increases in IR service funding, thereby not increasing service access for their highest-risk cases. In a separate analysis, Piper (2016) reported Vermont data that indicate that, as hoped, adding an AR track increased service provision to lower-risk families. Comparing the years prior to and following AR implementation, screen-in rates of maltreatment reports increased from 19% to 26.6%, and the number of families provided with services increased from 659 to 920. However, these services did not deter recurrence of maltreatment, as re-reports were 30% higher in the AR track than the IR track, despite the fact that AR track families are, in theory, lower risk. It is important to

keep in mind that some children in the IR track enter foster care, which should be expected to reduce re-reports, but the higher rate of re-report for AR track children remains counter to expectations.

An evaluation of these data from randomized studies (National Quality Improvement Center on Differential Response in Child Protective Services, 2014) reported no difference in foster care placements between AR and IR groups, although in the cited study, researchers were unable to determine whether child removal occurred prior to or after the study began. Families that were initially randomized to AR and subsequently changed to IR had more foster care placements than those that did not change tracks. This is not surprising given that a pathway change from AR to IR would occur when new information revealed heightened risk for the child. In Colorado and Illinois, families whom caseworkers described as engaged at their first meeting were 70% and 61% less likely, respectively, to have removals than families described as less engaged. Despite not exhibiting AR and IR track differences in foster care placements, AR assignment was associated with receiving services that target risk factors of foster care placement. Specifically, AR families were more likely to receive services directed to material needs than IR families. Illinois implemented AR by contracting with an outside provider who received referrals, and in their state, AR families received more social support, educational, and parenting services than IR families.

Small differences in rates of foster care placements based on randomized studies have been reported by Loman and Siegel (2004, 2013; 2015). The authors first reported on AR implementation in Minnesota. By randomizing AR-eligible families to AR or IR, they found that AR families were less likely to have a child placed in foster care (10.9%) compared to control families (13.1%; Loman & Siegel, 2004). Several years later, Loman and Siegel

(2013) also reported on outcomes of AR and IR tracks in Ohio, again using randomized assignment of AR-eligible families. They found that AR families (1.0%) were less likely than IR families (2.7%) to experience foster care placement during the target period of case opening to case closure, as well as during the case period plus a 3.5-year follow-up period (AR = 9.8%, IR = 11.8%). In a subsequent report in Ohio, Loman & Siegel (2015) reported that AR families were slightly less likely to experience foster care placement than IR families, and this was particularly true for higher risk families who had a previous placement and were reunified prior to the study period (AR = 23.3%, IR = 32.6%).

Janczewski (2015) examined NCANDS data from many states and found that foster care rates decreased following differential response implementation, but this effect no longer remained when accounting for the mediating role of prior decision points. The authors concluded that this was not surprising, as agencies that implement DR aim to intervene at earlier decision points. This analysis accounted for county-level covariates, including rate of prior victims, poverty, population density, and proportion of African American children. Although these data were not randomized and are observational in nature, the trend over time lends some support to the benefits of differential response.

In Vermont, according to the 2019 Child Maltreatment Report (Department of Health and Human Services, 2021), 28.8% of Vermont's accepted or screened-in referrals are diverted to the AR track, in which a formal investigation does not occur. The goal of AR is to increase family engagement and to meet the needs of families rather than to have them be subjected to a formal investigation. An exploration of NCANDS data allowed for a comparison of the number of substantiated neglect reports before and after DR was implemented. Results showed a significantly lower number of neglect reports were substantiated after DR (9.2%) than before

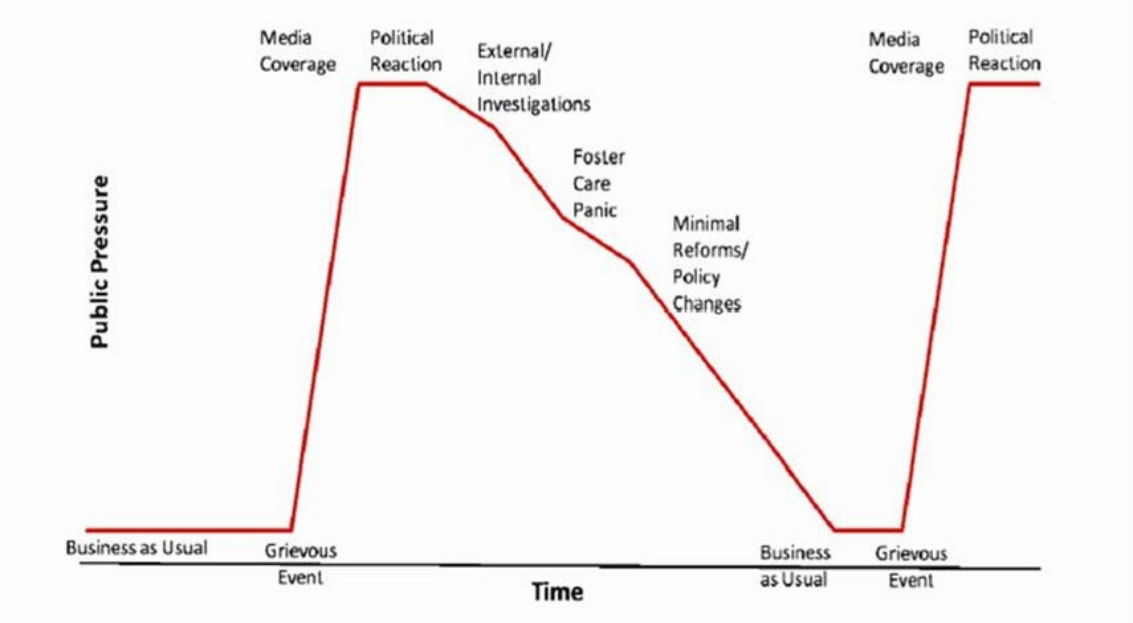
(23.2%; $x^2(1) = 180.51$, $p < .001$). Similarly, fewer substantiated cases involved neglect after DR was implemented (4.1%) than prior to DR implementation (7.1%; $x^2(1) = 54.25$, $p < .001$). These data illuminate the potential protective influence of DR implementation on neglect in Vermont.

High Profile Cases, Media, and Legislative Response. Public, media, and legislative responses to grievous cases of child maltreatment contribute to a cycle of increased foster care entry. It is likely that "foster care panic" is only part of the problem, as preceding the high-profile child fatalities in 2014, Vermont already had higher rates of foster care entry than the national average.

Chenot (2011) details the "vicious cycle" shown in the figure below. In this cycle, following internal and external investigations prompted by media attention and political action, some staff members are demoted or fired while the rest of the agency begins making more conservative decisions. This pattern leads to a sudden increase in foster care entry rates ("foster care panic"). Many resulting policy changes emphasize heightened accountability, which increases paperwork requirements, and alongside continued negative media coverage, staff morale wanes, and staff turnover increases. As time progresses, public outcry diminishes into what Chenot deems "business as usual" until another high-profile case occurs, which triggers the cycle to recommence.

Figure 4

The Vicious Cycle of Media and Legislative Response, as Outlined by Chenot (2011), p. 71



Chenot (2011) offers an example of this cycle occurring in Connecticut following the death of a 10-month-old child due to physical abuse. The governor urged the child welfare system to "err on the side of safety," and in the 3 weeks following the governor's statement, state court orders for temporary custody of children doubled. However, it appears that not all media attention to child maltreatment cases is problematic. Specifically, Douglas (2009) found that high levels of media attention are associated with state child welfare policy changes that emphasize child maltreatment prevention, although this research was correlational and not causal.

In their report on possible solutions to this cycle, Thomlison and Blome (2012) point to weak relationships between child welfare agencies and journalists. With journalists' fast-approaching deadlines and child welfare agencies' duty to maintain confidentiality, thorough and thoughtful communication between the two parties is challenging. In already strained

child welfare systems, engagement with the media tends to occur during the chaotic time following a tragic event. Thomlison and Blome recommend that child welfare agencies take time (when not in crisis) to develop a relationship with media outlets that have been vetted for a commitment to representing both sides of a situation.

Thoma (2013) describes "defensive social work" as a culture of unnecessary child removals that is driven by a desire to avoid negative outcomes and their accompanying criticism and media attention. Thoma cites a few examples of increases in foster care rates following a high-profile death or policy change, including the *Wallace case,* which occurred in Chicago. After a stay in foster care, Joseph Wallace was reunified with his mother 2 months before she killed him. Joseph's death attracted significant media attention, including over 100 mentions in the Chicago Tribune, including one front-page story, and its coverage was awarded a Pulitzer Prize. Within 14 months after Joseph's death, the foster care population in Chicago had increased by 30% (Wexler, 1995). As reported by Wexler (2005) in the Chicago Reader, "At the root of Chicago's panic was fear. Telephone operators for the DCFS hotline were afraid to screen out even the most unlikely calls. Workers sent to investigate were afraid to leave almost any child at home. And judges were afraid to let any child in foster care return to a parent. All feared the Chicago media, especially the Tribune."

The expectation that child fatalities will decrease as removals increase is not foolproof. The Center for Public Policy Priorities (2009) reported that child abuse deaths were not predicted by rate of removals, reporting of abuse, or screening in reports. Report authors reported that child abuse deaths were positively associated with poverty and teen pregnancy rates and negatively associated with services aimed at preventing maltreatment.

Economic Policies. Although money per child spent on foster care appears negatively associated with reunification, money spent on preventative services or cash assistance is associated with positive child welfare outcomes. In a longitudinal study of maltreatment recurrence, although AFDC status at the time of study enrollment was not associated with maltreatment recurrence, receiving AFDC or TANF after the initial maltreatment report reduced recurrence (Jonson-Reid, Chung, Way, Jolley, 2010). It is possible that for the families who did not initially receive financial assistance, starting to do so mitigated some risk associated with maltreatment. In a separate study, Goldhaber-Fiebert and colleagues (2014) examined the association between state-level economic and demographic factors and placement outcomes. Their findings indicated a small positive association between Title IV-B (prevention) funding per child and timeliness and stability of reunification, and a small negative association between Title IV -E (foster care) funding per child and timeliness and stability of reunification. In both cases, these factors explained a small amount of the variance in reunification outcomes. Study authors found no link between state foster care maintenance rates (amount provided to support housing and caring for a foster child) and placement outcomes.

Funding Allocation. Casey Family Programs reported that nationally, the United States spends $5,015,057,310 on Title IV-E services and $556,788,538 on prevention services. Of the total money spent, 11.1% is for prevention services. In Vermont, of combined Title IV-E and prevention spending, 9.2% is spent on prevention services (Casey Family Programs, 2019).

Legislative and Child Welfare Reports. Between 2009 and 2018, 32 reports regarding child welfare were submitted to the Vermont state legislature, with topics ranging

from mandated reporting policies to caseload assignments. With an additional 12 reports published within the Department of Children and Families in recent years, a comprehensive assessment of foster care entry rates as they relate to the timing and substance of these reports is warranted. Further, Vermont definitions of particular types of maltreatment, such as neglect and child sexual abuse, differ from definitions in other states, and examining these differences will provide some clarity as to why Vermont's rates of neglect, sexual abuse, and physical abuse differ so markedly from rates in other nearby states.

Organizational Factors

Agency Factors

Staff Turnover. A high rate of staff turnover is associated with high foster care entry rates and a high number of placements. There are many avenues through which staff turnover can affect time in care, including training demands for new staff and instability in worker–child relationships. In a study that utilized both qualitative and quantitative analyses, number of caseworkers significantly predicted number of foster care placements for a sample of New York youth while controlling for time in care (Strolin-Goltzman, Kollar, & Trinkle, 2009). An association between staff turnover and entry into foster care was first reported over 30 years ago (Pardeck, 1984) and continues to pose challenges for foster care placements today. However, in a multilevel analysis of data from the Canadian Incidence Study of Reported Child Abuse and Neglect, when effects of organizational and case factors were modeled alongside family-level variables, staff vacancies did not significantly predict placement decision (Fluke et al., 2010).

Caseloads. At the caseworker level, higher foster care entry rates are predicted by a higher proportion of minority race and low-income children on a worker's caseload**.** In one study, high workload per caseworker was associated with lower custody rates (Texas Department of Family and Protective Services, 2010). The racial composition of caseload also appears to influence foster care rates. For example, the more minority race families on a case worker's caseload, the higher the likelihood of placement for any child on the worker's caseload (Fallon et al., 2015), and more African American or Hispanic families on a worker's caseload predicted a reduction in racially disproportionate placement decisions (Texas Department of Family and Protective Services, 2010). Authors posited that familiarity with a given culture, gained through an increased proportion of non-White families on a caseload, may help reduce disproportionate decisions. In another report of caseload-level factors, Graham, Detlaff, Baumann, and Fluke (2015) found that higher average risk assessment across cases and higher proportion of caseload comprised of low-income families both predicted higher placement rates.

Locality. Caseworkers differ in their risk assessments, recommended interventions, and attitudes toward child welfare based upon locality of employment. When given identical case vignettes, caseworkers in different localities differed significantly in their assessments and recommendations (Gold, Benbenishty, & Osmo, 2001). Another study of caseworker response to vignettes demonstrated country-level differences in child welfare attitudes, maltreatment substantiation, risk assessments, and recommended interventions (Benbenishty et al., 2015).

Attitudes against child removal showed the least variability across countries. Location of child welfare office (metropolitan versus not) did not predict placement decisions at the

organization level (Fluke et al., 2010). It is likely that state- and county-level contexts may also be determinants of custody decisions based on differences in values and context.

Culture and Climate. High foster care rates are associated with inadequate organizational support, likely due to caseworkers' feelings of time pressure, caseload size, inadequate supervision, and decreased risk tolerance. The climate and culture of a CPS agency is challenging to measure as a wide array of variables contribute to it. One study found that placement rates were negatively associated with caseworker reports of receiving organizational support (Graham et al., 2015). Glisson & Hemmelgarn, (1998) found that positive organizational climate was the primary predictor of positive service outcomes and a significant predictor of service quality.

Decisionmaker Factors

Decisions about foster care placement are influenced by caseworkers' risk tolerance, attitudes toward custody removal, and self-reported case skills. Rossi, Schuerman, and Budde (1999) conducted a study in which they asked child welfare workers to make case decisions based upon written summaries of actual cases. Participants showed little consistency with one another with regard to decisions based upon identical information. Although this study did not identify particular causes of this variation, several subsequent studies have made efforts to do so. In a separate study, when given hypothetical cases and asked to report on their decision-making process, mental health and social workers were more likely to consider abuse severity and parental response to services, whereas judges and guardian ad litems were more likely to focus on the likelihood of recidivism (Britner & Mossler, 2002).

Risk Tolerance. The risk tolerance level of those individuals influencing the direction of a case (caseworker, supervisor, court professionals, etc.) impacts custody entry rates. In

one study, caseworkers completed the *Child Welfare Attitudes Questionnaire* and provided risk assessments and recommendations based on a case vignette (Arad-Davidzon & Benbenishty, 2008). Findings show that lower risk tolerance and more favorable views of foster care were associated with higher risk assessment and entry into care. Low risk tolerance has been found to vary geographically (higher in New York than Texas and Michigan) and by gender (higher in women than men; Rossi, Schuerman, & Budde., 1999). Using data from hypothetical cases, Mandel and colleagues (1995) also reported that the tendency to support what researchers deemed "premature removal" from parental custody was influenced by child age and racial and socioeconomic characteristics of the family's neighborhood.

Confirmation Bias. Caseworker interpretation of evidence can be influenced by caseworkers' existing attitudes toward child protection, family preservation, and a child's right to safety. Spratt, Devaney, and Hayes (2015) conducted a study working from the assumption that three previously identified hypotheses drive caseworkers' interpretation of evidence: "child protection," "kinship defense," and "children's rights," the last of which weighs children's right to grow up in a family while being safe doing so. Their findings suggested that caseworkers tend to interpret evidence positively or negatively in a manner that aligns with their preexisting attitudes toward child welfare.

Stress, Burnout, and Secondary Traumatic Stress. Risk assessment scores are positively associated with caseworker anxiety, whereas more years of employment predict diminished caseworker ability to empathize with clients, resulting in lower placement rates. As evidence of the link between stress and decision-making, LeBlanc, Regehr, Shlonsky, and Bogo (2012) reported that caseworkers who participated in simulated scenarios with parents provided higher risk assessment scores when the scenario was confrontational than when it was

not. The first trial of a role play, in which the conversation was reportedly more novel, elicited a cortisol stress response in workers whereas the second confrontational scenario elicited a subjective report of anxiety but no cortisol response. CF shows similarities to stress and burnout but is defined uniquely as "a worker's diminished ability to empathize with clients" (Denne, Stevenson, & Petty, 2019). In a study of employees who worked with children in dependency court, more years of experience was associated with an increased likelihood of determining that a mother in a case vignette was fit for full custody. This link was mediated by CF, such that more years of experience predicted higher CF, which in turn predicted an increased likelihood of determining a mother fit for custody.

Perception of Services. Finally, researchers reported that caseworkers' negative perceptions of services in their communities were related to a higher rate of placements (Texas Department of Family and Protective Services, 2010).

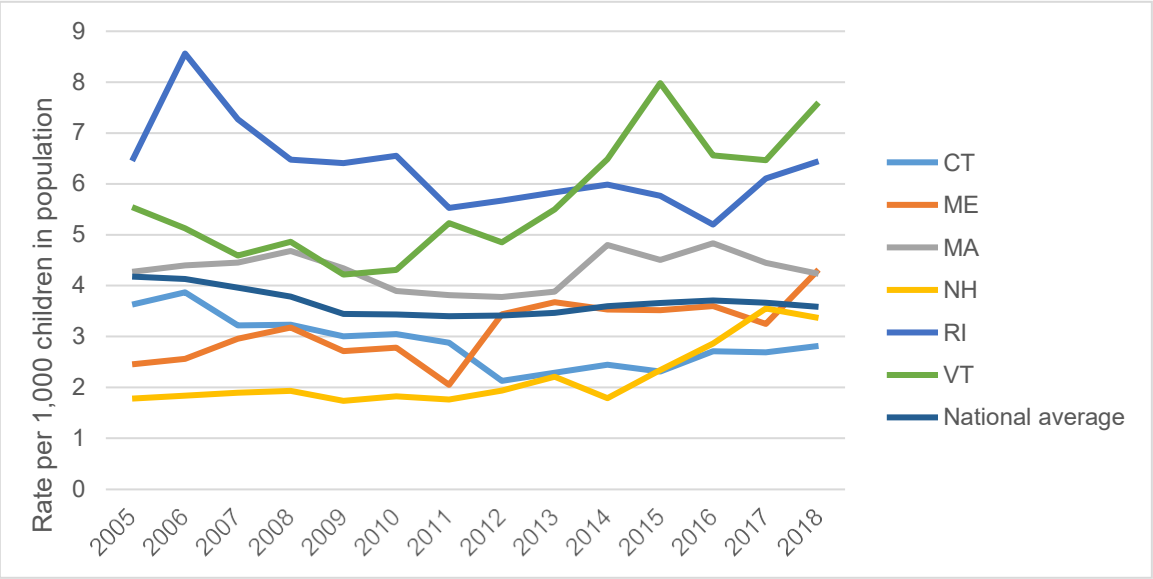
Phase II: Drivers of Custody in Vermont

Rates of Entry into Foster Care

Since 2009, the national rate of children entering foster care has remained relatively consistent. However, in that same time period, the rate of custody entrance in Vermont has increased and now exceeds the rate of all New England states (see figure and table below).

Figure 5

Rate of Foster Care Entry per 1,000 Children in the Population of New England States and National Average.



Note. Blue highlighting represents rates that exceed the national average.

Table 2

Rate of Entry Into Foster Care Per 1,000 Children in the Population in New England States

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
CT	3.63	3.87	3.22	3.23	3.00	3.05	2.88	2.13	2.29	2.45	2.32	2.71	2.69	2.82
ME	2.45	2.56	2.96	3.18	2.71	2.78	2.05	3.44	3.67	3.53	3.52	3.60	3.25	4.31
MA	4.27	4.40	4.45	4.68	4.34	3.89	3.81	3.78	3.88	4.80	4.51	4.83	4.44	4.24
NH	1.78	1.84	1.89	1.93	1.74	1.83	1.76	1.94	2.21	1.78	2.34	2.86	3.55	3.36
RI	6.45	8.56	7.27	6.48	6.41	6.56	5.53	5.67	5.84	5.99	5.77	5.20	6.10	6.45
VT	5.54	5.13	4.59	4.86	4.22	4.31	5.23	4.85	5.50	6.48	7.98	6.56	6.46	7.60
Nat'l ave.	4.18	4.13	3.96	3.78	3.45	3.43	3.40	3.42	3.46	3.60	3.66	3.71	3.67	3.58

Substantiated Maltreatment Reports

The total number of accepted maltreatment reports in Vermont has increased steadily in recent years (see Figure 5 below), while the total number of substantiated reports has waxed and

waned (Figure 7). This pattern suggests that the increase in total maltreatment reports is largely driven by an increase in unsubstantiated reports.

Figure 6

Raw Number of Maltreatment Reports in Vermont

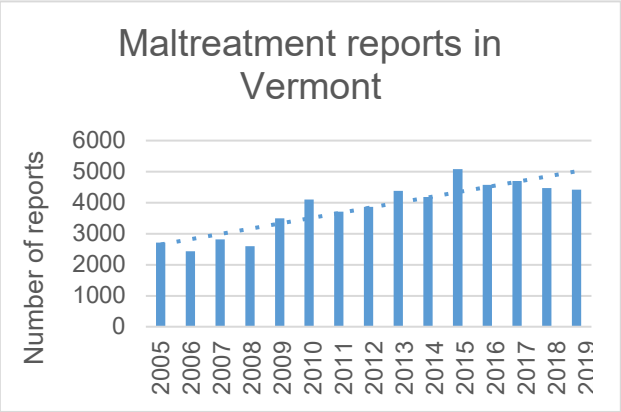
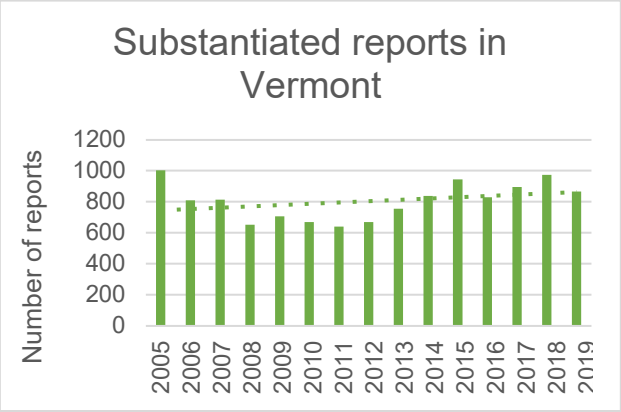


Figure 7

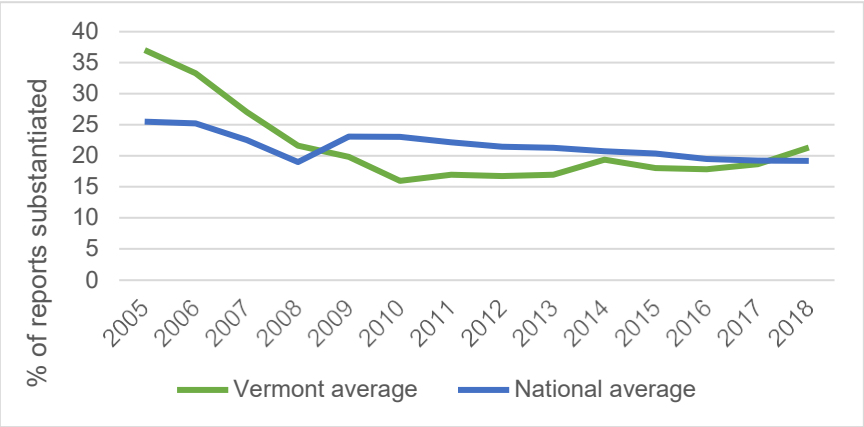
Raw Number of Substantiated Reports in Vermont.



Although Vermont's rate of foster care entry has been almost twice the national average in recent years, maltreatment reports in Vermont are substantiated at a similar rate to the national average (Figure 8). These deviances from the national average warrant further attention through close analysis of Vermont state data.

Figure 8

Percentage of Maltreatment Reports That Were Substantiated



Note. The only times that a child abuse report requires a full investigation in Vermont is when the report alleges: (a) sexual abuse or risk of sexual abuse, (b) serious injury or death, (c) abandonment, (d) malicious punishment, (e) physical abuse under age 3 or of a child who does not walk or talk, and (f) methamphetamine production exposure is suspected.

Screened in and Accepted Reports

Vermont has the highest rate of child maltreatment referrals in the nation with 171.6 per 1,000. However, unlike most other states, it screens out most of its reports of maltreatment. In fact, 79.5% of cases are screened out at intake in Vermont (Department of Health and Human Services, 2021). This is almost twice that of the national average of 45.5% (Department of Health and Human Services, 2021). According to the Child Maltreatment Report of 2019 (Department of Health and Human Services, 2021), Vermont only screened in 13 cases of neglect and 11 cases of medical neglect. While lowest in the country with neglect cases, Vermont is second lowest in screened-in cases of both abuse and neglect. Only South Dakota has a lower rate of screened-out maltreatment cases than Vermont. In 2019, Vermont reported 851 substantiated child victims including 744 children who are White, 40 of color, and 67 of unknown race. This is the lowest number of substantiated child victims across all states. Demographics—including race and socioeconomic status—for the 13 cases of neglect and 11 for medical neglect are unknown. The high number of reports and high screen-out numbers are likely due to both the changes in

mandatory reporting legislation that occurred through ACT 60 in 2015 and the inclusion of juvenile delinquents in Vermont's child welfare system.

Child and case factors

Age

Of all children with maltreatment reports, children who entered custody within a year were significantly younger than children who did not enter custody (Figure 9). The likelihood of entering custody was highest for children under 1 year old, and generally higher for younger children (Figure 10). Across years, children under 5 entered custody at a disproportionate rate (11.7%) compared to children older than 5 (7.4%) $c^2(1) = 279.94$, $p < .001$. Although children under 5 comprised only 40% of children with maltreatment reports, they comprised over half of the children who entered custody (Figure 11).

Figure 9

Age of Children at Time of Report

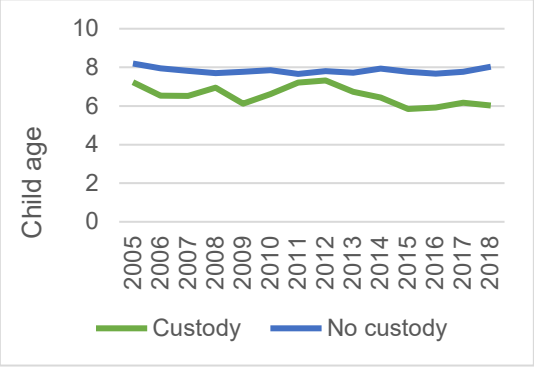


Figure 10

Percentage of Children at Each Age Who Entered Custody Within a Year

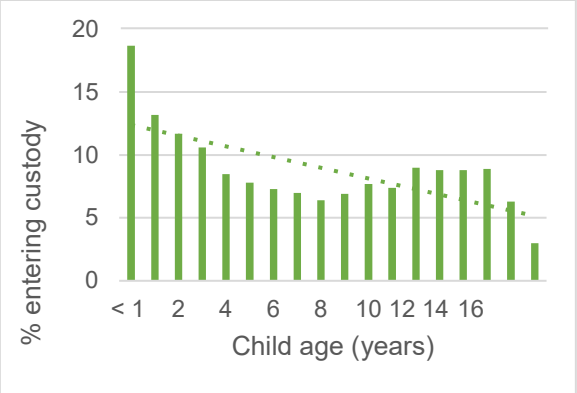
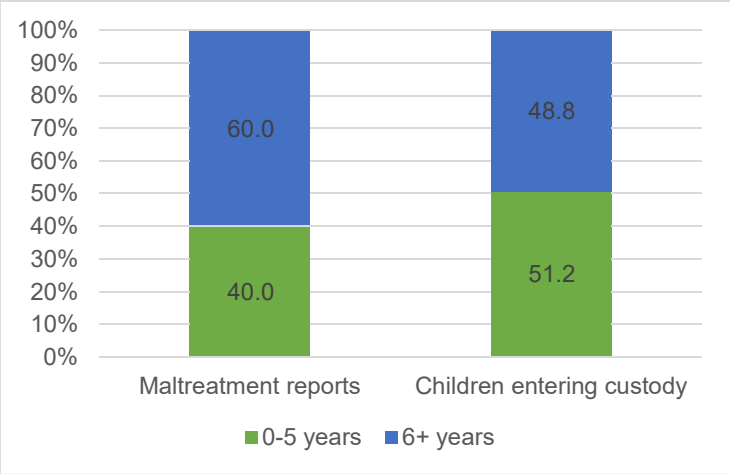


Figure 11

Proportion of Children with Maltreatment Reports and Entering Custody Who Were 0–5 Years Old Versus 6+ Years Old



Sex

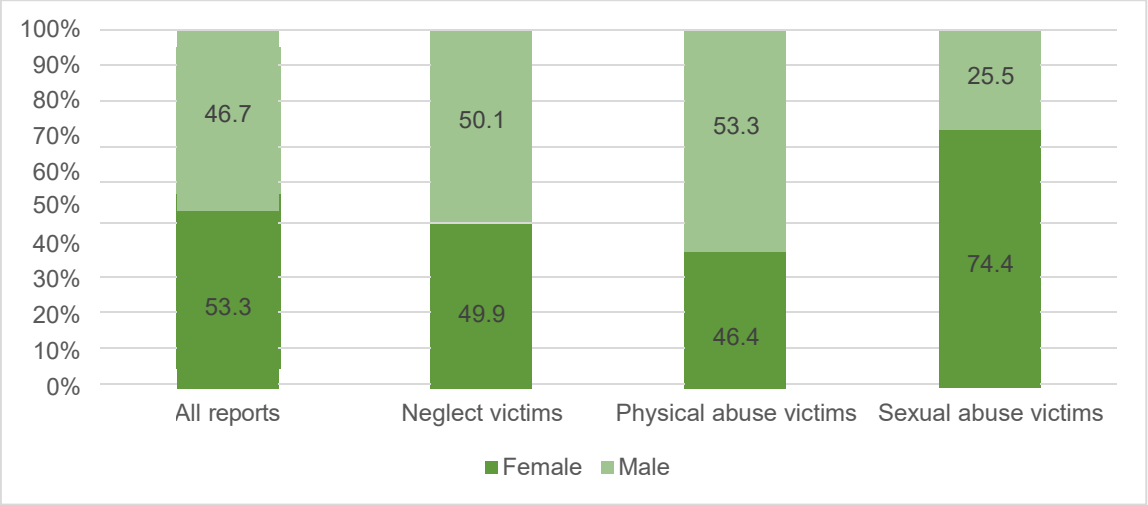
Between 2005 and 2018, males were slightly (yet significantly) more likely to enter custody than females (9.8% vs. 8.5%, $c^2(1) = 26.23$, $p < .001$). Examining specific years, this sex difference was only significant in 2006 (13.5% vs. 10.5%), 2007 (11.4% vs. 8.1%), and 2015 (11.0% vs. 9.2%).

This sex difference appears related to differences in the type of maltreatment that males and females experienced. Of all children with maltreatment reports, 46.7% were male, and

53.3 % were female. However, physical abuse victims were disproportionately male (53.6%), $c^2(1) = 126.71$, $p < .001$ and sexual abuse victims were disproportionately female (74.4%), $c^2(1) = 1158.21$, $p < .001$ (Figure 12). As shown later in this report, physical abuse victims were more likely than sexual abuse victims to enter custody, so the higher proportion of male children entering custody may be linked to their higher rate of physical abuse.

Figure 12

Child Sex Proportions of Each Type of Abuse



Ethnicity

Of the entire sample of children who had maltreatment reports, 315 children (0.5%) were of Hispanic or Latinx ethnicity. Hispanic or Latinx children entered custody within a year of a report at a disproportionately high rate (14.0%) compared to 9.4% of non-Hispanic or Latinx children, $c^2(1) = 6.93$, $p < .01$.

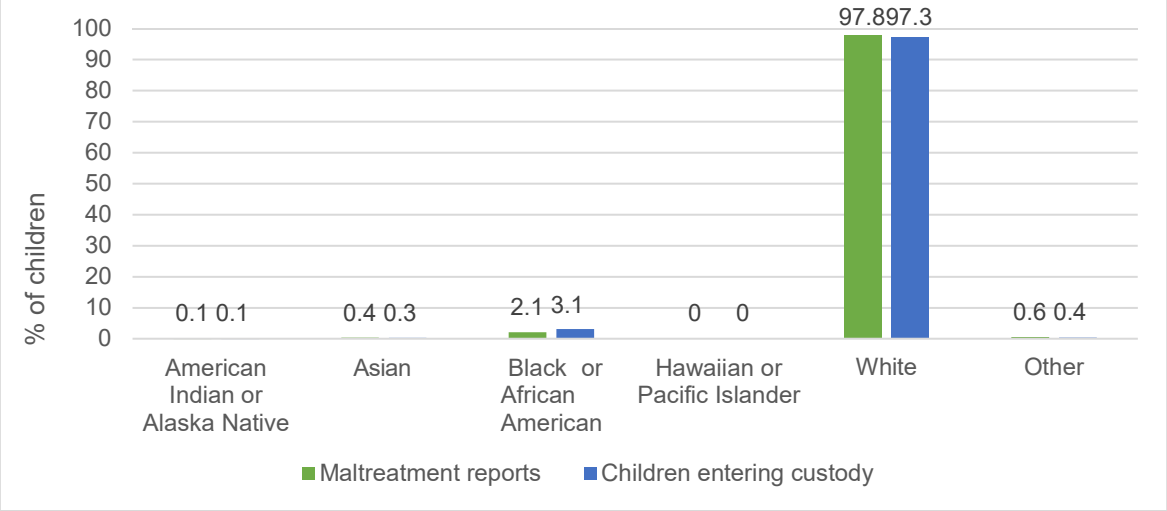
Race

The vast majority of children with maltreatment reports and children who entered custody were White. However, White children comprised a smaller proportion of children who entered custody than children with maltreatment reports, whereas Black or African American children comprised a larger proportion of children who entered custody than children with maltreatment reports (Figure 13).

Between the years 2005 and 2018, Black or African American children were more likely than other children to enter custody within a year (14.2% vs. 9.2%), $c^2(1) = 29.75$, $p < .001$. This discrepancy emerged for years 2005–2007, 2011, and 2013. White children were less likely to enter custody within a year than non-White children (9.3% vs. 11.7%), $c^2(1) = 7.81$, $p = .005$. No difference in custody rates emerged for children of Asian, American Indian or Alaska Native, or Hawaiian or Pacific Islander races.

Figure 13

Percentage of Maltreatment Reports and Children Entering Custody Comprised by Children of Each Race



Note. Race categories are not mutually exclusive and therefore percentages may exceed 100%.

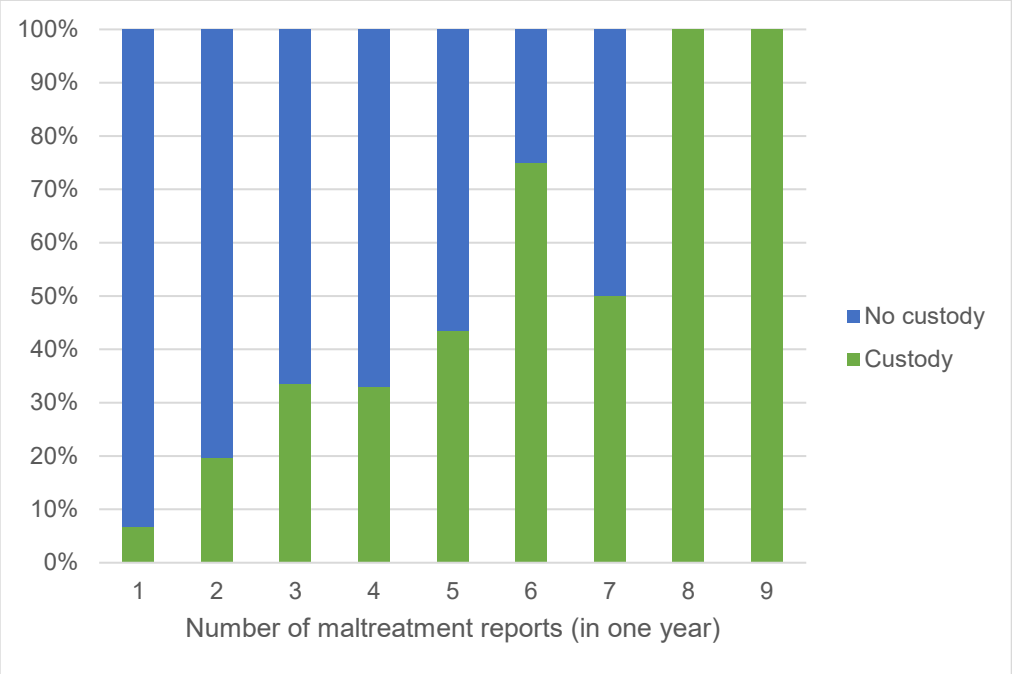
Case Factors

Number of Reports

The number of maltreatment reports a child had in a given year was strongly associated with the likelihood of entering custody within a year (Figure 14), $c^2(8) = 1739.21$, $p < .001$.

Figure 14

The Percentage of Children Who Entered Custody Within a Year of a Maltreatment Report, Based on the Total Number of Maltreatment Reports in That Same Year



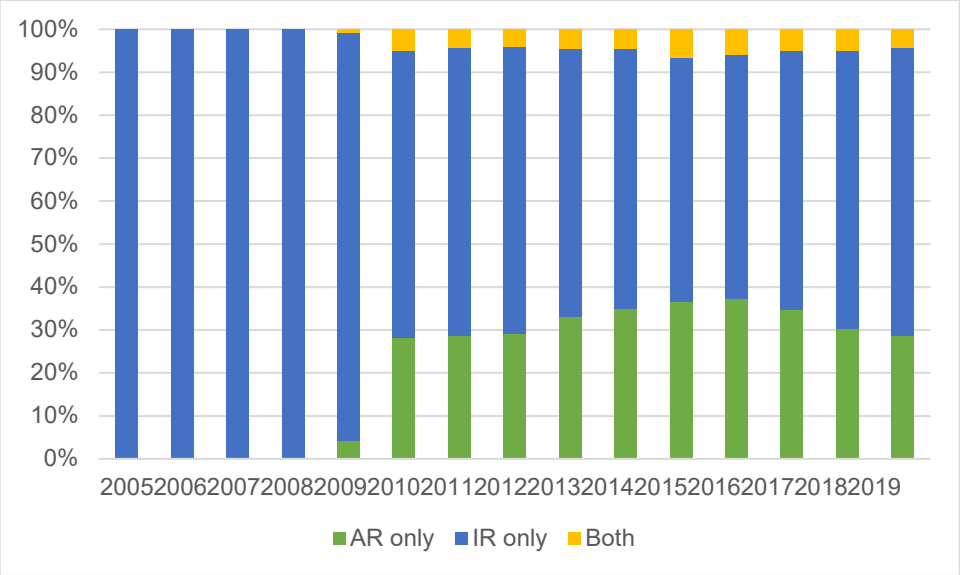
Type of Report(s)

After the implementation of differential response in 2009, on average 32.3% of children had reports only on the AR track, 62.8% had reports only on the IR track, and 4.9% had reports

on both tracks in a year (Figure 15). A decrease in the percentage of reports only on the AR track began in 2017.

Figure 15

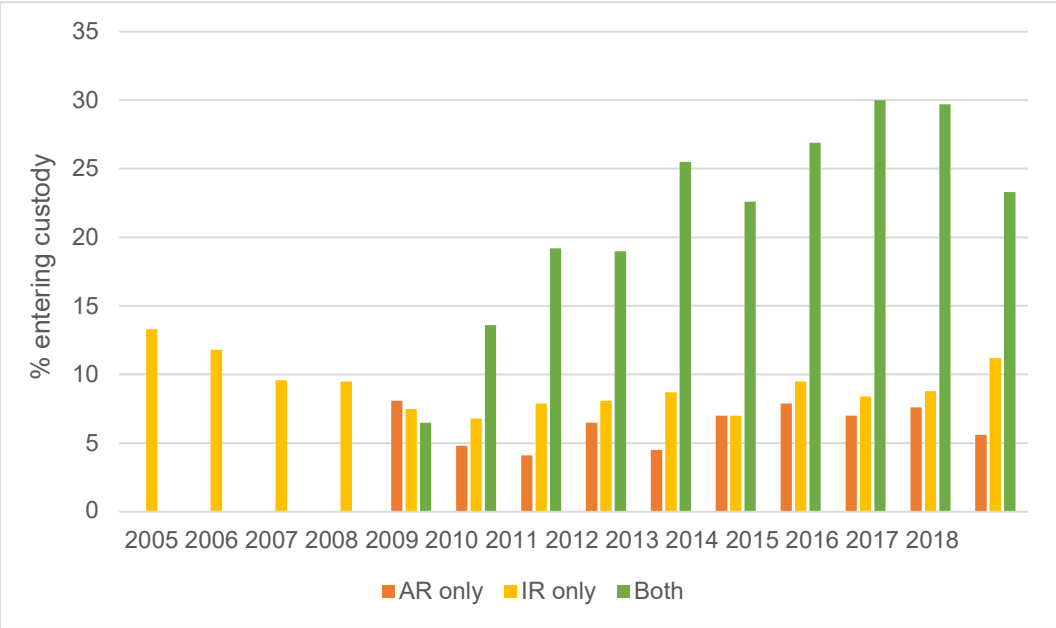
Percentage of Children with Maltreatment Reports Only on the Alternative Response track, Only On the Investigative Response Track, or Both, by Year



Of all children with maltreatment reports in a given year, those who only had a report(s) that was routed to the AR track were less likely to enter custody (6.3%) than children who only had a report(s) that was investigated (8.8%). Children who had reports on both the AR tracks *and* the IR tracks in the same year were most likely to enter custody within a year (24.1%). Figure 16 displays these differences in custody likelihood by year. This finding is partly driven by the effect of number of reports in a given year, as seen previously in Figure 16, as children with both types of reports, by definition, had at least two reports, whereas children with one type of report often only had a total of one report per year. Of note, children entered custody at a similar rate regardless of whether their report was on the investigative or AR track in 2014.

Figure 16

Percentage of Children Entering Custody Based on Track Assignment of Maltreatment Reports



Timing of Report

Custody entry was more common for children with reports in the years before DR implementation (2005–2008; 11.0% of children with maltreatment reports) than after implementation (2009–2018; 8.8% of children with maltreatment reports), $c^2(1) = 50.95$, $p < .001$.

Prior Abuse Reports

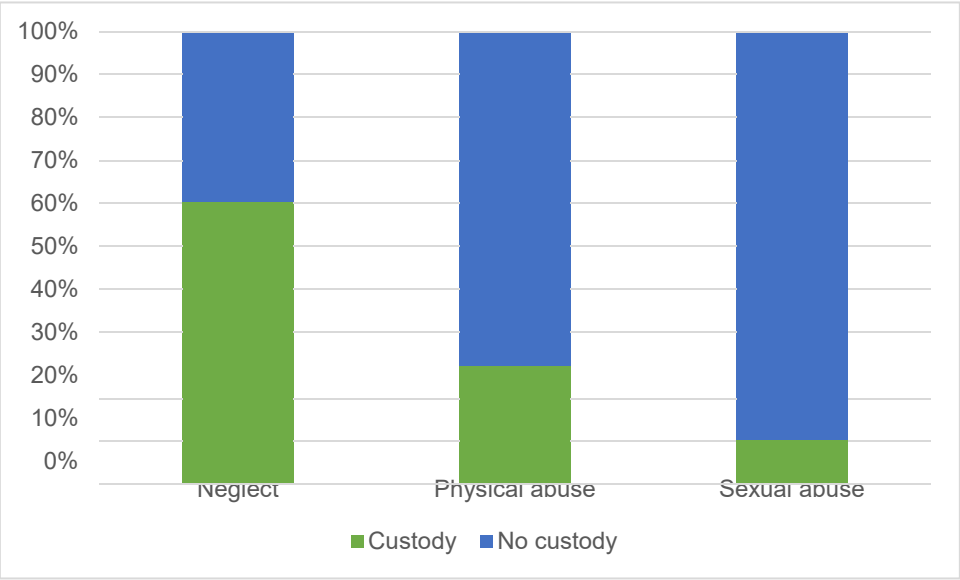
Children who entered custody had more maltreatment reports in prior years than children who did not enter custody. Specifically, they had significantly more prior overall maltreatment reports [$t(5623) = -13.47$, $p < .001$]; substantiated reports [$t(5664) = -5.19$, $p < .001$]; and substantiated reports of neglect [$t(7009) = -2.98$, $p < .01$], physical abuse [$t(5659) = -4.92$, $p < .001$], and sexual abuse [$t(5586) = -3.01$, $p < .01$].

Type of Maltreatment

The likelihood of custody entry varied not just across years but also based on type of substantiated maltreatment. From 2005–2018, neglect victims were most likely to enter custody (although neglect was the rarest type of substantiated maltreatment), followed by physical abuse victims. Few sexual abuse victims entered custody within a year (Figure 17).

Figure 17

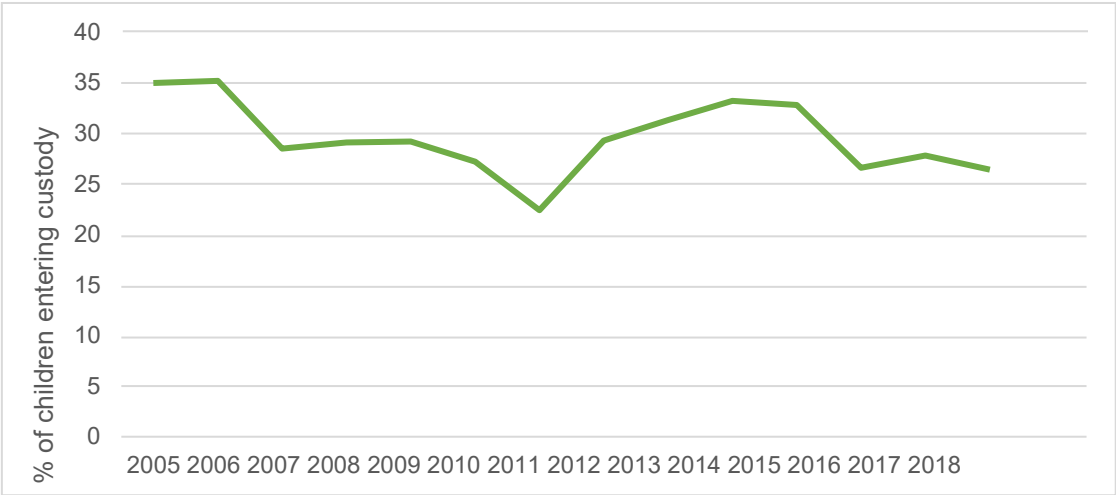
Proportion of Each Type of Victim Who Entered Versus Did Not Enter Custody



The proportion of physical abuse victims who entered custody increased markedly from 2011 to 2014 (Figure 18).

Figure 18

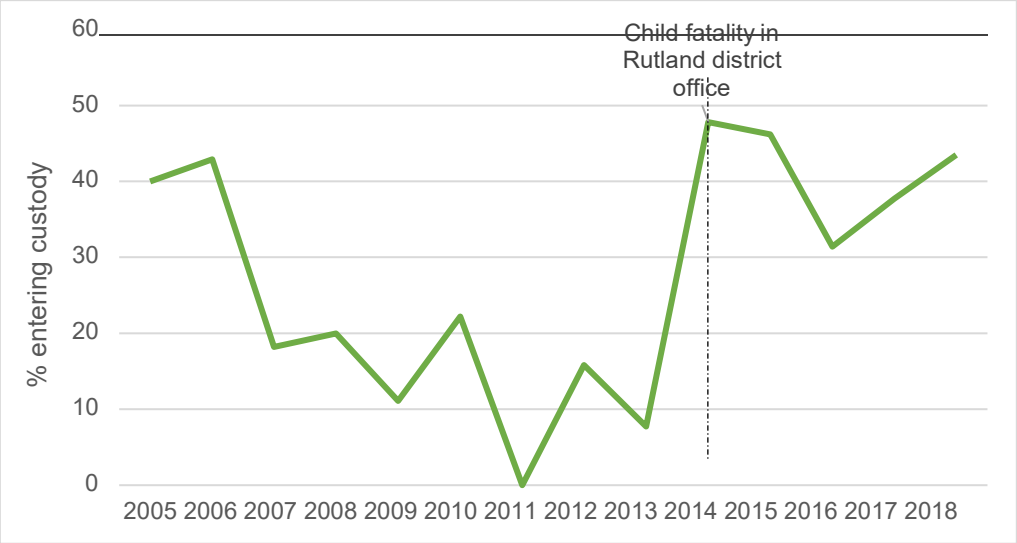
Percentage of Physical Abuse Victims Who Entered Custody Within a Year



The change over time was particularly pronounced in the Rutland district office (Figure 19), with a significant increase in the likelihood of physical abuse victims entering custody from 2013 (7.7%) to 2014 (47.8%). This trend is likely influenced by the death of Dezirae Sheldon, whose case was supervised by the Rutland district office and who died of injuries related to physical abuse in early 2014.

Figure 19

Percentage of Rutland District Office Physical Abuse Victims Who Entered Custody Within a Year



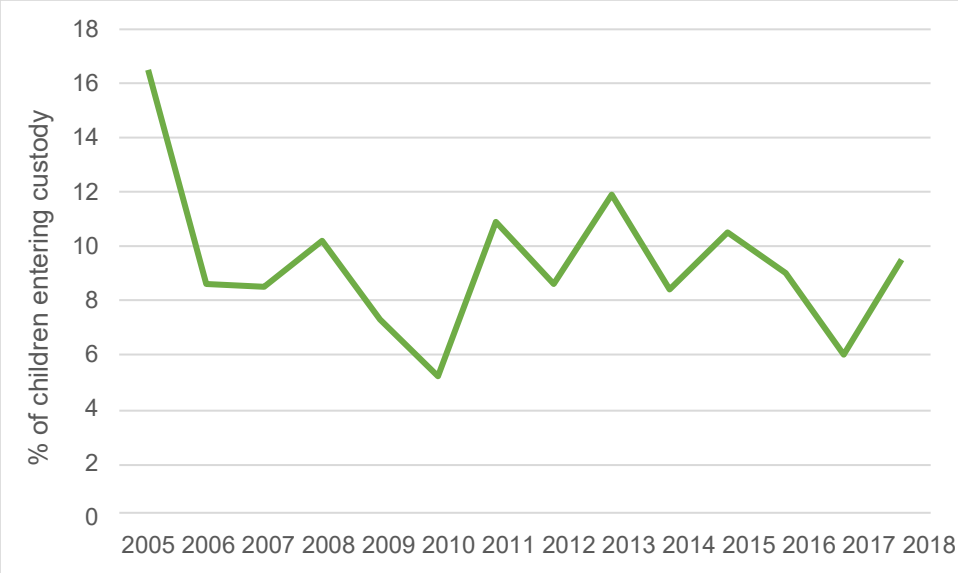
A similar increase in custody likelihood was seen between the years of 2010 and 2015 for cases of neglect victims (Figure 20). However, during these years, the raw number of neglect victims per year remained quite low compared to other types of maltreatment (range 11–31). The likelihood of custody entrance for victims of sexual abuse (Figure 21) showed a less clear pattern, marked by increases and decreases from year to year.

Figure 20

Percentage of Neglect Victims Who Entered Custody Within a Year

Figure 21

Percentage Sexual Abuse Victims Who Entered Custody Within a Year

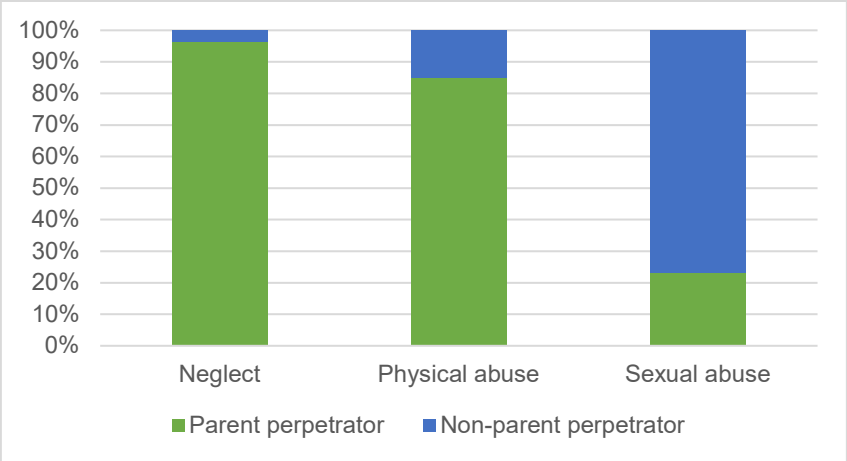


Relationship to Perpetrator

Neglect victims were most likely to have a parent perpetrator (96.5%), followed by physical abuse victims (85.0%), and sexual abuse victims were least likely to have a parent perpetrator (23.2%; Figure 22). This order parallels the likelihood of custody entrance by maltreatment type, as being a close relative of a perpetrator increases the likelihood of entering custody. When considering the moderating effect of age on the relationship between maltreatment type and custody, there was a significant interaction, showing that alleged sexual abuse significantly predicted entrance into custody for older children (13+ years) but not for younger children (0–12 years).

Figure 22

Proportion of Each Type of Victim Whose Perpetrator Was a Parent Versus Nonparent



Domestic Violence

Children whose intake reports noted domestic violence were significantly more likely to enter custody than children whose intakes did not concern domestic violence (13.1% vs. 8.6%), $c^2(1) = 133.97$, $p < .001$. Domestic violence data were available from 2010–2018, and this difference in custody entrance occurred every year except for 2010.

Risk Level

NOTE: As noted earlier, the SDM has two assessments that may influence custody more than others: (a) the safety assessment and (b) the risk assessment. In practice, only the safety assessment should be the form used to inform custody decisions as this is the tool that measures actual danger, whereas the risk assessment should be used to inform service provision. When we first received the data in spring 2020, we did not have access to the safety data for various reasons. However, we were recently able to obtain access to the raw safety data. We are currently in the process of merging this into the current dataset and hope that this will allow us to see the magnitude of influence that safety data has on custody entrances compared to risk.

National Comparison

In comparing Vermont to the nation as a whole in 2018, the following chart highlights similarities and some areas that have dissimilar numbers. Vermont is similar to the national average in the percentage of accepted reports on the AR track and the percentage on the IR track (differential response). In addition, Vermont has a similar percentage of substantiated investigations. Areas where Vermont differed from the national average include the following: number of accepted referrals is lower in Vermont, percentage of victims and nonvictims opened for services is also lower in Vermont, and number of days to initiate services is higher. Finally, the percentage of victims entering custody in Vermont (16.6%) is lower than the national average (22.9%), and the percentage of nonvictims entering custody in Vermont (4.9%) is higher than the national average (1.9%). It is important to note that the raw number of nonvictims is much larger than the raw number of victims (as most maltreatment reports are not substantiated), and differences in the percentage of nonvictims entering custody can have a large effect on the

overall number of children entering custody. Note that nonvictims may enter custody due to administrative data technicalities (e.g., if formal substantiation occurs after custody entrance, a child may enter custody during 2018, and substantiation may occur in 2019, therefore appearing in the 2018 data file as a nonvictim).

Table 3

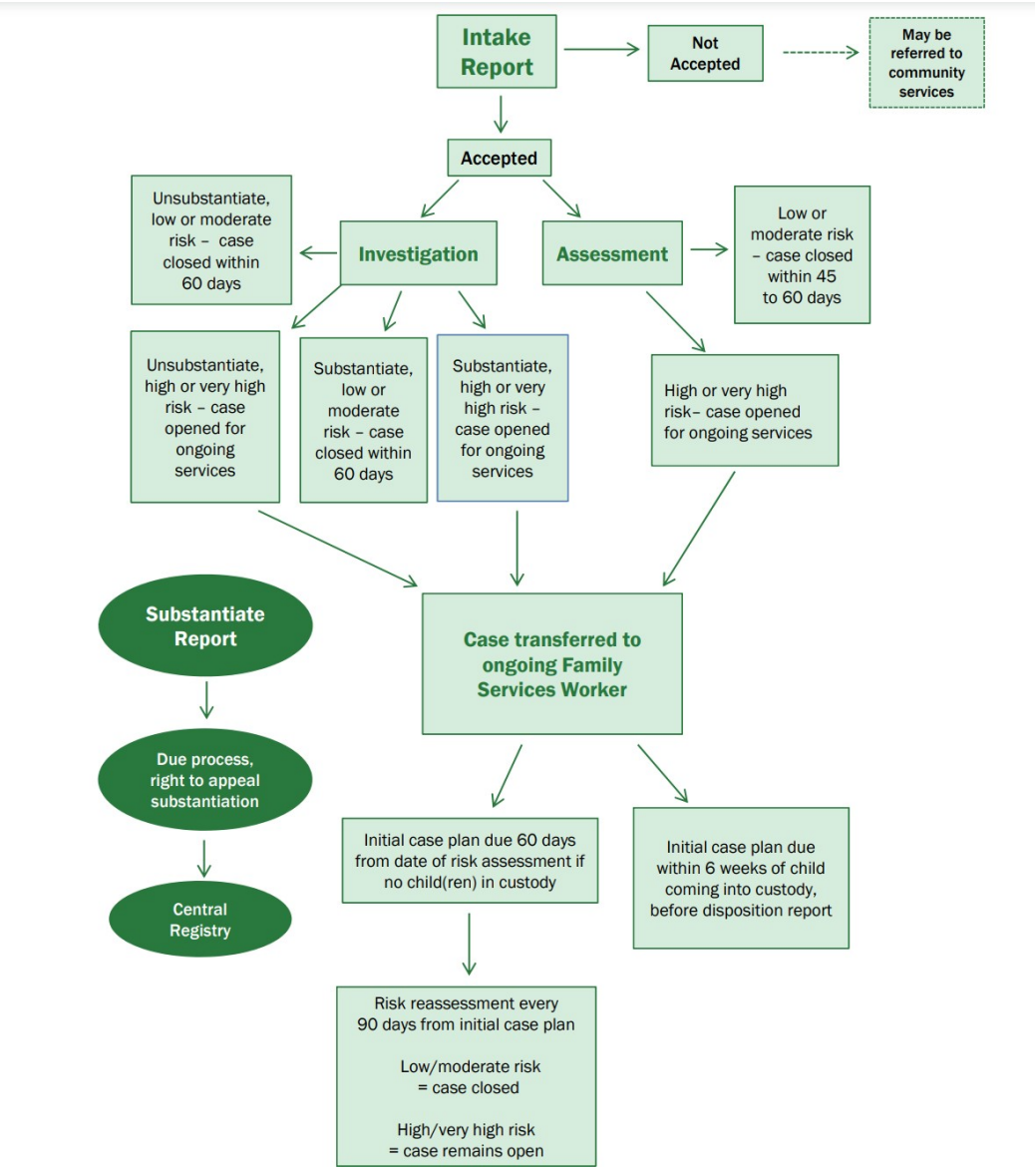
Title

Variable	Vermont	National average
# of Referrals	19,472	3,542,996
% of accepted reports (screened in or screened out)	20.8% screened in	56.0% screened in
% of victims whose cases were opened for services	33.4	60.7
% of nonvictims whose cases were opened for services	18.0	29
Avg # of days to initiate services	42	32
% of victims who entered custody	16.6	22.9
% of nonvictims who entered custody	4.9	1.9
% of children with accepted reports on AR track	30.3	30.
% of children with accepted reports on IR track	69.7	69.9
% of Investigations substantiated	21.3	19.2
Average # of completed reports per IR/AR worker	61	72

Note that a limitation of national data is measurement error as it is not clear if variables were measures consistently.

Figure 23

Vermont Case Flow



Survey Data

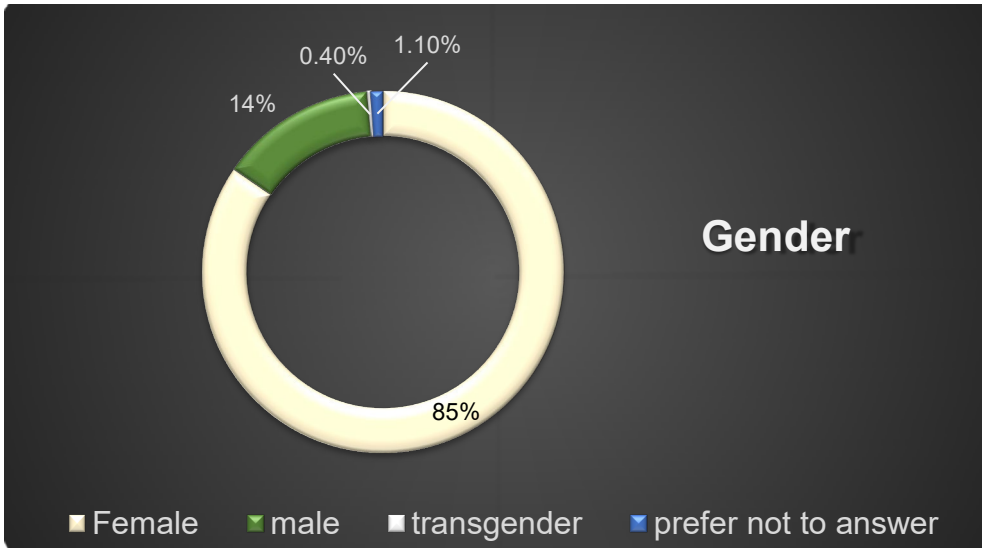
Sample

Of 416 possible participants, 64% responded to the survey, and 266 participants completed at least some of the survey of Vermont Child Welfare Practices during the May and June of 2020.

Gender

Figure 24

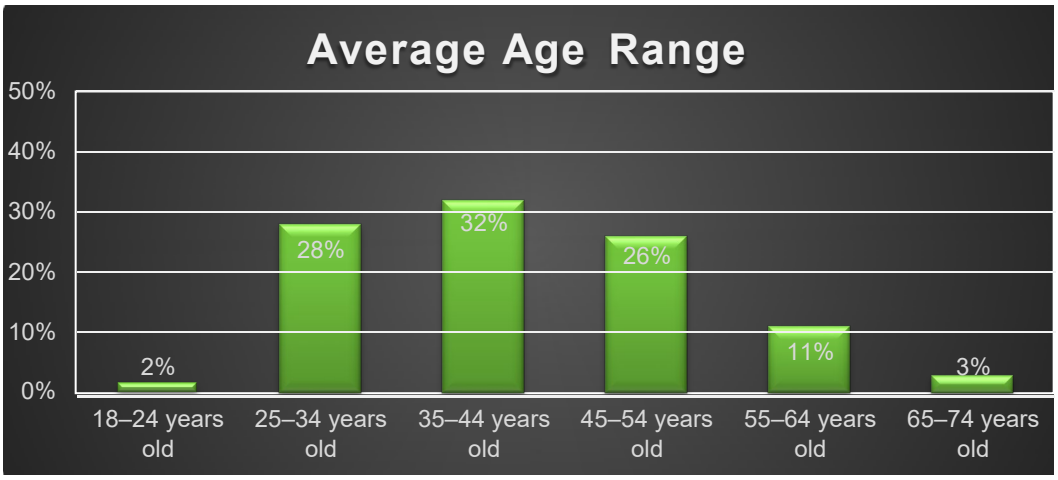
Gender



Age

Figure 25

Age

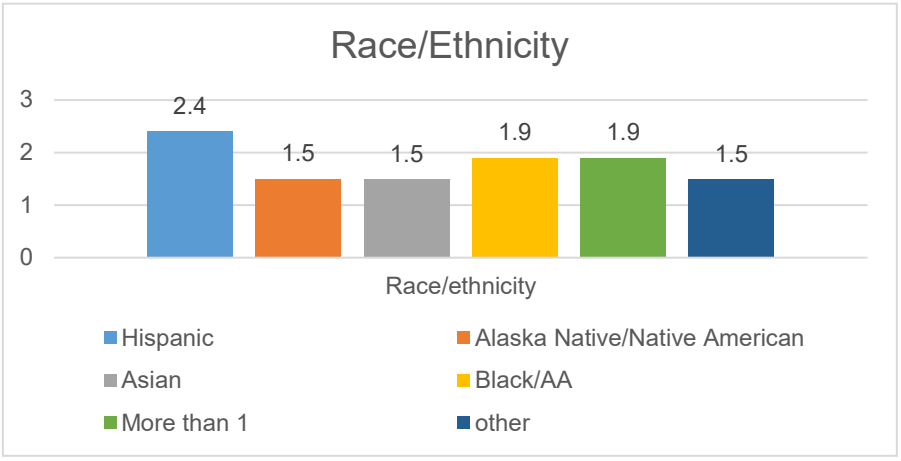


Race and Ethnicity

A total of 90.1% of participants identified as White. Between 1.5 and 2.4% of participants identified other races and ethnicities (not mutually exclusive).

Figure 26

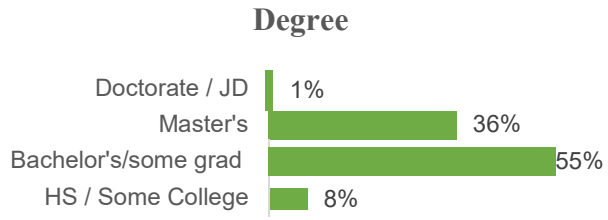
Race and Ethnicity



Educational Degree

Figure 27

Educational Degree



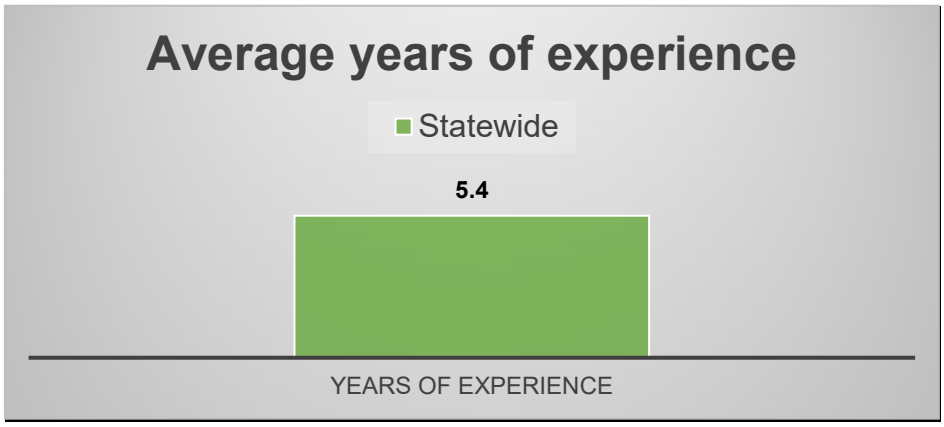
Primary Degree Fields

- Social Work – 32%
- Counseling / Psychology – 21%

Years of Experience

Figure 28

Years of Experience



Range: Less than one year to 35 years

Mean =5.5

Characteristics of Survey Participants

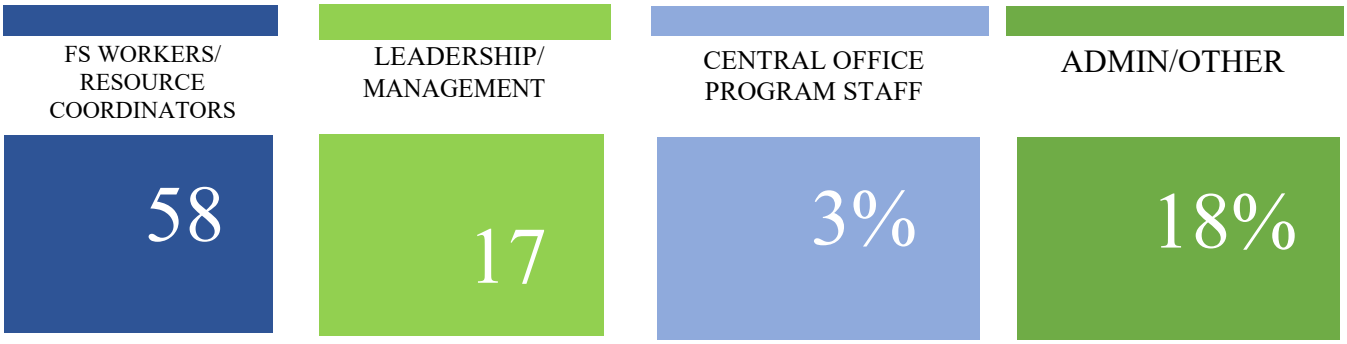
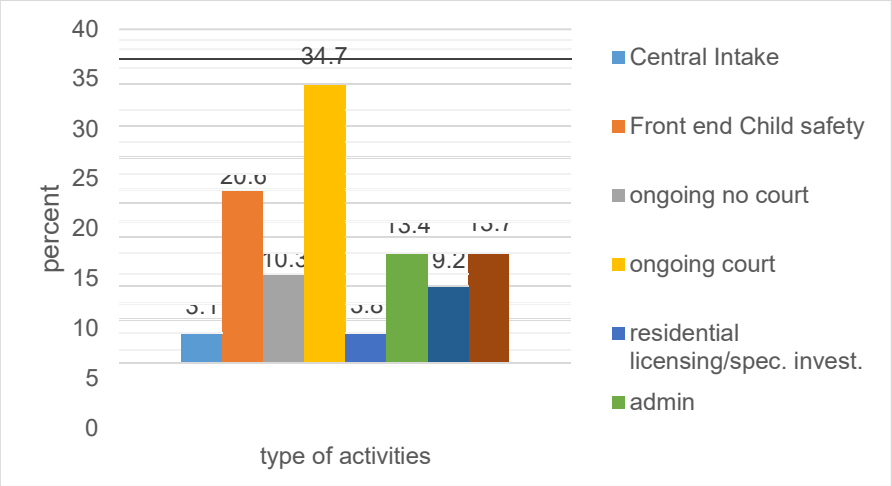


Figure **29**

Type of Position



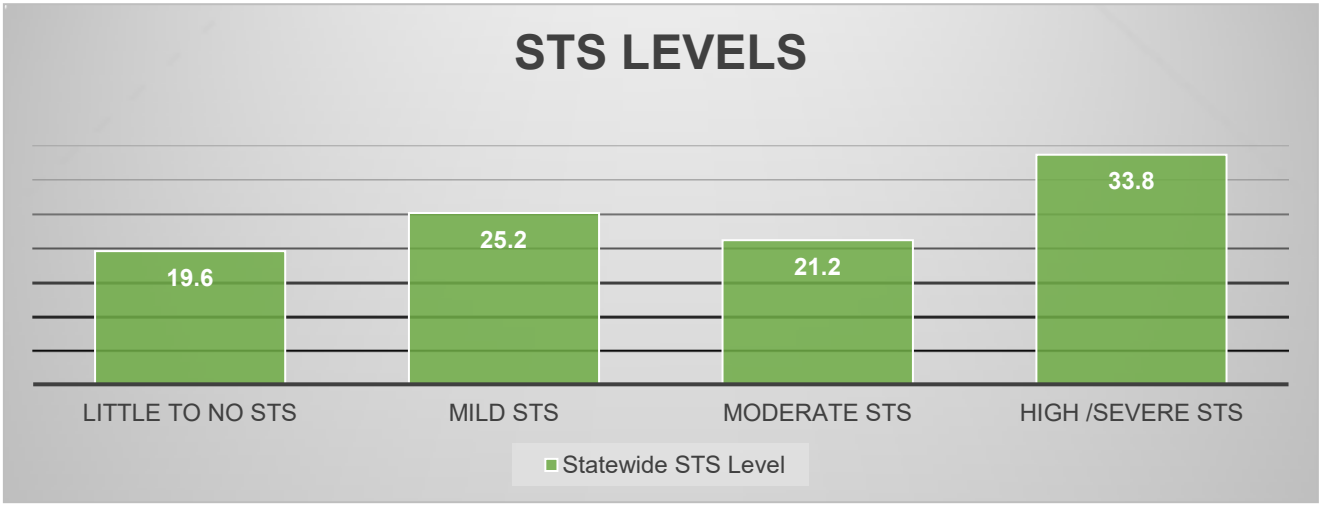
Individual Decision-Maker Factors

This section presents results of analysis of the staff perceptions of child removal and family preservation. It includes analyses from two standardized scales (Dalgleish, 2010; Benishishty, 2010).

Secondary Traumatic Stress of Workforce

Figure 30

Family Service Workers' Secondary Traumatic Stress (STS) Levels



Higher scores on the *STS* scale significantly correlated with *Time Pressure (+), Resilience* (-), and *Age* (-).

Figure 31

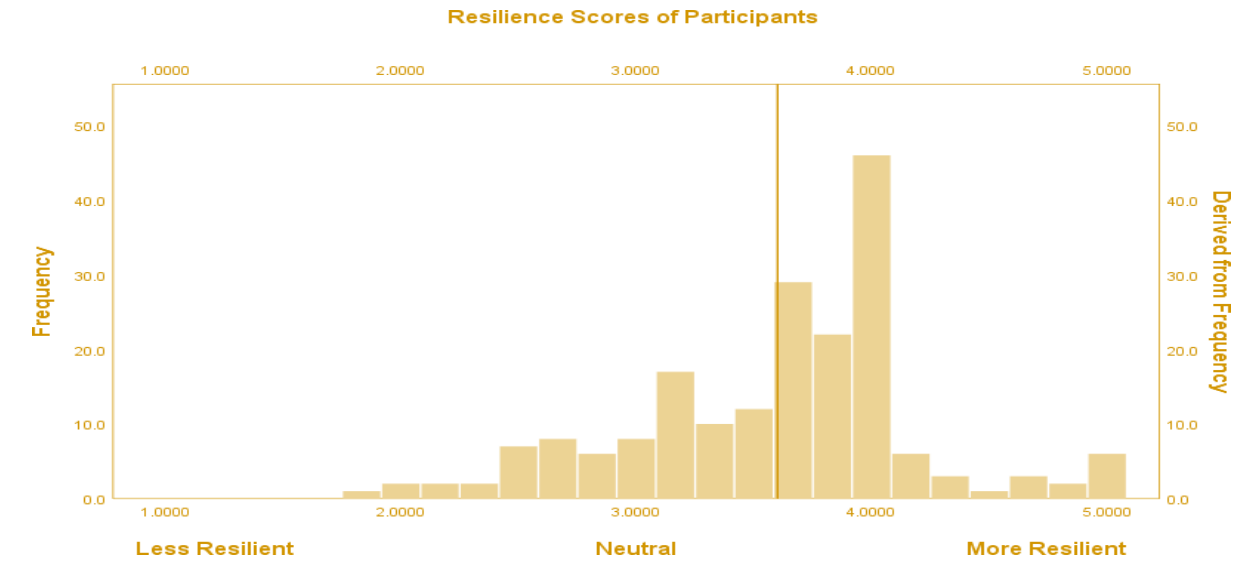
STS and Resilience by district office

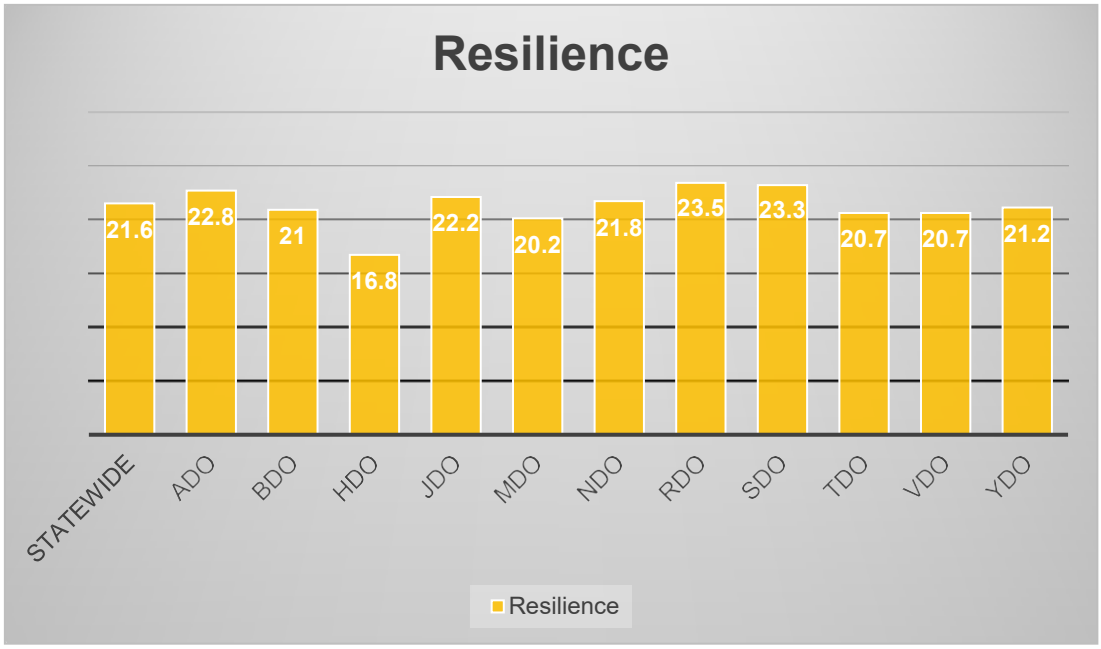
Note. 0–37– low | 38–43 – moderate | 44–48 – high | 49+ – severe
Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

Workforce Resilience

Figure 32

Family Service Workers' Level of Resilience





Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

Figure 33

Correlation Between Resilience Score and Other Factors

Participants who report higher levels of resilience

Score lower on:

- **STS**
  -.421, p = .000
- **Fear of conflict with parent**
  -.244, p = .002
- **Fear of liability**
  -.265, p = .005

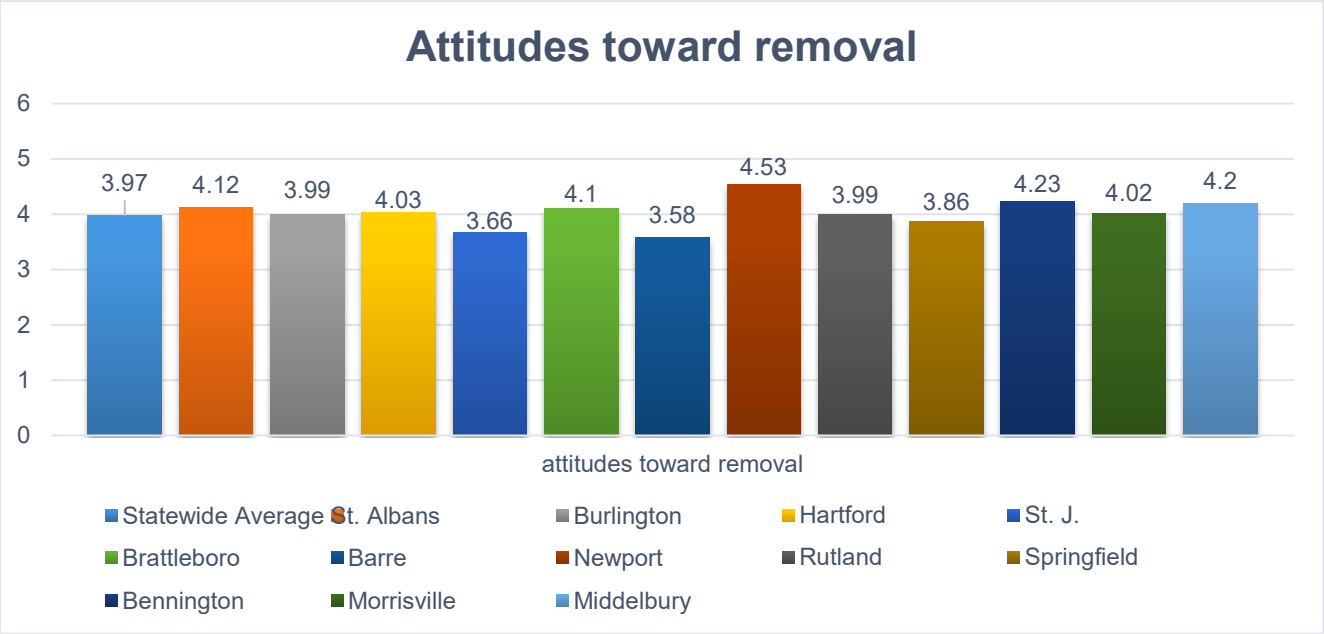
Score higher on:

- **Reports of available community services for families**
  .199, p = .027
- **Total practice skills**
  .347, p = .000
- **Organizational leadership and transf. change**
  .164, p = .028

Workforce Attitudes Toward Removal and Family Preservation

Figure 34

Attitudes Toward Removal



Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

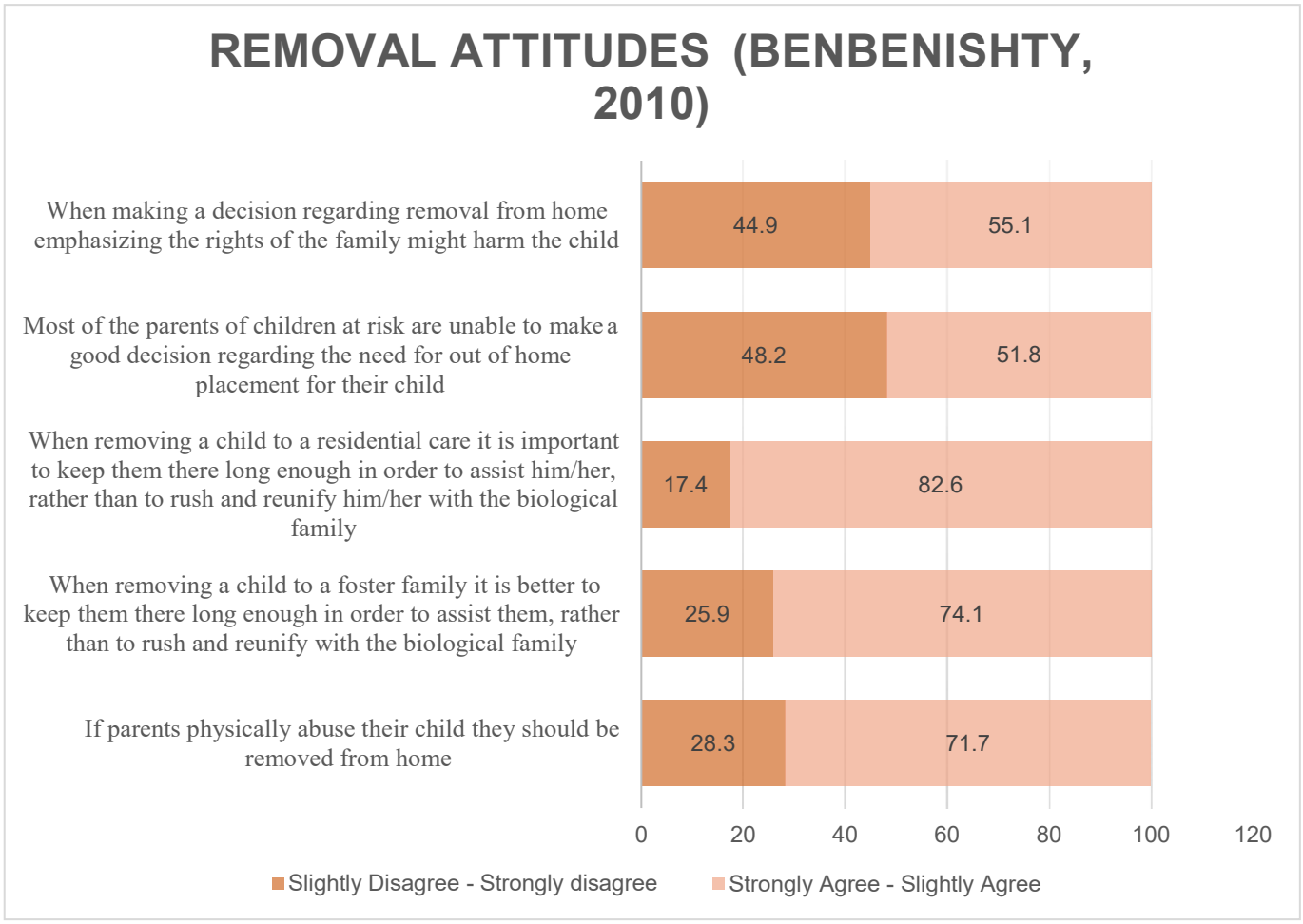
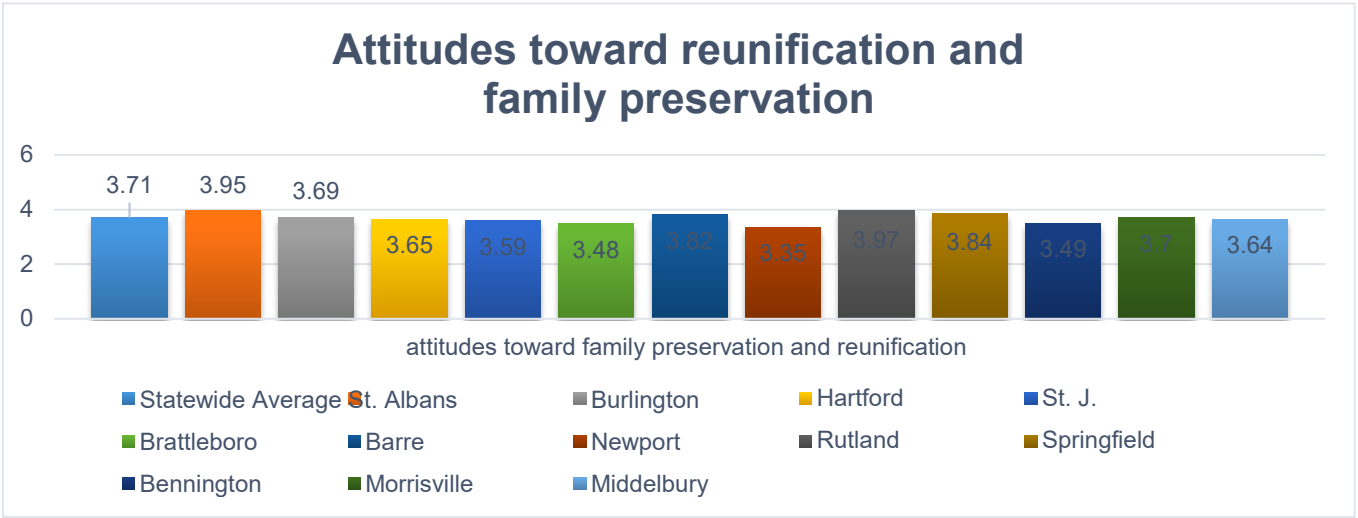
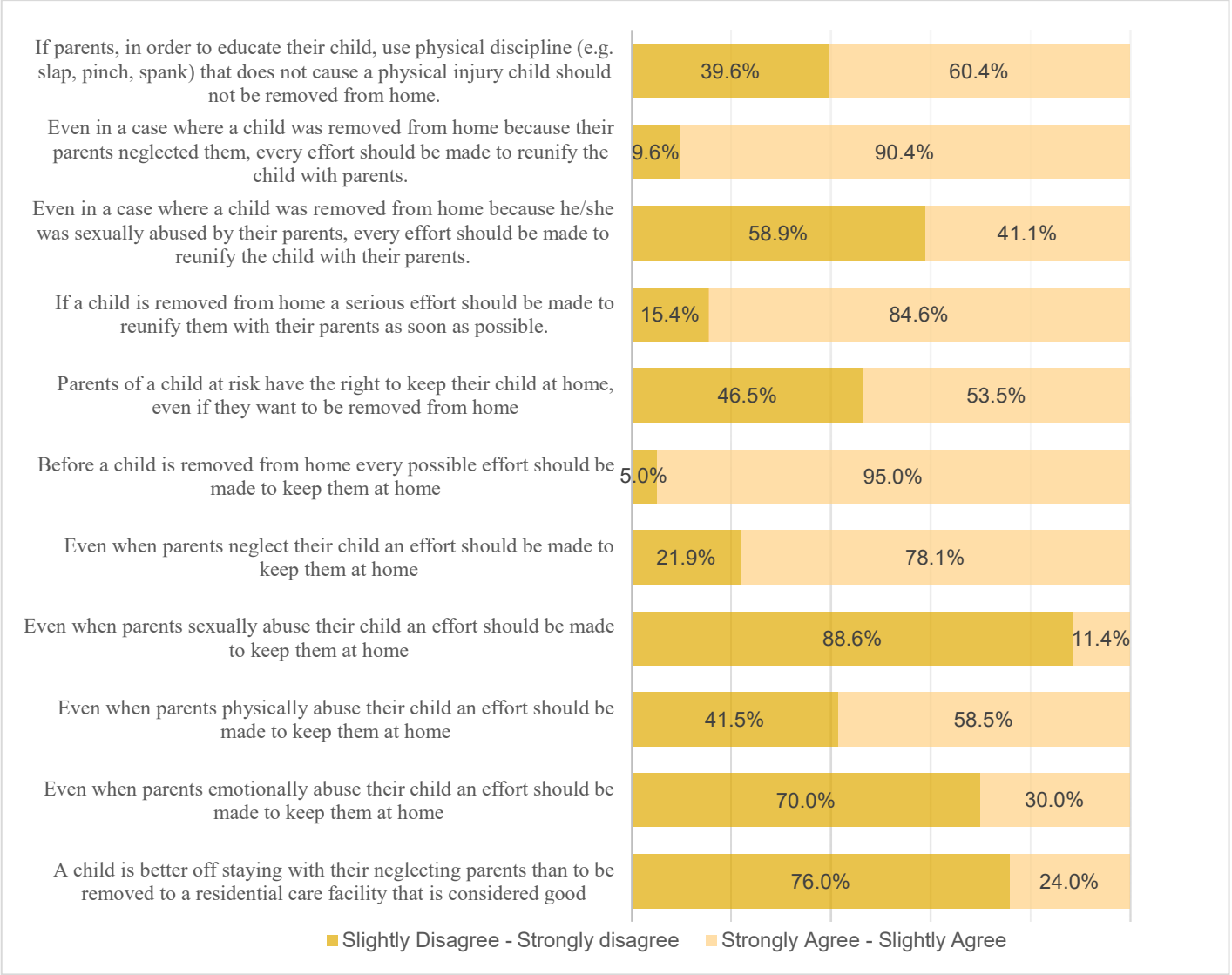


Figure 35

Attitudes Toward Family Preservation and Reunification (Scale 1–6)



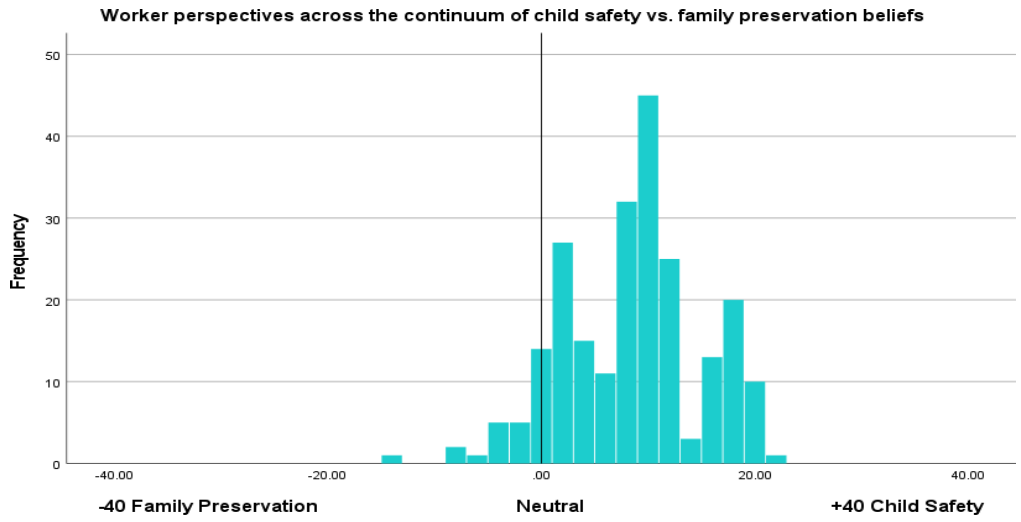


Child Removal Versus Family Preservation (Dalgleish Scale)

This section presents results from the Dalgleish scale, which measures staff perceptions of child removal and family preservation. Participants identifying a stronger value of family preservation have scores below 0 while workers showing stronger value of child removal have scores above 0. The chart above shows a tendency toward child removal over family preservation, on average, across the state. It is unclear how these scores may change over time depending on external pressures such as high-profile cases or media attention.

Figure 36

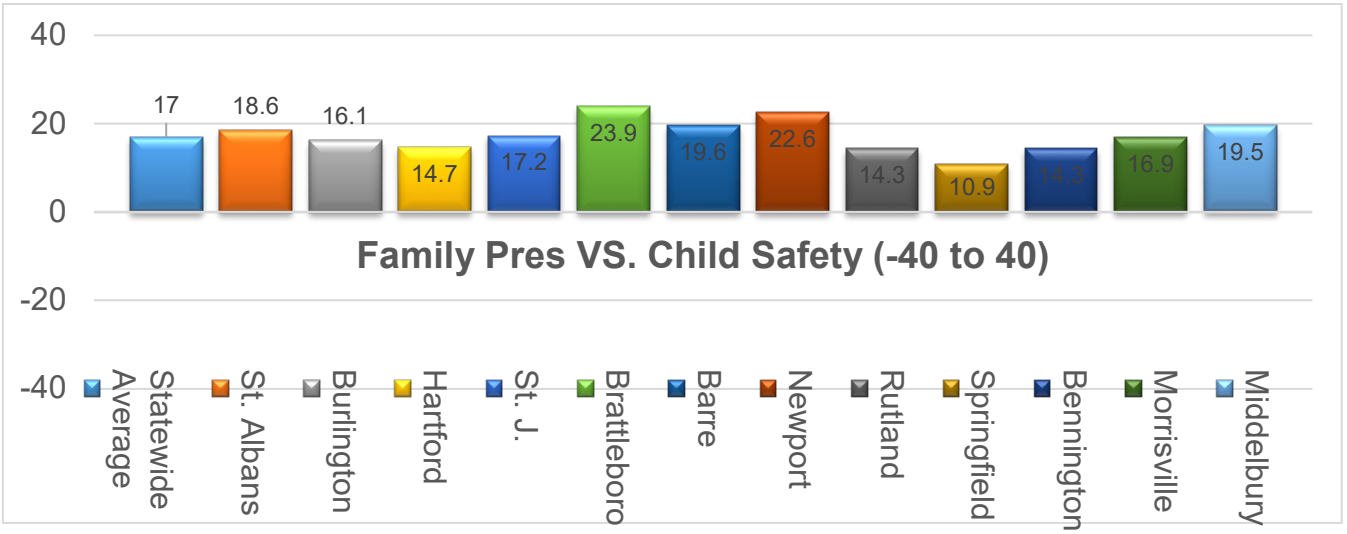
Title



Note. Individual Range from -22 to 40

Figure 37

Title



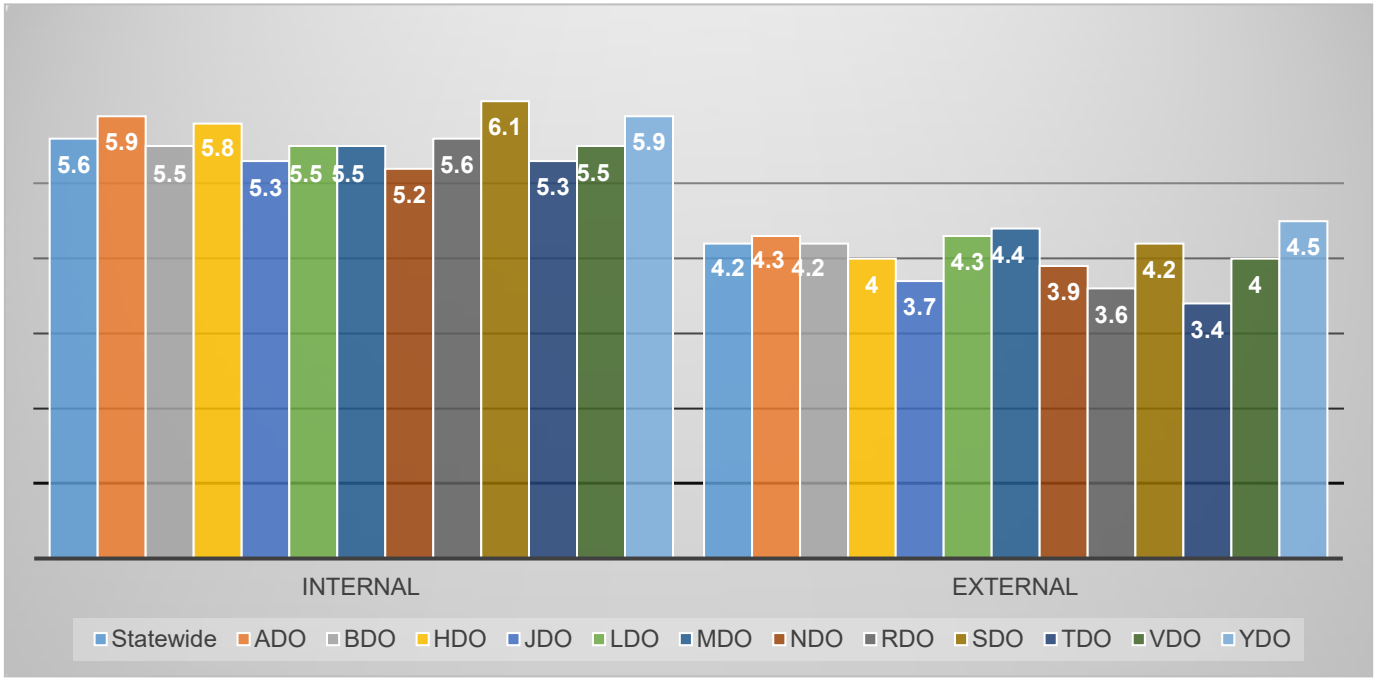
Note. District Range 10.9 to 23.9. Every district tends toward child removal over family preservation.

Removal Factors

This scale attempts to measure the degree to which a decision to remove is based on factors internal to the case or external values.

Figure 38

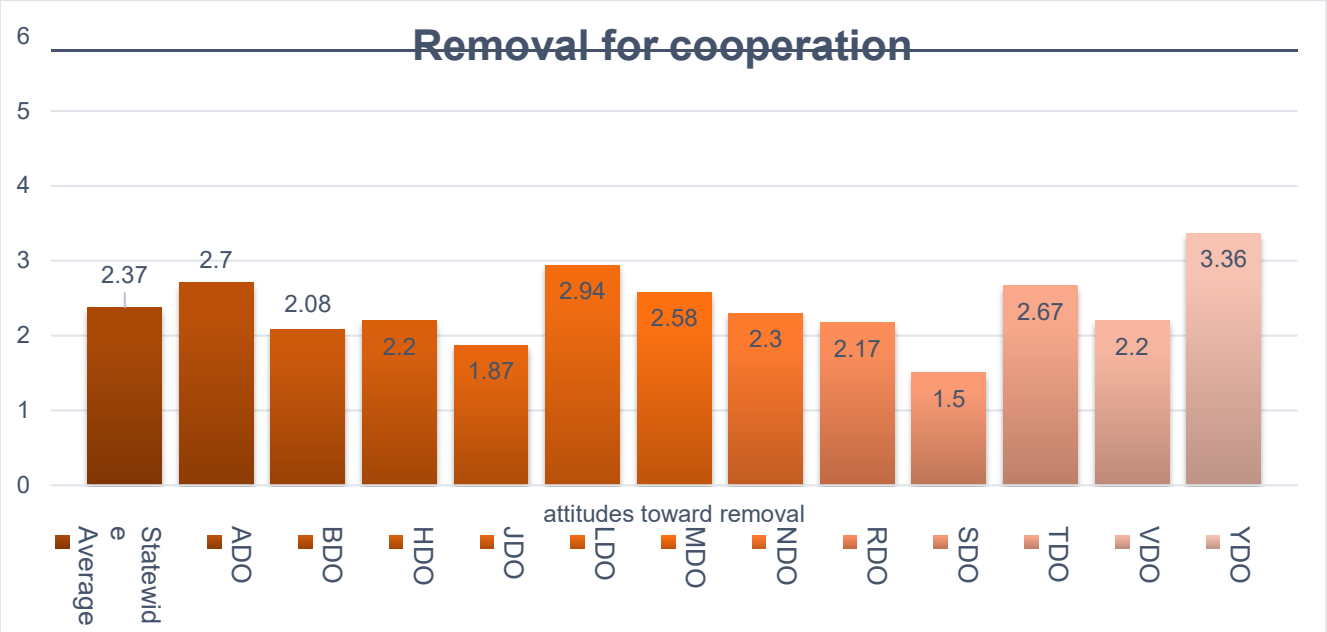
Internal Versus External Removal



Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

Figure 39

Removal for Cooperation

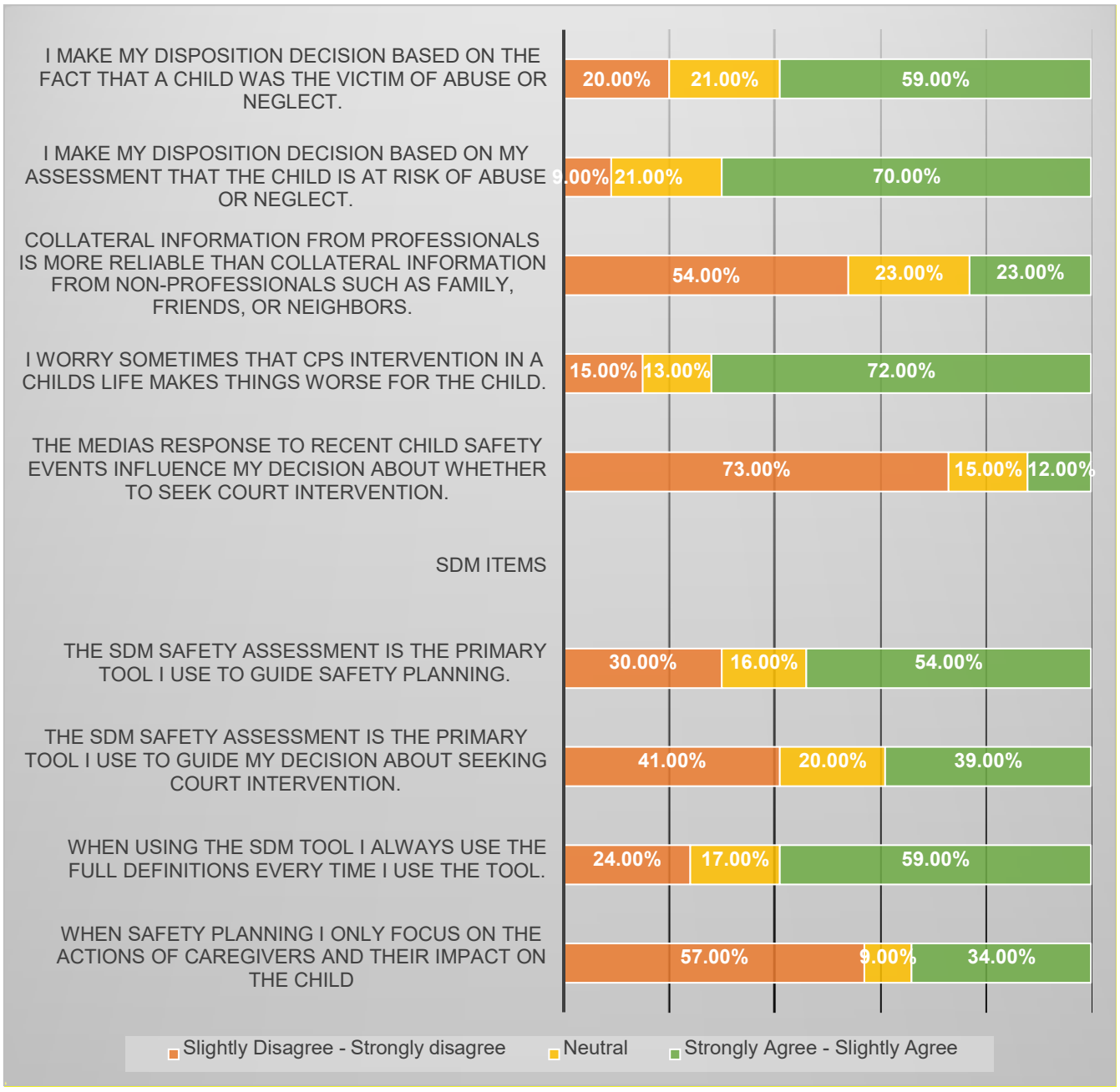


Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

Note: Item was *"There are times when it is necessary to remove, before all the facts are gathered, so the family will understand the seriousness of the situation and will cooperate with the investigation." (Scale 1–5)*

Figure 40

Decision Making and Use of Structured Decision Making Tool

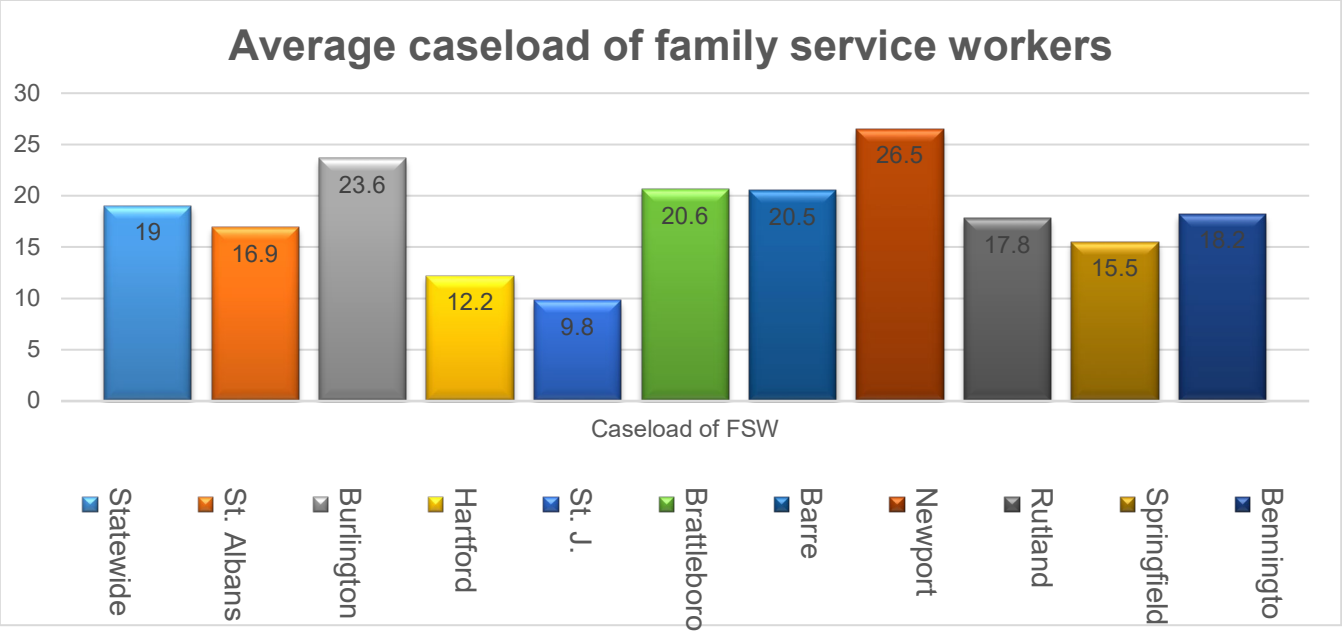


Organizational Factors

This section considers the various organizational factors that might impact decision making within a case such as caseload size, organizational leadership, time pressure, and trauma informed organizational culture.

Figure 41

Caseloads



There is a significant difference in average caseload size by district with a low of 10 and a high of 27.

Organizational Leadership

Figure 42

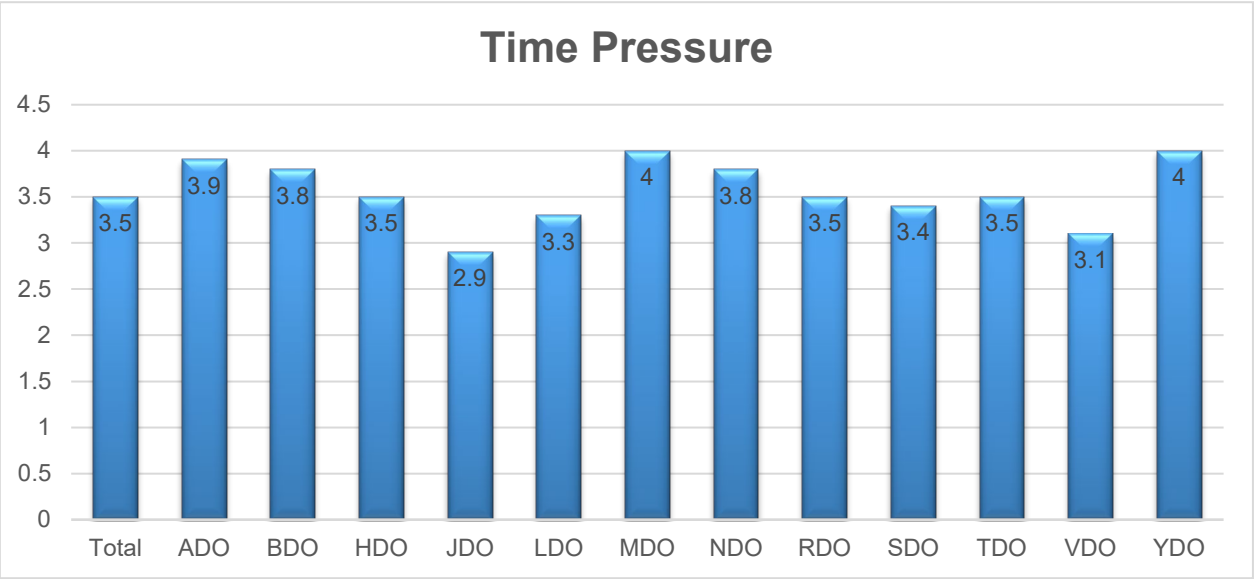
Questions on a Scale of 1–6 with 6 Being Most Positive

Note. Trans Lead Range – 3.7–5.1 | TI Org Range – 4.3–5.2 | Supervision Range – 4.8–5.9

Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

Figure 43

Questions on a Scale of 1–5 with 6 Being Most Pressure (Range 2.9–4.0)

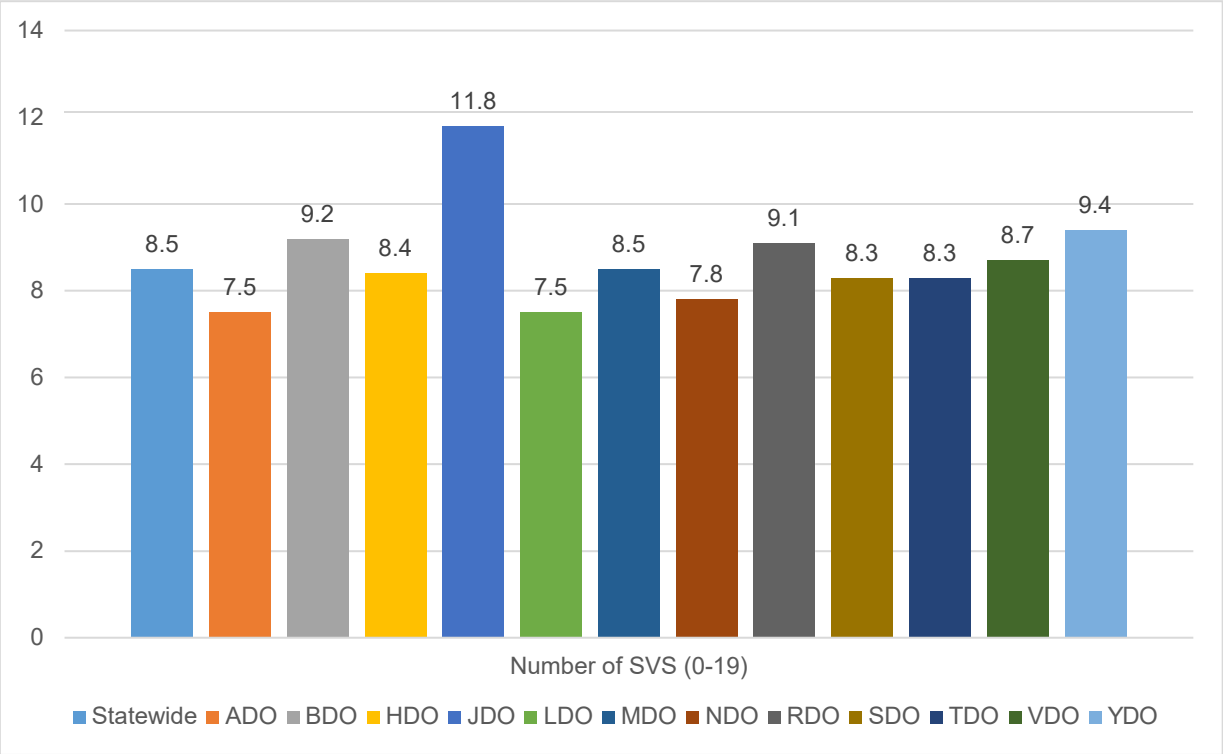


Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

External Community Factors

Figure 44

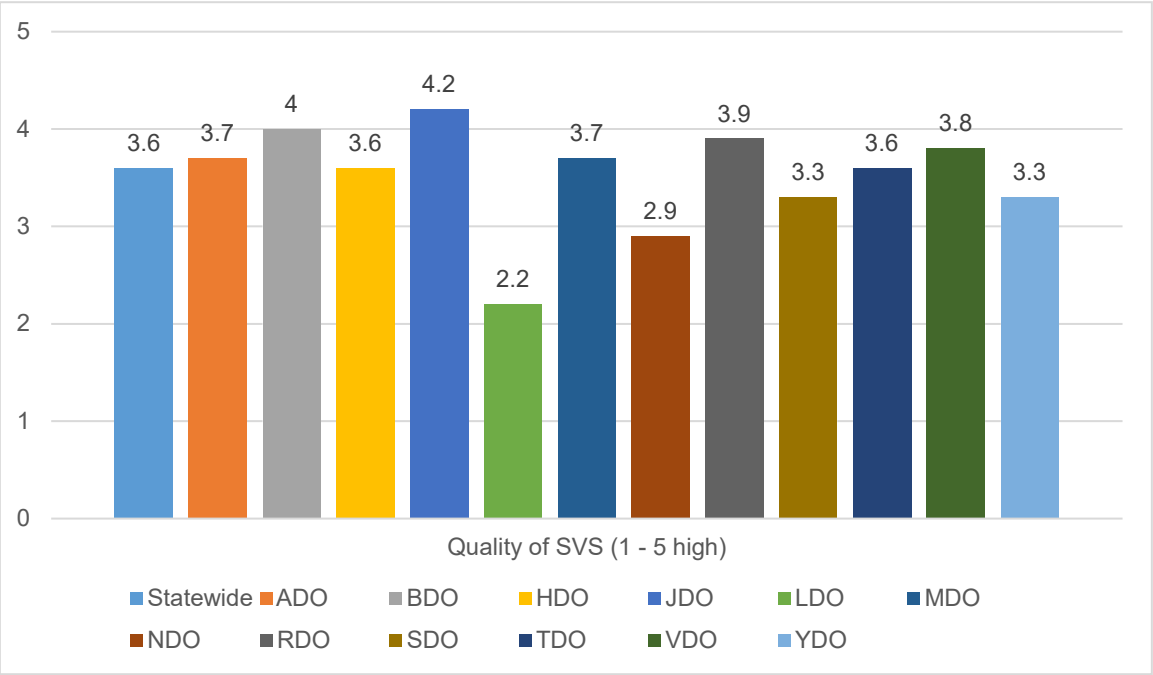
Community Services Number (Note Different Scales)



Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

Figure 45

Community Services Quality



Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

Figure 46

Community Services and Removal Decisions

When asked, *"Are there services that are not available in your district, but if they were it would have changed a decision to recommend removal?"* the top 4 answers across all respondents included the following:

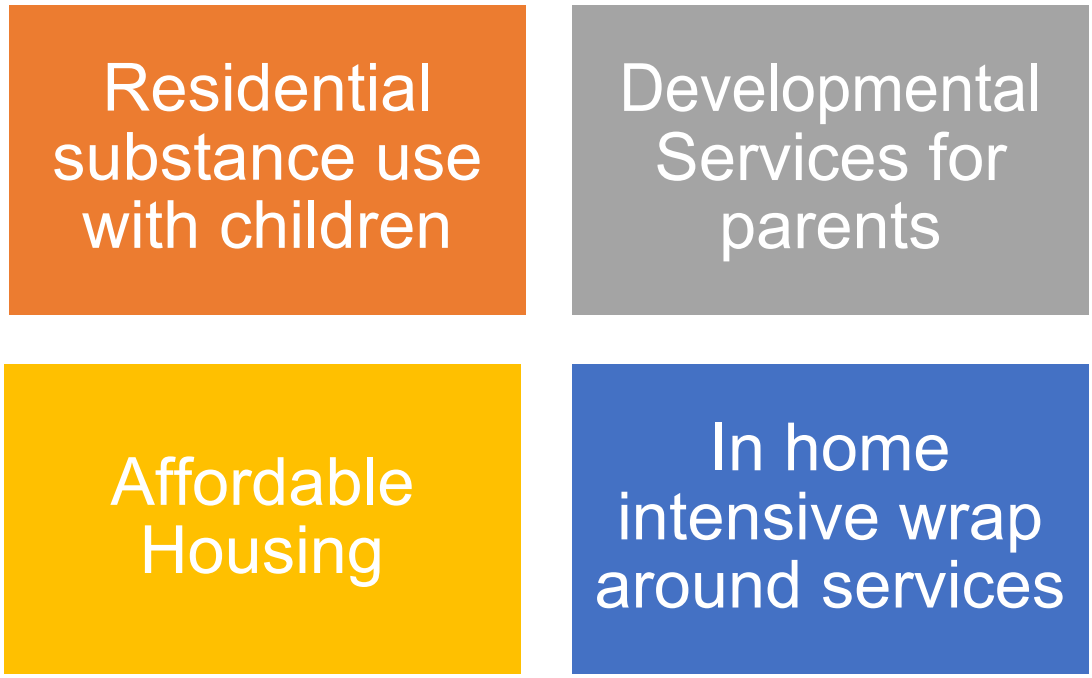
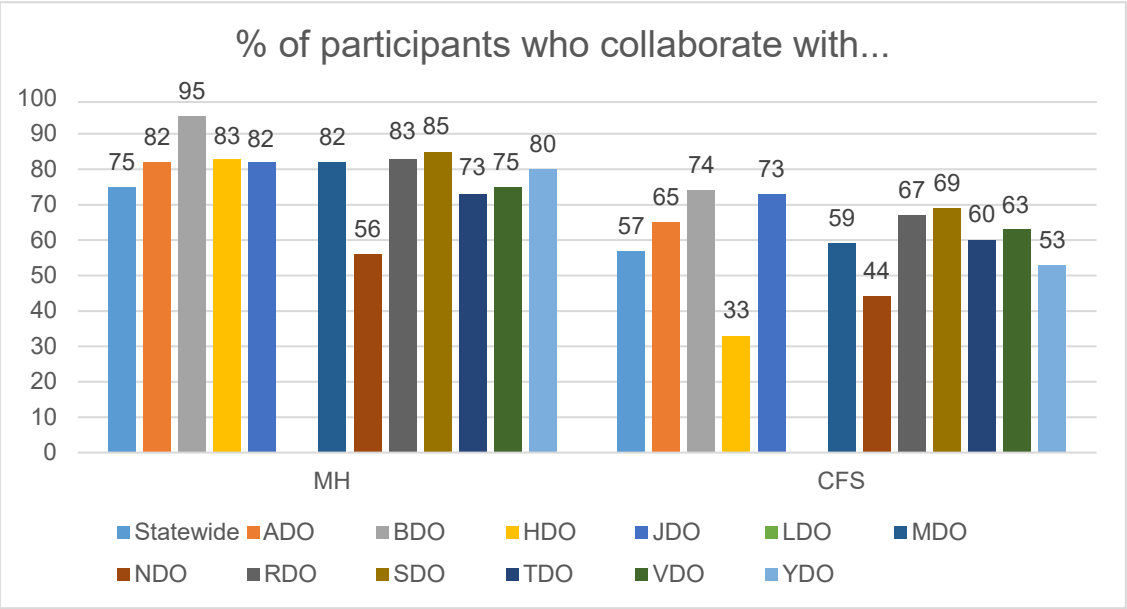
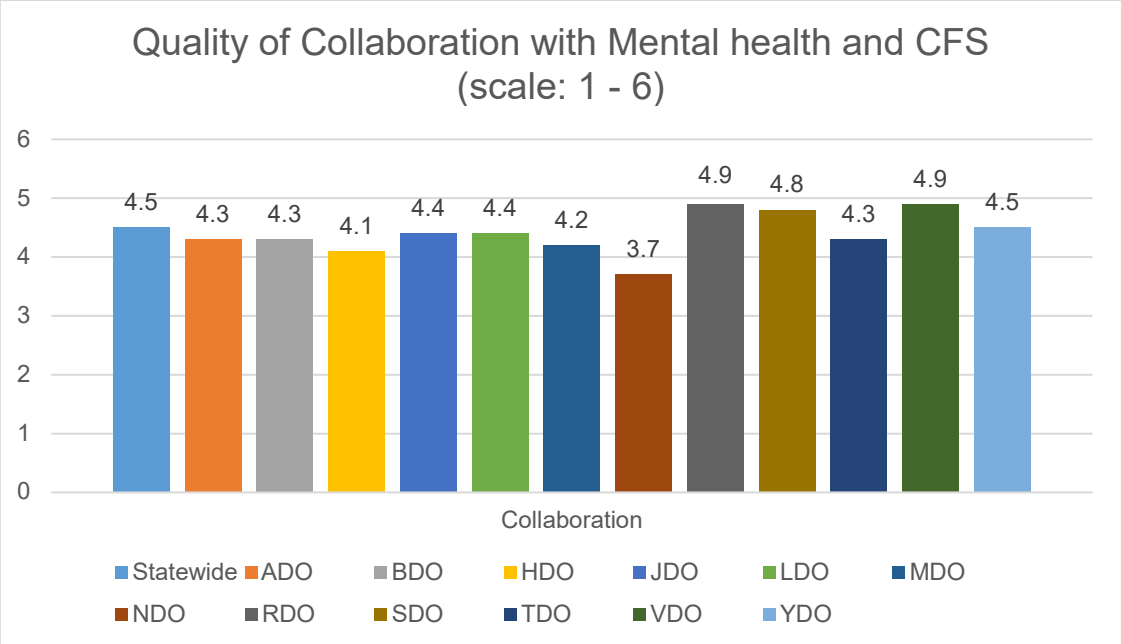


Figure 47

Collaboration

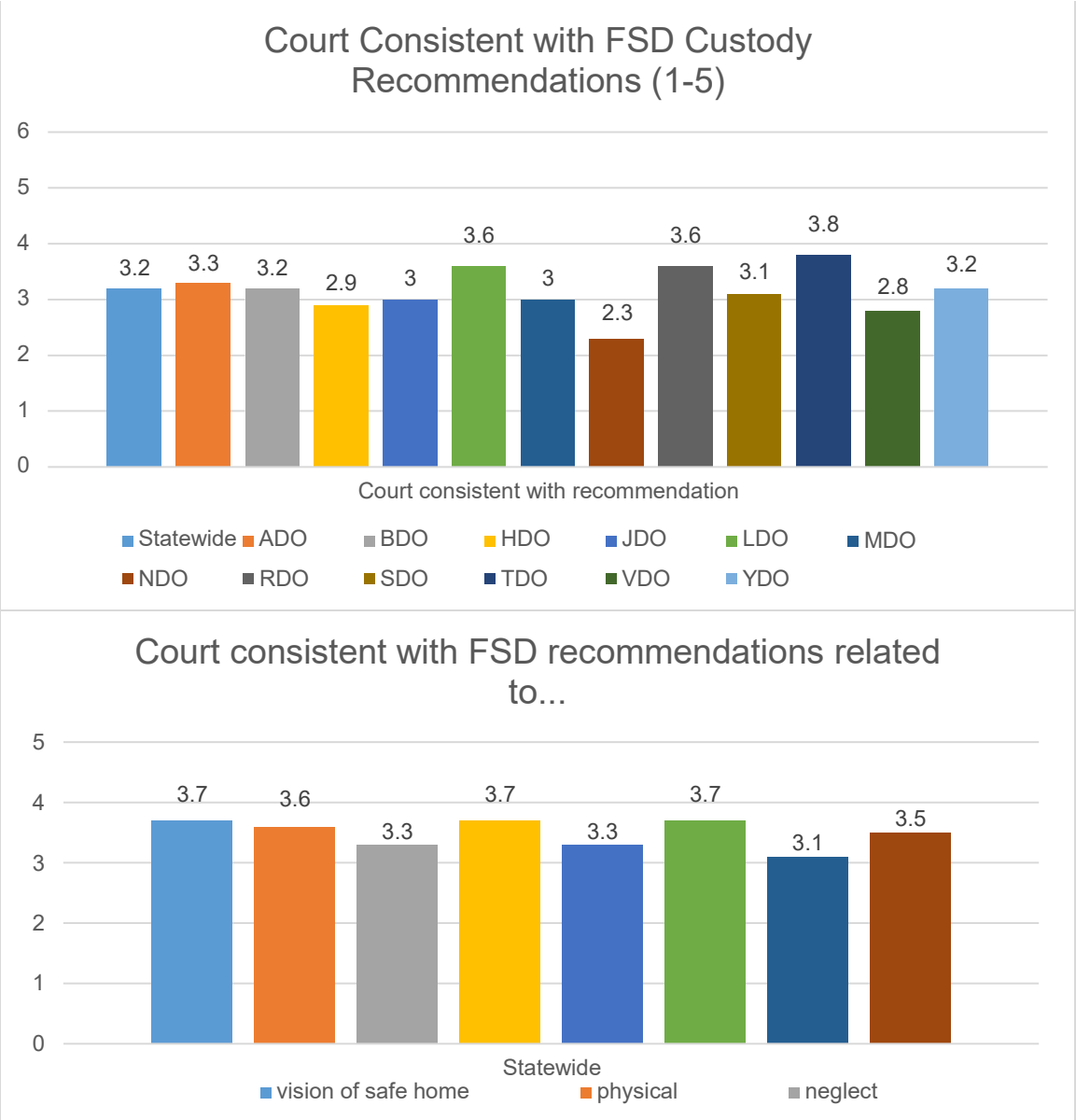




Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

Figure 48

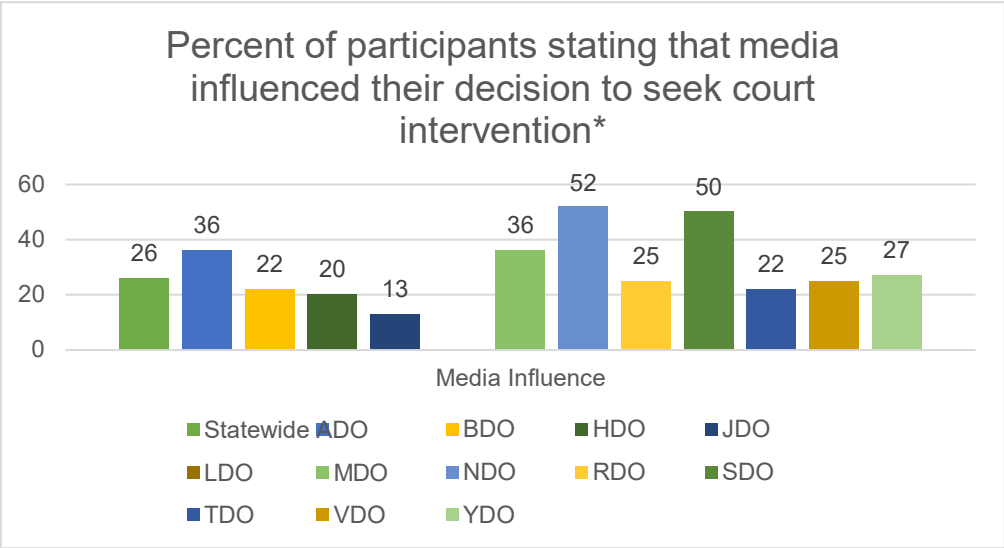
Court Consistent with FSD Custody Recommendations



Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

Figure 49

Media



Note: ADO-St. Albans; BDO-Burlington; HDO-Hartford; JDO-St. Johnsbury; MDO-Barre/Montpelier; NDO-Newport; RDO-Rutland; SDO-Springfield; TDO-Bennington; VDO-Morrisville; YDO-Middlebury

*LDO: Brattleoro did not have sufficient numbers to report on this question.

Collaboration with CFS was negatively correlated with the Dalgleish scale, suggesting a stronger tendency toward family preservation (Pearson = -.24; p = .001)

Figure 50

Correlation Between Collaboration and Other Variables

Participants who report greater collaboration with courts and providers

Score lower on

- **STS**
  -.246, p = .006
- **Time Pressure**
  -.173, p = .043

Score higher on

- **Reports of number of available community services for families**
  .248, p = .008
- **Reports of quality of available community services for families**
  .414, p = .000
- **Resilience**
  .252, p = .003
- **Family engagement**
  .229, p = .013
- **Change Leadership**
  .297, p=.000

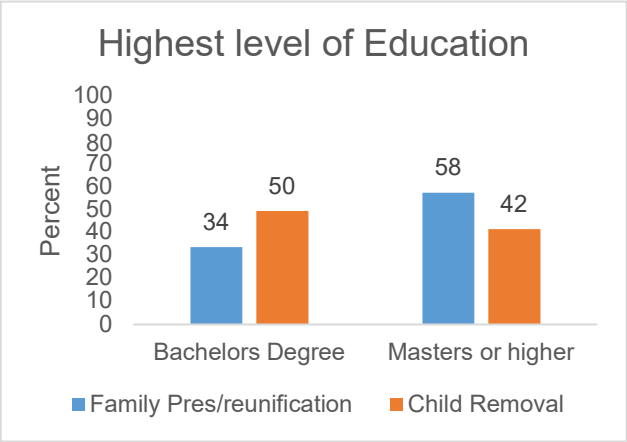
Caseworker and Organizational Characteristics and Correlations

What characteristics differ among child welfare workers who have a stronger orientation toward family preservation/reunification (FPR) versus child removal

Individual Decision Maker Factors

Figure 51

Highest Level of Education



What does this mean?

- ✓ **There is a higher percentage of participants with master's degrees in the Family preservation/reunification (FPR) group.**
- ✓ **There is a higher percentage of participants with social work or criminal justice degrees in the FPR group while the Child Removal (CR) group had a higher percentage of degrees in other fields.**

Figure 52

Educational Degree

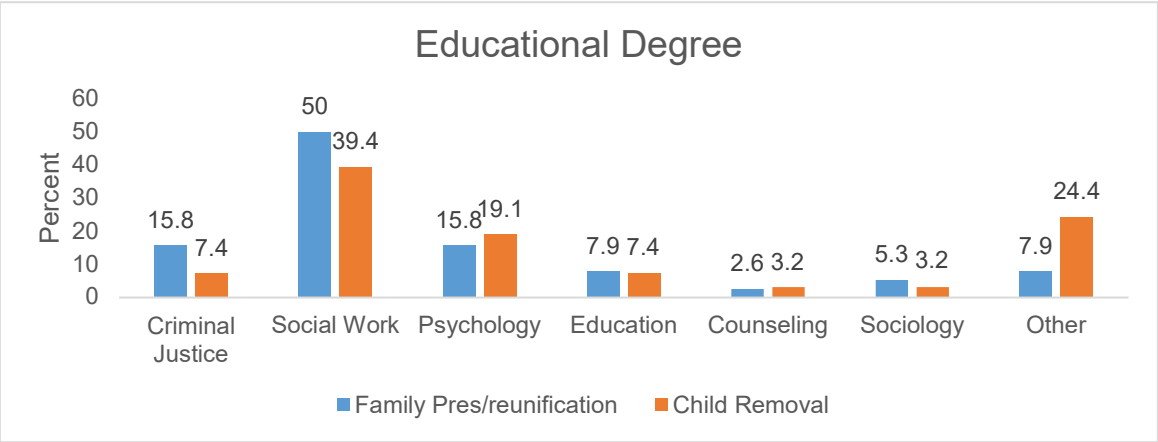
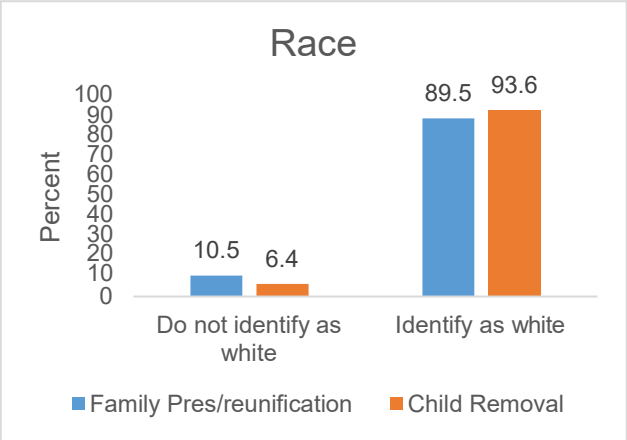


Figure 53

Race



What does this mean?

- ✓ **There is a higher percentage of participants who identify as White in the CR group.**
- ✓ **There is a significantly higher percentage of participants who do not identify as White in the FPR group.**

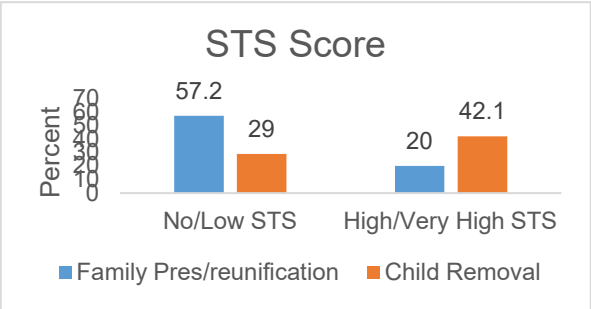
Note. N less than 5 not reported

Figure 54

Role and Experience

Figure 55

Secondary Traumatic Stress



What does this mean?

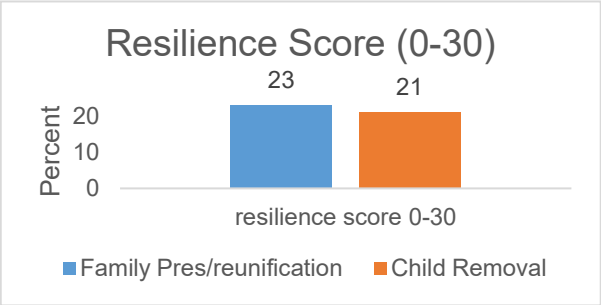
- ✓ **In the FPR group, 57.2% identified no or low levels of STS symptoms**

In comparison

- ✓ **In the CR group, 42% of participants identified high or very high levels of STS.** ***(X^2 = 9.58; p = .048).***

Figure 56

Resilience

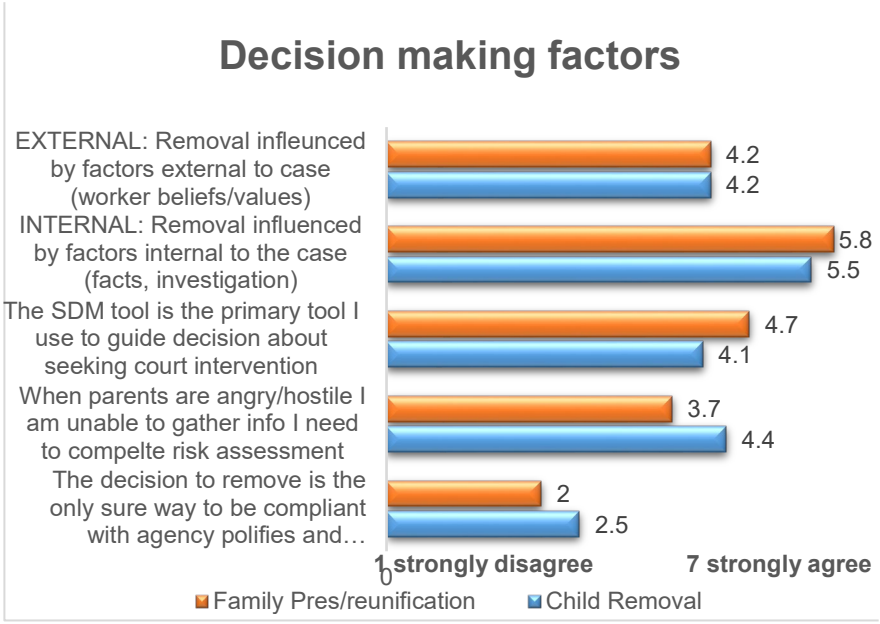


What does this mean?

- ✓ **Participants in the FPR group report higher levels of resilience, or the ability to bounce back/recover from a stressful event, than those in the CR group (f = 3.94; p = .049).**

Figure 57

Decision Making Related to Removal



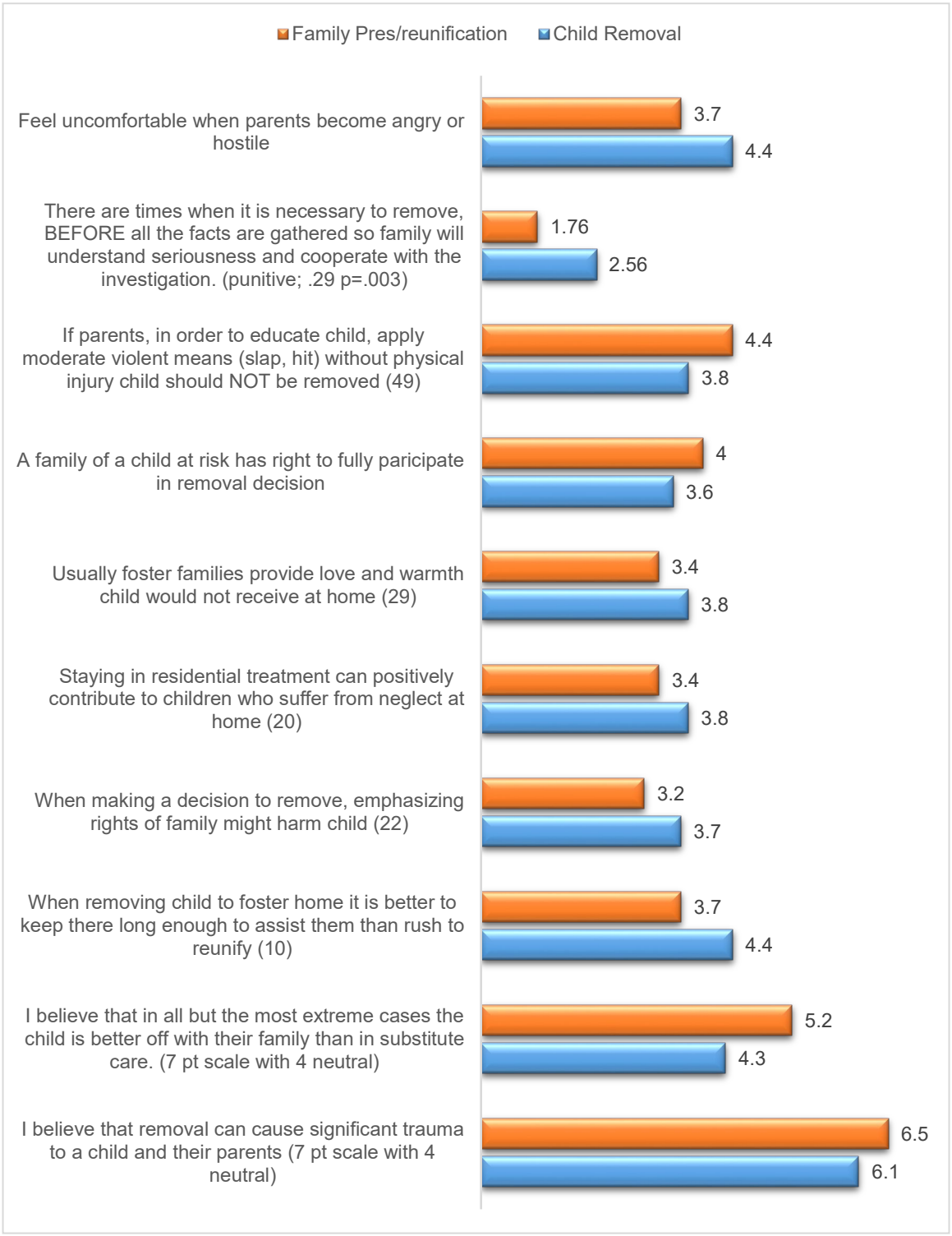
What does this mean?

- ✓ **Participants in the FPR group, on average, report a slightly stronger tendency to make a recommendation for removal based on facts internal to the case rather than personal beliefs and values. (f = 1.61; p = .039)**
- ✓ **Participants in FPR group report higher use of SDM to guide decision making (f = 8.99; p = .047)**
- ✓ **The practice of CR group members may be more impacted by anger/hostility perceived by parent (f = 4.49; p = .036)**

The following items showed statistically significant differences between the FPR group and the CR group. The majority of the items are on a 6-point Likert scale except where noted.

Figure 58

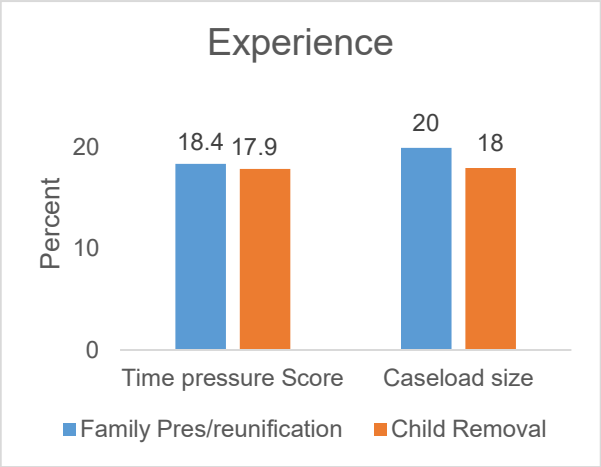
Decision Making influences



Organizational and External Factors

Figure 59

Caseload and Time Pressure

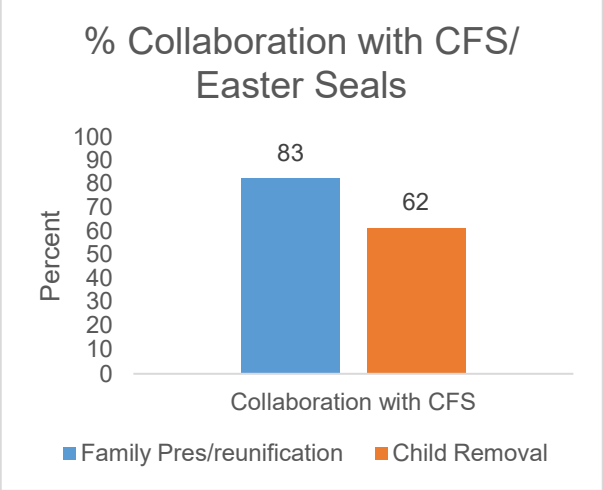


What does this mean?

- ✓ **There were no significant differences between caseload size or perceptions of time pressure between groups.**

Figure 60

Child Welfare Professionals' System of Care Collaboration



What does this mean?

- ✓ **Participants in the FPR group report higher levels of collaboration with CFS workforce (f=5.31=p=.023).**
- ✓ **There were no significant differences between groups related to their collaboration with mental health systems, family engagement, or courts.**

There were no other significant differences between the groups of individual participants on media influence, perceptions of service availability and quality, safety, supervision, and organizational functioning.

Focus Groups and Case Review Data

As noted, we conducted the focus groups in collaboration with the research team from the Center for the Courts who were conducting the Study of CHINS processing in Vermont (Deal & Robinson, 2021). The full report of the focus group findings can be found on page 10 of the CHINS report. Key information is quoted below (Deal & Robinson, 2021, pg 10):

Methods for Conducting Focus Groups

Staff from National Center for State Courts conducted 13 online focus groups and seven interviews as part of the study. Most participants were invited to participate via emailed outreach from the Vermont Judiciary. NCSC was connected to the parents interviewed through the Vermont Parent Representation Center, Prevent Child Abuse Vermont, the Lund Home, and the judiciary. They were connected to the youth participants through the Youth Development Program from the Washington County Youth Service Bureau.

Focus groups were conducted virtually on Zoom, and individual interviews were conducted by phone. Focus groups and interviews lasted between 60 and 90 minutes. One NCSC staff member facilitated the focus group or interview, and a second NCSC staff person took notes. Focus groups were also recorded. Individual interviews were done by phone, and NCSC also received written feedback from one youth who was unable to attend the virtual focus group. Researchers from the University of Vermont also joined as observers on some of the calls, and when they did, participants gave their consent for the researchers to be present. All participants were told that their participation was voluntary,

and their responses would remain confidential. The focus groups were transcribed and analyzed to identify key themes (pg 10).”

Table 4

Participants

Stakeholder Group	# Part.	# of Focus Groups and Interviews
Attorneys for Children and/or Parents	7	3 focus groups and 1 interview
Caregivers	4	1 focus group
Community Resources	4	1 focus group
DCF Caseworkers	9	1 focus group
Guardians ad Litem	6	1 focus group
Guardian ad Litem Coordinators	7	1 focus group
Judges	5	1 focus group
Juvenile Court Staff	4	1 focus group
Parents	7	1 focus group and 5 interviews
State’s Attorneys	6	1 focus group
Youth	7	1 focus group and 1 interview

Stakeholder Group	# of Part.	# of Focus Groups
Attorneys for Children and/or Parents	7	3 focus groups
Caregivers	4	1 focus group
Community Resources	4	1 focus group
DCF Caseworkers	9	1 focus group
Guardians ad Litem	6	1 focus group
Guardian ad Litem Coordinators	7	1 focus group
Judges	5	1 focus group
Juvenile Court Staff	4	1 focus group
Parents	7	1 focus group
State’s Attorneys	6	1 focus group
Youth	7	1 focus group

Word clouds are visual distillations of large amounts of textual data. The more frequently a word appears in the data—in this case, in the transcripts from the focus groups—the larger the word appears in the word cloud. For example, in the focus groups conducted for this project, representatives from Community Resources spoke frequently

about "families" while DCF caseworkers spoke frequently about "judges," and judges spoke frequently about "hearings." (see Deal & Robinson, 2021)

Figure 61

Word Frequency Clouds by Subpopulation

Attorneys

Caregivers

Community Resources

DCF Caseworkers

GALs

GAL Coordinators

Judges

Juvenile Court Staff

Parents

Youth

Phase III Report: Influence of Risk and Safety on Custody

During the final phase of the study, we analyzed the SDM safety assessment data linked to custody outcomes and conducted systematic case reviews. Phase III allowed the research team to conduct an in-depth analysis of the influence of risk and safety as drivers of custody in Vermont. This section begins with our methods and findings on the SDM tool and then presents findings from the case reviews.

Structured Decision-Making Safety Assessments

Safety assessment data were consistently stored electronically beginning partway through 2017, so we focused on assessments completed in 2018. We conducted analyses on 727 safety assessments from children who entered custody within one year of a report in 2018. The safety assessments are part of the battery of assessments included in the SDM tool. The safety assessment helps determine whether a specific danger is present, and it is this tool that should be used to assist in determining whether custody is needed. The tool includes 9 specific danger items.

Of the 727 safety assessments from 2018, 405 were identified as "safe," 190 were "safe with plan," 127 were "unsafe," and five were missing a decision. To the 78 assessments that identified a danger and were followed by custody entrance, the following nine items applied:

1. 42.3% reported that caregivers caused serious harm or were in imminent danger of causing serious harm.
2. 9.0% reported suspected child sexual abuse
3. 10.3% reported caregiver does not meet child's immediate needs

4. 11.5% reported a hazardous living situation (ex: developmentally unsafe/extreme hoarding)
5. 12.8% reported a caregiver unable to protect the child from harm
6. 2.6% reported caregivers' explanation is inconsistent
7. 2.6% reported caregiver denies access to child
8. 14.1% reported previous serious concerns about safety (either pattern or a single severe incident) and current circumstances are near but do not meet the threshold for any other danger item*
9. 15.4% reported caregiver other concern "circumstances that pose an immediate threat of serious harm to a child not already described in the other danger items 1-8.*

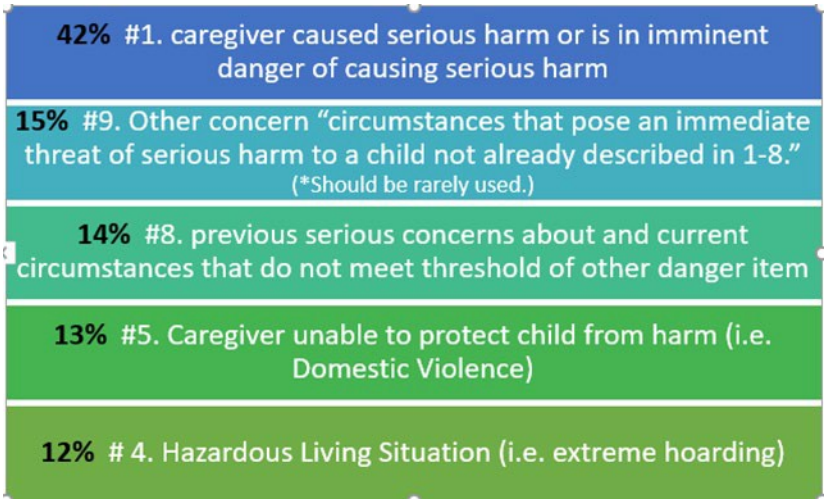
*According to the SDM safety assessment manual, the "other" category (#9) should be rarely used, and workers should ensure that the concern for danger cannot fit under any other item definition.

The item most frequently checked was #1 "*caregiver caused serious harm or is in imminent danger of causing serious harm*," present in 42% of the cases that had an identified danger. This was followed by the "other" category, at 15%. The safety assessment details that this item captures *risk of harm* that is not present in the other danger items and should be used rarely. The third most frequently identified item was "previous serious concerns **and** circumstances that do not meet the threshold of any other item." Item #8 is a combination of concerning history as well as subthreshold current danger. Although these data should be cautiously interpreted due to the large number of missing data, further investigation is needed to understand why almost a third of the dangers checked relate to nonspecific danger (Items 8 and

9, particularly because these two items are only supposed to be used sparingly and allow more room for risk versus concrete or specific evidence of immediate danger. Further, our investigation found irregularities in the use of the SDM tool. The data showed that a large percentage of cases did not have safety assessments completed prior to removal recommendation. This could be due to many things including time pressure, but without a consistently used standard measure, there is a greater opportunity for bias to be introduced into decision-making.

Figure 62

Five Most Common Dangers Among Children In Custody



Custody Rates and SDM. Districts with above-average use of danger items 8 and 9 had a higher average custody rate than districts that used those danger items less frequently (11.9% vs. 9.0%).

Case Reviews

We were most interested in understanding the pathway into custody for the children with a safety assessment recorded as "safe with plan" or "safe." We also were interested in learning about effective strategies for preventing custody episodes. Therefore, we focused the case reviews on two groups of cases: those that involved a safety assessment with a finding of "safe" or "safe with plan" and a child entered custody within a year, and those with "unsafe" findings who did not enter custody within a year.

"Safe"/"Safe with Plan" Case Reviews. We randomly selected 26 cases in which children entered custody within a year of having a "safe" or "safe with plan" safety assessment (and no recent "unsafe" assessment). During case reviews, the primary question we sought to

answer was whether there was a danger, despite documentation, at the time a child came into custody**.** For each case, we also solicited the expert opinion of a senior child protection professional regarding whether the situation was or was not unsafe. The expert opinion was sought from an individual who had not been directly involved with making decisions about the case. We also systematically obtained information from each case to answer the following questions.

- **Demographics**
  - Was there a CCO? If so, when in relation to this custody episode?
  - In what district was the case initiated?
  - Was there evidence of parental substance use as an influence in custody?
  - In your expert opinion, would you consider the situation unsafe?
  - What was the race and ethnicity of child?
- **If no danger was found…**
  - What was the risk level from the SDM risk assessment?
  - What was the evidence caseworkers used to write the affidavit?
  - Was risk the main driver of custody entrance?
- **If danger was found…**
  - Did custody happen before the safety assessment?
  - Was safety achieved due to placement out of the home which is why it was assessed as “safe” (pointing to training issue)?
  - Was there a change of circumstance, and danger, that should have prompted another safety assessment but was not included?

Case reviews revealed that the vast majority of cases did indeed have a danger present but the child entered custody before an updated safety assessment was filed and recorded in the data system. Of the 26 cases,

- 65% (17 cases) involved substance use as a driving factor in custody
- 12% (or three cases) had a CCO* that failed prior to entering custody.
- 50% (13 cases) involved a CCO after custody.
- of those involving CCOs after custody, 10 were CCOs to a parent (77%).
- 27% (7 cases) involved domestic violence as a factor impacting custody
- for the 23 cases that included race data, 9% (two cases) identified as BIPOC, and 91% identified as White.
- in 15% of cases, the danger was coded as "other."

*CCOs are granted by the court to confer temporary legal custody to an individual who is subject to conditions determined by the court. Conditions may include protective supervision, such as unannounced home visits by CPS to ensure compliance with the custody order. CCOs are frequently granted to a parent, guardian, relative, or another individual who has a significant relationship with the child.

Unsafe Case Reviews. The second group of cases we reviewed included cases with an "unsafe" finding in which children did not enter custody within a year. We hypothesized that this group of cases could provide valuable insight into child protection practices and/or services that effectively prevented custody. We completed case reviews on 18 such cases. Ten of these cases appeared to be data glitches in which custody episodes *did* occur according to affidavits and case files but information about custody was not present in the administrative data sets or unable to be

linked using the administrative data. For the remaining cases, there was some evidence (two cases) of successful CCOs rather than custody episodes. In one case, services such as substance use treatment, childcare, and in-home support helped to mitigate risk and increase a family's protective capacity.

Additionally, because safety assessments were completed at the family level, in two cases, one child in the family was deemed unsafe (and entered custody) while other siblings were deemed safe to remain in the home and did not enter custody. In two cases, the imprisonment of the perpetrator reduced danger enough to avoid a custody episode. Identification of another caregiver (in this case, second parent) also successfully prevented a custody episode for one child. As previously mentioned, data on service provision was not captured in a systematic way. These data were found in narrative form in affidavits but were time intensive to identify for the purposes of a case review.

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