

Identifying Skillful Practice in Child Welfare Case Record Data
Through the Use of Qualitative Data-Mining

Sarah Carnochan, JD, PhD
University of California, Berkeley

Erika Weissinger, PhD
University of California, Berkeley

Michael J. Austin, PhD
University of California, Berkeley

June, 2015

Abstract

Key words: Child welfare, youth, practice, qualitative data mining, case records.

Introduction

While the past 25 years have witnessed declines in child maltreatment rates in the United States, referrals to Child Protective Services remain high, with 3.3 million referrals in 2010, involving approximately 5.9 million children (Mitchell, Walters, Thomas, Denniston, McIntosh & Brodowski, 2012.) For the children and families who enter child welfare systems of care following referral, outcomes are mixed. The Administration for Children and Families (ACF) identifies multiple areas where improvement is needed with respect to performance on the federal indicators related to child safety, permanency and well-being (e.g., timeliness of adoptions and placement stability for children in foster care for over 12 months) (ACF, 2014). Children who enter foster care have higher rates of physical and behavioral health issues than children in the general population, and many do not receive adequate services to address these issues while in care (Simms, Dubowitz & Szilagyi, 2008). To address these challenges, the Children’s Bureau has called for research to guide efforts to improve capacity of the child welfare workforce, ensuring that we have “people with excellent practice skills doing high quality work” ((Mitchell, et al, 2012.)

This study addresses the need for research that examines child welfare practice. It documents frontline practice as reflected in the case records created by child welfare workers as part of their day-to-day work, and identifies skillful practices in these records. The analysis examines the relationship between child welfare worker practices and short-term client outcomes in cases involving youth in foster care, identifying examples from case record data to enhance our understanding of skillful child welfare practice. The analysis focuses on youth aged 12-18, as this group represents a substantial percentage of

the child welfare population and presents particularly complex practice challenges for child welfare workers. The case record review methodology employed is a clinical data mining strategy involving “the conceptualization, extraction, analysis, and interpretation of available clinical data for practice knowledge-building, clinical decision-making and practitioner reflection,” (Epstein, 2009).

Review of Policy and Literature

A dominant strategy to achieve improved practice and outcomes for child welfare involved children and families is reflected in the multiple legislative and regulatory reforms at the federal and state level that have been instituted over the past several decades. Many of these have focused on increasing accountability for system outcomes through performance measurement structures and processes. Most prominently, the federal Child and Family Service Review system (CFSR) was developed by the Children’s Bureau under the 1994 Amendments to the Social Security Act to require evaluation of child welfare outcomes in the areas of safety, permanency and family and child well-being, in a two stage process that includes a statewide assessment based on aggregate administrative data, and an onsite review utilizing case reviews and interviews with multiple stakeholders (Children’s Bureau, 2015). In the first two CFSR cycles in 2004 and 2010, “no state was found to be in substantial conformity in all of the seven outcome areas and seven systemic factors (Children’s Bureau, 2015).

The current Round 3 of the CFSR, has placed an increased emphasis on improving child welfare practice, in addition to outcomes accountability. The Children’s Bureau continues to indicate its aim to promote use of key practice principles through the CFSR process, including “family-centered practice, community-based services,

individualizing services..., and strengthening parents' capacity" (USDHHS, 2014). The reforms also encourage states to develop continuous quality improvement strategies that allow "ongoing measurement of service quality", offering an example of the heightened federal focus on child welfare practice (USDHHS, 2014). The CQI focus reflects the view of the Administration for Children and Families that CQI systems will enable states to evaluate process and outcomes, as well as the link between them (ACF, 2012), and should include a method for conducting ongoing case reviews, and include promotion of social and emotional well-being for children as a measurement domain, among other key components. Case reviews are seen as important to identifying "what is 'behind' the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes" (ACF, 2012). Finally, supervisors and line staff should be able to understand "how results link to daily casework practices" and use them to "assess and improve practice" (ACF, 2012).

The federal government has also employed funding mechanisms to promote strengthened practice, approving waivers of provisions of Title IV-E and IV-B of the Social Security Act that permit State demonstration projects. "Conceived as a strategy for generating new knowledge about innovative and effective child welfare practices," these waivers allow for flexible funding to support alternative child welfare services (James Bell Associates, 2013). Evaluation requirements under the waiver agreements similarly emphasize practice by mandating the use of process as well as outcome measures. The federal interest in focusing on the practice that underlies child welfare services is also reflected in publications such as the guide for caseworkers funded by the US DHHS as

part of their Child Abuse and Neglect User Manual Series, emphasizing “child centered, family-focused, and culturally responsive” practice (DePanfilis & Salus, 2003, p. 19).

At the state level, outcome accountability systems have been established in response to the CFSR mandates. California, where this study was conducted, instituted the California-Children and Family Service Review (C-CFSR) system in 2004 under the Child Welfare System Improvement and Accountability Act (AB 636) enacted in 2001. The C-CFSR was designed to coordinate with the federal CFSR process as well as expand the measurement domains to incorporate a closer examination of daily child welfare practice. While the system focused predominantly on outcome measurement, the Peer Quality Case Review (PQCR) component of the C-CFSR proposed “an in-depth, qualitative problem analysis of social work practice by social work professionals, intended to explore actual practice” (CA Department of Social Services, 2004, Attachment D, p. 3). Through case record review and caseworker interviews in the PQCR process, the state sought to identify best practices for replication in other counties (Davis, Johnson & Saenz, 2003). Recent C-CFSR reforms emphasize continuous quality improvement (CQI) strategies that include case record review methods to identify promising practices (CDSS, 2014).

Numerous researchers have worked to strengthen child welfare outcomes and practices by developing multiple evidence-based interventions that focus on addressing particular problems among defined populations. The California Evidence-Based Clearinghouse lists programs in 43 topic areas, ranging from behavioral management interventions for adolescents in child welfare (six programs with a scientific rating of three or better) to interventions designed to promote reunification (three programs with a

scientific rating of three or better) (CEBC, 2015). While the value of evidence-based practice in child welfare is increasingly acknowledged, some argue that the EBP emphasis can create an “overly manualized social work landscape” that “overlooks the unique needs of individual clients,” (Jensen et al, 2005). EBP research has also been criticized for paying insufficient attention to therapeutic factors such as “attention, therapeutic alliance, and positive regard that may mediate therapeutic change” (Jensen et al, 2005). Responding to concerns that EBP interventions tend to exclude practitioner wisdom as a source of evidence, evidence-informed practice frameworks suggest “the conscientious integration of available clinical and agency information, client preferences and feedback, practitioner expertise and experience, and the best available research evidence” (McBeath, Jolles-Perez, Carnochan & Austin, 2015, citing Gambrell, 2012). The role of practitioner expertise as an evidentiary basis for decision-making argues for research that furthers our understanding of expert practice.

Another response to the EBP approach seeks to develop a more broadly integrated model of practice that remains based in EBP research. Barth et al. (2012) propose identifying the common elements and components across multiple evidence-based practices in order to develop broader practice principles and create space for the exercise of professional social work judgment. Structured practice frameworks similarly aim to articulate and codify the elements of effective child welfare practice. The strengths-based practice model (Saleeby), and family-centered practice model (cite) represent classic examples of practice frameworks, while more recent examples include Signs of Safety (Turrell et al, 2014), Solution-based Casework (cite), and an array of related models implemented in states including Utah (cite), Alabama (cite), Washington (cite), and

California. In California, multiple EBP programs are being collectively presented under the framework of safety-organized practice (SOP). Examples of SOP methodologies include group supervision, Signs of Safety, Motivational Interviewing, Structured Decision making, and solution-focused treatment. In addition, at the time of this writing, the Child Welfare Directors Association (CWDA) of California was developing the Child Welfare Core Practice Model intended to serve as an umbrella over this and other practice models in the State.

Many of these practice frameworks are designed and driven from the top down; while they frequently are supported by theory and research, the input of frontline practitioners is less common. Signs of Safety represents a notable exception, aimed at “building a culture of appreciative inquiry around frontline practice”, and incorporating practitioner experiences as they implement the practice framework in order to develop “practice based evidence” (Government of Western Australia, 2011, citing Turnell, multiple dates and Ferguson, multiple dates). This study is informed by the principle that the “messy lived experience” of child welfare practitioners is an important area for inquiry in efforts to develop practice based evidence to strengthen child welfare practice (Turnell).

A close examination of frontline practice is also important in light of the policy and scholarly emphasis on accountability and practice improvements that reflects, in part, concerns about the considerable discretion exercised by social workers in human service bureaucracies (Lipsky, 1980). The Children’s Bureau Practice Guide notes the role of worker discretion in child welfare practice (DePanfilis & Salus, 2003). Decision-making tools, particularly risk-assessment tools, provide another example of efforts to limit

discretion. Such tools are used by emergency response workers to make determinations about whether or not children can safely remain in their homes, or whether the risks are sufficiently acute to warrant a home removal. However, studies have found that these tools are not being used as intended by their designers, as social workers regularly answer questions on the tool strategically to obtain a desired outcome (Gillingham & Humphreys, 2003). Discretion is an important feature of social work practice that may also enable appropriate responses to complex client challenges and variation in individual client strengths and needs, and warrants scholarly attention (Brodkin, 2008).

Methodology

In the Spring of 2013, Alameda County Social Services Agency (SSA) and the Mack Center on Nonprofit and Public Sector Management in the Human Services at the University of California, Berkeley initiated a qualitative data-mining project to examine child welfare practice as described in agency case records. QDM methods were selected to minimize disruptions to child welfare staff and clients and integrate narrative data with outcome indicators (Epstein, Zilberfein, & Snyder, 1997). In previous studies, researchers have used case record data to examine service delivery systems (Castellani & Castellani, 2003; Coohy, 2003; Fakunmoju, 2009a, 2009b; O'Brien, 2007; Reilly et al., 2011; Sherwood, Lyburn, Brown & Ryder, 2001; Trickett, Mennen, Kim & Sang, 2009; Wetterneck, Walker, Blosky, Cartmill, Hoonakker, Johnson, Norfolk & Carayon, 2011), how systems achieve or fail to achieve desired outcomes (Center for the Study of Social Policy, 2009; Neville et al., 1992), stakeholders and their experiences (McKeganey, 1983; Nath, Hirschman, Lewis & Strumpf, 2008; Prior, 1994; Teaster, 2002; Wade, 2004), and other social issues (Avery, Hutchinson & Whitaker, 2002; Gordon &

O’Keefe, 1984; Pithers, Beal, Armstrong & Petty, 1989). This study builds on this literature, employing case record review methods in order to better understand child welfare practice.

Sampling Strategy

The research team extracted narrative case record data for 105 unique child welfare cases that were opened for service by SSA between 2006 and 2012. The 105 case records were selected randomly across three cohorts from a larger sample of 619 cases that met the following study criteria: 1) children were receiving family reunification services between 2006 and 2012, 2) children had received services for at least six months, and 3) children for whom this was their first entry into the child welfare system. The selection of cases with a reunification goal reflected the SSA’s interest in case planning, service delivery and outcomes in these cases (see Table 1 for sampling strategy).

Insert Table 1 about here

One child per family was designated as the focus child for each case record. For the purposes of this analysis, a subset of 38 youth cases in which the focus child was age 12 or older was selected in order to focus on the practice strategies and complex challenges associated with this group. Previous studies have found that current and former foster youth are at a high risk for homelessness, and are disproportionately represented in the homeless youth population (Toro, Dworsky, & Fowler, 2007). Literature on youth exiting foster care suggests further that between nine and twenty-nine percent of child welfare involved youth engages in delinquency (Herz, Ryan and Bilchik, 2010), and that by the time they reach their teens, 63 percent of children in foster care have at least one mental health diagnosis and 23 percent have three or more diagnoses

(White, Havalchack, Jackson, O'Brien, & Pecora, 2007). Table 2 summarizes demographic and case characteristics for the youth sample, while Table 3 summarizes behavioral challenges experienced by these youth, including history of runaway episodes, history of truancy, criminal activity, and mental health issues.

Insert Tables 2 and 3 about here

Data Extraction

The research team extracted and archived the following narrative documents contained in the SSA's automated data system: 1) investigative documents (referral contact notes and investigative narratives), 2) court documents (detention reports, disposition reports, jurisdiction reports, addendum reports) and 3) practice documents (contact notes, family assessments, case plans, and case plan updates). These documents were determined in an earlier pilot study to provide "an in depth and in vivo perspective on service delivery and system involvement... including data on children, youth, and their families, caseworker interventions, involvement with other social service systems, and a child's trajectory through the child welfare system" (Carnochan, Jacobs & Austin, under review). Documents were uploaded to Dedoose, a web-based qualitative data analytic software platform, for storage and analysis. In addition to the narrative case record data, the team also extracted key case and child level variables.

Analysis

The analysis was carried out in two phases utilizing coding and case summary approaches. In the first phase of the analysis, the research team reviewed and coded the narrative case record data and created detailed case summaries comprised of case narratives and events timelines for each case. The case summaries documented: 1) family

and child characteristics, 2) presenting and emerging problems, 3) case planning, and 4) services delivered from the time of investigation to case closure or 24 months after opening the case, whichever came first. They averaged 15 pages in length and reflected an average of 18 hours of time to review, code, analyze, and summarize hundreds of pages of narrative source material for each case, in order to track the social, economic, psychological, policy and practice-based issues that contributed to child welfare involvement and case outcomes.

The research team created a first round codebook identifying 10 general themes in the cases with over 70 sub-codes. The general themes included topics such as: services to minor; services to caregiver; material hardship and economic support; and facilitators and barriers to engagement. All records for all cases were coded. This phase of coding identified skillful practice as a rich theme to be examined more closely.

In the second phase of analysis, the authors reviewed case summaries for the youth sample to identify and summarize specific examples of skillful practice. We defined practice as “skillful” if it met any of the following criteria: 1) resulted in a positive short-term outcome (such as a positive interaction between a parent and a minor or improved school attendance), 2) showed a high degree of care for a client (such as showing empathy to a client or taking extra steps to promote their safety and comfort), and 3) resulted in positive feedback from clients or the courts. Based on these reviews, we created a codebook identifying categories of skillful practice. The codebook was then compared to an early draft of California’s Core Practice Model to identify any missing categories, resulting in the addition of codes for “Preserving Connections” and

“Culturally Responsive” (neither code played a significant role in the final analysis.) The final codebook contained 34 codes, summarized in Table 4.

Insert Table 4 about here

To carry out second round coding for skillful practice, we first reviewed the case summaries to identify the major events and case timelines. We then focused on the case contact notes as the primary data source, reading and coding examples of skillful practice in these records. After co-coding three cases to assure inter-coder reliability, each researcher independently coded a subset of the remaining cases. While our source data enabled us to identify when caseworkers utilized tools and services such as Parent Advocates, Court Appointed Special Advocates, and Team Decision Meetings, the analysis did not focus on these programmatic tools and services. Instead, the focus was on the interaction between caseworkers and clients, and on the myriad of ways caseworkers responded to specific challenges documented in the case records. Upon completing case coding, we conducted an excerpt analysis of the most frequently applied codes. We summarized the content within these codes and organized the content under three overarching categories (effective communication, supporting client self-determination, and active intervention).

Because we were limited to two years of data, and did not always have data on final case outcome, we focused on how skillful practice affected short-term and intermediate outcomes such as conflict de-escalation or mitigation of self-harming behavior. When possible, we also traced examples where these short-term and intermediate outcomes led to longer-term outcomes such as placement stabilization, improved relationships between parents and children, or reunification. Our analysis of

short-term, intermediate, and long-term outcomes was based on the full case summary and contact note reviews within the context of skillful practice coding; we did not code comprehensively for case outcomes.

Limitations

Case records present several limitations as a data source. First, these records may lack detail because child welfare workers CWWs face time constraints that may prevent them from consistently recording non-mandatory case activities. As a result, promising and innovative practices may be omitted from the case records. Second, since client interactions are described through the lens of the CWW, the records may emphasize primarily positive CWW actions and behaviors. Despite these limitations, the majority of the cases in our sample contained rich documentation about the nature and quality of conversations with clients (including positive and negative client impressions of case workers, the child welfare agency, or service providers), specific strategies employed, and observations about client progress. Documentation methods and content included: 1) recording the client's perspective, often using quotes, 2) including emails or reports from other practitioners directly into the case record to present a full picture of the various perspectives on the case, and 3) recording key concerns and strengths about clients, placements, and service providers and explaining how concerns were ultimately resolved.

Findings

The analysis identified three broad themes representing skillful practice: 1) effective communication (establishing strong rapport with clients, listening empathetically and actively, and communicating clearly and openly), 2) supporting client self-determination (treating clients as experts in their life situations and shifting power

and control to them), and 3) active intervention (helping clients overcome obstacles to fulfilling case plans, facilitating challenging communication between clients, and taking extra steps to promote client safety and service engagement). Following the description of these themes related to skillful practice, emerging patterns related to the short-term and intermediate effects of these practices are identified and linked to long term case outcomes. In order to preserve confidentiality, we removed names from case excerpts in the discussion of findings and refer to individuals based on their role in the case (e.g. minor, mother, father, CWW, etc.).

Effective Communication

Many forms of effective communication with clients are documented in these case records, including CWWs establishing rapport with clients, listening empathetically, non-judgmentally, and actively, and being transparent with clients about agency policies.

Establishing Rapport

Establishing rapport with clients provided a foundation for many other case management activities, and was evidenced by clients' willingness to share many aspects of their emotional and social experiences. Minors confided in CWWs about positive life events such as romantic relationships, new friendships, academic accomplishments, feelings of love and acceptance from substitute care providers, and their hopes for their parents' progress. Minors also confided in CWWs about their fears about being placed with strangers in foster homes, feelings of rejection or abandonment from their parents, conflict with friends and family, experiences with being sexually abused (e.g. being molested, raped, or commercially sexually exploited), feelings of suicidality, depression, and hopelessness, experiences living on the streets, using drugs, and having unsafe sex,

challenges with teachers, and difficult or unsafe living conditions in foster homes or in their homes of origin. Minors talked about where they wanted to live, who they wanted to visit, and where they wanted to attend school. CWWs were able to use this information to make appropriate service referrals, make placement changes when necessary, and make recommendations to the court. Parents and substitute care providers confided in CWWs about challenges they faced getting minors to do chores, regularly attend school, do homework, respect curfews, abide by household and school rules, and avoid illegal activities. CWWs listened and recorded the perspectives of parents and substitute caregivers, provided them with referrals, advice, and support.

In some cases, however, despite CWW effort to establish rapport, clients refused to engage with CWWs for the duration of the case. In one example, the mother refused to remove her headphones during Team Decision Making (TDM) meetings and listened to music while her case plan was developed. During another (TDM) she brought brass knuckles and nearly engaged in a physical altercation with staff.

Non-judgmental, active, and empathetic listening

CWWs actively listened to clients and remained non-judgmental as opposed to reactive when faced with challenging communication dynamics. In one case, the CWW reported that she “actively listened” to the maternal aunt “venting frustration” about having to care for the minor and her fear of neglecting him. The CWW brainstormed ideas about different ways to make the situation less stressful and noted that the aunt sounded “much relieved” by the end of the conversation.

In another case, at a Team Decision Meeting involving a minor and several service providers, the minor expressed that she wanted to emancipate from foster care

immediately. The CWW wanted to help the minor get on a “more productive track” but without “shooting down her idea.” The CWW suggested alternatives (e.g. specific therapy that might work well given her history) and voiced encouragement about helping her stabilize in her current placement. The worker facilitated a meeting with the youth and her service providers, focusing “on [the client’s] side” and doing what was best for her. The minor was receptive to this approach and agreed to remain in care.

CWW notes reflected empathy for clients. CWWs acknowledged the sad and difficult feelings clients expressed about their situations as well as the pride they took in their accomplishments and the excitement they felt about positive life changes. CWWs made careful observations about the body language of their clients and made observations about the implications of their emotions. In one case, the CWW noted that the minor was happy and talkative before seeing the CWW, but when the CWW asked the minor about her biological mother, the minor became withdrawn, “presented a blunt affect, and did not make eye contact.” The CWW believed that the minor associated her (the CWW) with feelings of abandonment by her biological mother. The CWW was observant throughout the case about the minor’s conflicted feelings about her mother and was able to help the minor move toward guardianship in a timely way when the mother expressed that she did not wish to reunify. In another case, the CWW noticed that the minor’s hands started to shake when she talked about how many high school credits she needed to complete in order to graduate. The CWW encouraged the minor to think about her education one class at a time rather than contemplating all her classes at once. In both of these examples, the CWWs’ observations of the client’s emotions as well as their empathy for the clients enabled them to offer advice and take actions to address the client’s needs.

Acknowledging Client Strengths

CWWs acknowledged client strengths both in their meetings with clients and in their case notes about the clients. This included recognizing and naming improvements that took place over time and celebrating incremental improvements. In one case, one year into the case, the CWW reflected on how far the mother had come since the beginning of the case. He noted that when he first came into contact with the mother, she was unwilling to speak with him and denied any substance abuse issues. One year later, she was taking classes in a community college and had been clean and sober for 10 months. Although she did not reunify with her son, the CWW noted that the children remaining in her care benefitted from her sobriety and enhanced confidence about her educational attainment. Nevertheless, the mother was disappointed when reunification did not occur due to her son's unwillingness to return home.

Clients responded favorably when their strengths were acknowledged, and this reinforced the rapport between the CWWs and clients. In one example, before the CWW transferred a case, she met with the minor to reflect on her time working with him:

The minor said 'this has been a crazy year.' This worker highlighted the minor's strengths and acknowledged that the minor has taught this worker a number of things. This worker told the minor how insightful and intelligent he is, and the minor responded, 'I never thought I was smart.' The minor needs continual encouragement and to be acknowledged for his strengths.

In another example, when a minor reported a childhood rape and then regretted disclosing the information, the CWW talked about the importance of tackling the issue and processing its effect on his behavior: The CWW "affirmed the minor for his strength and courage, and asked the minor to list some things in his life that had improved recently. By the end of their conversation the minor was more at ease and in a better emotional space."

In another case involving a minor who had formerly been involved in illegal activities, the CWW wrote:

The minor appears to be doing well...[He] has not missed any of our meetings, he has improved his grooming habits; he looks up/proud and is doing everything he is able to do to stay on track. Long talks have been helpful, [the minor] needed patience and a good listener and a big push he wanted to hear that what he was doing was being noticed...Right now the minor states he wants to continue to complete his GED, then go to college.

CWWs celebrated successes and milestones with clients. Some CWWs celebrated birthdays with youth who might not otherwise have had their birthday celebrated at all. Activities to celebrate birthdays included utilizing a gift certificate that maximized the choices for each youth, and going out for meals or treats with minors. CWWs also celebrated the accomplishments of minors, as in the following example:

The CWW met with the minor at her placement. The minor hugged the CWW and stated that she had something to show her. The CWW followed the minor into her bedroom, and the minor showed the CWW her promotion certificates, graduation cards, pictures, and balloons. The CWW clapped for the minor and told the minor that she was very proud of her. The minor smiled and seemed very proud of her accomplishments. The CWW told the minor that they would go for an outing during her next visit to celebrate her promotion from 8th grade.

Transparent Communication

CWWs were transparent in communicating their expectations to clients, as well as the consequences of their actions or inactions. CWWs documented discussions with parents about topics including establishing paternity, the importance of meeting service objectives such as completing parenting classes, visiting with children, attending therapy, drug testing, maintaining sobriety, attending court, and not allowing adults with criminal backgrounds to live in their homes. CWWs documented discussions with substitute care providers about topics including obtaining medical and dental care for minors, rules related to travelling with minors, obtaining and maintaining foster home licensure, and

setting appropriate boundaries for minors. CWWs documented discussions with minors about topics including attending school, establishing and maintaining eligibility for foster care beyond 18, complying with group home and foster home rules, maintaining sobriety, practicing safe sex, and generally keeping themselves safe.

CWWs provided clear guidelines to clients on how to achieve their permanency goals. In one example, after a mother relapsed, the CWW explained clearly the consequences of her relapse on reunification and requested that the mother call her every other day to report on how she was doing. In another example, the CWW stressed the importance of a mother maintaining contact with her son in order to reunify:

The mother had no plans to call [her son] again. This worker questioned how she expects to reunify if she does not have contact. She responded, 'I'm not a phone person.' This worker explained that phone contact has to occur first, and that [her son] needs to be comfortable with some dialogue before we can move forward with visits.

In this case, the mother and son were unable to overcome their challenges and reunify. However, the mother was able to comply with her case plan and appeared to benefit from the substance abuse treatment that was a part of her case plan.

CWWs were also transparent about how long internal agency processes might take and what clients should expect on issues such as the home approval processes and adoption or guardianship proceedings. Transparency on the part of the CWWs seemed to elicit a similarly open and honest response from clients, as in this example:

This worker explained that any [home] approval process would take time and that [the minor] will likely be placed in a foster home in the interim. This worker point blank asked [the minor] if he would run [away] again. [The minor] responded that he wasn't sure. This worker thanked him for his honesty. [The minor] said that it depends on where the home is and how the people treat him. This worker explained that there will be a TDM [team decision meeting] and that placement will bring the info regarding options at that time.

In another case, a mother explained to her CWW that her son had been “totally out of control to the point that she was afraid he might hurt her.” However, the mother said she was afraid to call the police because she did not want her son to be hospitalized. The CWW explained that when her son is out of control, the mother must call the police or she would be considered non-protective. The mother agreed to contact the police in the future.

Supporting Client Self-Determination

The case records revealed that clients were frequently able to make positive changes in their circumstances when CWWs gave them sufficient autonomy and decision making power over how best to achieve their goals. CWWs supported client self-determination about issues including whether or not they returned home, visited family members, attended court, changed placements, attended therapy, changed therapists, or changed schools.

Services and Creative Problem-solving

One CWW regularly asked clients to describe their needs and how their presenting problems could be addressed. In this process, clients displayed considerable insight when describing their needs and possible strategies for addressing difficult situations. For example, when asked about her needs, one minor stated that she and her mother needed to continue with counseling and family therapy. In another example, after a young person had run away from his placement for two weeks, the CWW asked the minor what he thought the consequence for his actions should be:

The minor was remorseful for his choices, and this worker explained the importance of learning from poor decisions. The minor agreed. This worker asked the minor what he thought his punishment should be. He knew he would lose

phone and Facebook privileges, and agreed that it was fair. The minor looked over his case plan and signed it.

In another case, a minor had difficulty concentrating on his schoolwork without listening to music. At the same time, he experienced a high degree of conflict with other youth living in his placement. When the minor identified listening to music as a potential solution, the CWW helped him obtain his iPod from his mother and the CWW took the minor shopping to buy a pair of headphones. During a subsequent visit, the minor reported that when he felt angry with his roommate he could now listen to music and this helped him avoid conflict.

In one case, a mother whose children had been removed due to issues related to her substance abuse initially refused to enter an inpatient drug rehabilitation facility because she knew she would lose her Section 8 Housing Voucher if she did. The CWW modified her case plan so that she could instead receive outpatient drug treatment. The mother subsequently relapsed. At that point, the mother acknowledged that she was unable to remain sober as an outpatient and she voluntarily entered an inpatient facility. She was able to reunify with her children and received help to secure housing when she completed the treatment program. The CWW's ability to support the mother's process, while at the same time offering guidance at critical points, enabled the mother to enter an inpatient facility on her own terms and ultimately reunify with her children.

In several cases, minors exhibited signs of depression or engaged in high-risk behaviors but refused to participate in therapy. In these cases, CWWs frequently brought up the topic of therapy with their clients and acknowledged that the client did not wish to engage in therapy at this time.

Placement Decisions

In one case involving difficult placement decisions, a 14-year-old minor was removed from his adoptive mother (his maternal great aunt) due to physical abuse allegations. He was initially placed with his maternal uncle, but after a few months, the uncle said he could not handle the minor's high-risk behaviors that included running away from home. The minor's maternal great uncle volunteered to take the minor; however, the minor expressed concern about this placement because it meant changing schools and moving away from his friends. Instead, the minor asked to be placed with his classmate's mother. Despite the minor's request, the CWW and the family members determined that the minor should be placed with his great uncle. The minor struggled while placed with his great uncle. He was truant from school, ran away for weeks at a time, and appeared "glum" in his interactions with the CWW. After months of intervening to maintain the minor's placement with his great uncle, the CWW agreed to place the minor with the classmate's mother. Once he changed placements, the minor's school attendance and his outlook improved. He also stopped running away from placement.

According to the [caregiver,] the minor has been doing remarkably in her home. She states that he is very respectful and has no behavioral problems... She reports that he does his chores, which consist of doing the dishes, mops the kitchen floor, and sometimes he cleans the bathroom.

This example illustrates the challenge of competing priorities for the CWW. On the one hand, the CWW listened to the minor and recorded his wishes in the case record. However, at least initially, the CWW used his own judgment (and that of the minor's family) in choosing to place the minor with relatives, thus overriding the minor's request. As time went on, it became clear that the minor was unsafe living with his uncle and great-uncle given that he was spending weeks at a time as a runaway and returned

looking skinny, dirty, and unkempt. Other objectives included the CWW's desire to place the minor with kin as opposed to a non-related extended family member placement, and concerns that the classmate's mother did not communicate sufficiently with the Agency (the CWW suspected that the minor took refuge with his classmate's mother while he was AWOL and that the mother hid this fact from the Agency.) Despite the CWWs concerns about the classmate's mother, he did ultimately respect the minor's wishes to be placed there, and the outcome appeared promising (at the end of the case record, the classmate's mother expressed interest in providing a permanent placement.)

At times, CWWs supported client self-determination as a means of mitigating risk, even when the outcome was not optimal. In one case, a 13-year-old girl was removed from her mother after witnessing her mother engage in a failed suicide attempt. Her father had a prior substantiated allegation of physical abuse. While in foster care, the minor ran away from multiple placements, including a group home, experiencing eight different placements in less than one year. She admitted to having sex for money, and at one point was thought to be pregnant. During one incident of being Absent without Leave (AWOL), the minor had an adult male pick her up from the group home in exchange for sex. When the minor was returned to the group home, she stated that she would continue to run away from her placements and have sex for money until she was placed with her mother. After three subsequent AWOL episodes, the minor agreed to meet with the CWW after the CWW promised not to call the police or return the minor to foster care. At this point, the CWW placed the minor with her parents on a 30-day extended visit even though the parents had not made progress on their case plans due to life-threatening health problems. Ultimately, the CWW determined that despite the parents' limitations,

the minor was better off with them than continuing to run away and being sexually exploited. The circumstances of this case illustrate the complexity that CWWs are often faced with in their effort to support client self-determination and minimize the risks that minors will be exposed to.

In all of these examples, encouraging clients to play a role in identifying goals, consequences, and services appeared to make a difference in the clients' willingness to comply with their case plans and ultimately make decisions in their own self-interest.

Active intervention

On the spectrum between active versus minimal intervention styles, CWWs that actively intervened in cases often reported positive results in the case record. Examples of active intervention included: clarifying caregiver or parental rules and mediating conflict, effectively intervening in times of crisis, and connecting clients to services. Each of these subcategories is defined below.

Clarifying caregiver or parental rules and mediating conflict

CWWs actively intervened by mediating family conflict between minors and their substitute care providers as well as minors and their biological parents. CWWs mediated family rules by encouraging substitute care providers to provide clear boundaries and expectations for minors related to curfew, chores, school attendance, cell phone and internet usage, healthy eating habits, and safe transportation choices. When minors complained to CWWs about household rules, CWWs often made statements to support caregiver rules. For example: "CWW discussed that minor must submit to caregivers parental control by going to every class and not getting in trouble or risks removal from her home in the future." In another case:

Minor stated that he's tired of his mother telling him what to do. CWW asked him what it was that she was telling him to do. He stated that she's always telling him to take out the trash, clean his room, do his homework, and go to school. CWW stated that these are things all teenagers have to do. CWW stated that he can get his mother to stop telling him what to do by doing these things before she tells him.

Other times, CWWs mediated parental or caregiver rules by encouraging caregivers to “pick their battles” and ease up on rules as in the following example:

Minor seemed to like the idea of “proving himself” meaning that he will be timely, not run away, do well in school, follow house rules, etc. This worker asked that the caregiver scale back some of his house rules and decide which rules he can live without. The worker further encouraged the caregiver to pick his battles and avoid arguments with the minor. Another idea was taking space/time outs when there is an escalating disagreement. Both the minor and the caregiver agreed to try this out.

CWWs mediated specific conflicts between minors and caregivers as in the following example in which the minor had a history of leaving home without telling his mother:

Minor was given the number for the mobile response team to call if he needs immediate assistance. Agreed if he leaves the home he will leave a note for the mother on a specific dresser. If MO discovers him gone without permission and note, she will call the CWW.

CWWs often provided the structure and boundaries needed to foster productive communication. For example:

There seem to be a lack of role differentiation when the mother was arguing with [the minor] as the two of them seemed to be on the same wavelength; with both of them trying to talk over the other. This worker quickly put a halt to the dual conversation, and instead tried to put limits so that one person would talk at a time. This worker presented ground rules and initially the importance being respectful, and to not use profanity...For the most part, both the mother and the minor were respectful of each other, but each wanted to present their point of view at the expense of the other. This worker finally turned to the mother and again asked the mother that since the minor was not going to be respect to her what was it that she would like now to happen? The mother shared that she did not want the minor to remain in her care.

By clearing the space for the mother to articulate that she was unable to care for the minor, the CWW was able to facilitate the minor's placement in foster care obviate further crises between the parent and minor.

In several cases, the meetings between family members that were facilitated by the CWW led to productive discussions of the family's challenges and strengths. In one case, when caregivers expressed feeling overwhelmed due to the minor's behaviors, the CWW was able to provide insight into the sources of the youth's behaviors and give the caregivers the tools for handling them. The placement remained intact.

Persistent Communication

CWWs persistently followed up with clients and service providers. When services such as therapy, inpatient rehabilitation facilities, group homes, or residential treatment facilities were not available due to long waitlists, CWWs continually emailed and called service providers to determine how long the wait would be and when their clients could be served. CWWs documented their phone calls and emails, which sometimes occurred multiple times each day for a given service that a minor urgently needed. CWWs followed up with pharmacists when clients experienced problems getting prescriptions fulfilled. CWWs help clients obtain Medi-Cal and other insurance coverage, and advocated for them to prevent and minimize lapses in coverage. CWWs tenaciously followed up with educational service providers to ensure minor needs were being met by scheduling IEPs and scheduling collaborative meetings with teachers, counselors, administrators, substitute care providers, parents, and minors.

CWWs also persistently followed up with unresponsive clients including parents who were ambivalent about reunification and minors who frequently ran away and did

not stay in contact with CWWs. In one case, a young mother of a mentally ill teen stated that she was not sure if she wanted to reunify with her daughter. The CWW called and emailed the mother multiple times per day to coordinate weekend visits even when the mother said she did not know if she would be able to visit at all. In this case, reunification did not occur, however, the mother and daughter were able to heal their tumultuous relationship and the mother was a source of support to the daughter when she later became pregnant. The CWWs persistent, kind, and respectful effort to engage the mother appears to have had a positive impact over time even though it did not result in reunification.

Responding in times of crisis

CWWs actively intervened in crisis situations including suicide attempts, threats, physical fights, and minors who ran away. When minors did not respond to CWW phone calls, CWWs made use of texting to communicate with minors, often successfully. One CWW made a point of calling multiple family member and friends of the minor every time he ran away from placement. The CWW communicated his care and concern for the client, entreating the contacts to notify him if they heard from the minor. On one occasion, the CWW went to the home of a friend where he suspected the minor was taking refuge. The CWW did not enter the house because no adults were present, but he spoke loudly enough that the minor would be able to hear him if indeed he were inside the house saying everyone was worried about the minor's safety.

In another case, a 15-year-old female was brought into custody after her mother physically assaulted her. The minor had experienced a great deal of trauma prior to her removal. Throughout the case, the minor struggled with suicidal ideation and self-

mutilation. She was involuntarily committed to a psychiatric hospital and went absent without leave several times. The CWWs in this case were patient and supportive with the minor even when the minor did not want to participate in services. At times, the minor lashed out at the CWW, calling her names, saying she hated her, and she wanted a new CWW. The CWW was able to respond to the minor's behavior objectively and provided ongoing support. The minor appeared to stabilize in her final placement, a group home that provided her with the structure and therapeutic support she needed. It can be difficult for CWWs to continue the same level of support throughout the life of the case, especially when faced with intense rejection by a client; however, the CWWs' sustained effort did not waver in this case, ultimately benefiting the minor. This case illustrates how, even when CWWs approach a case with the utmost care and skill, the near-term outcome (e.g., long term placement in a group home) may not be the outcome that is prioritized under state or federal policy. However, in this case, the highly structured and therapeutic placement that was obtained through intensive advocacy efforts appeared to be the best possible outcome for the minor.

Connecting clients to services

CWWs actively worked to connect clients to services in an array of circumstances. One caseworker drove a mother to pick up her children at school and then to her CalWORKs appointment so she would not miss the appointment. Similarly, another caseworker offered to accompany a mother from her home to the locations of her various service providers when the mother described feeling overwhelmed at the thought of learning the routes and bus schedules. Recognizing the importance of service connections for recently incarcerated individuals, one caseworker immediately initiated

referral for services upon learning that mother had been released from jail. Making use of a client's family support network, another caseworker called extended family to assist in locating a mother to inform her of referrals.

Discussion

The review of case records provided substantial evidence of caseworkers engaged in skillful practice, reflecting the standards for quality that are codified in a number of practice frameworks and professional guidelines. In their communications with clients, caseworkers established strong rapport, listened empathetically and actively, and were clear about expectations and consequences. As recommended in a Children's Bureau practice guide:

Establishing good rapport with each family member will help the caseworker understand the family dynamics as well as build trust in the collaborative process between the caseworker, family, and other providers. When families believe their feelings and concerns have been heard, respected, and considered, they are more likely to be engaged in the planning and actions necessary to change the behaviors and conditions that contribute to neglect (citing DePanfilis, 2006.)

Caseworkers often supported client self-determination, acknowledging clients as experts in their life situations, consistent with the National Association of Social Workers Code, Standard 1.02: "Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals."

Finally, the broad practice categories identified in this review of case records intersected closely with the practice behaviors identified in the California's Child Welfare Core Practice Model, as illustrated in Table 5. Engaging in effective communication, supporting client self-determination, and providing active intervention relate directly to the core practice principles of: 1) teaming (working in partnership with families,

communities, tribes); 2) engagement (continuously engaging with families, communities, and tribes); 3) inquiry/exploration (exploring well-being, family relationships, natural supports, and safety concerns); and 4) advocacy (advocating for services, interventions, and supports).

Insert Table 5 about here

The cases revealed a number of examples in which skillful practice resulted in short-term positive outcomes that may provide pathways for long-term positive outcomes such as increased client safety, permanency, and well-being. Some examples of positive short term or interim effects resulting from skillful practice include mediation of conflict, improved client ability to attend school and engage in educational activities, and prevention of self-harm behaviors. In some cases, these short-term outcomes facilitated longer-term positive outcomes such as high-school graduation, improved mental health and safety, placement stabilization, and strengthened bonds between minors and caregivers. Table 6 provides specific illustrations related to effective communication, client self-determination and active intervention.

Insert Table 6 about here

While this analysis focused on positive outcomes, it is important to recognize that these child welfare cases involved highly complex issues related to child and adolescent development, parenting by biological and foster parents, and collaborating with other human service organizations to support service goals. Progress was sometimes made only after many unsuccessful efforts to support positive change, while periods of positive change were sometimes followed by hardship and tragedy.

Implications for Practice and Research

Faced with federal and state compliance requirements as well as shrinking budgets, agency leadership may be tempted to prioritize compliance with federal standards above all else. In this compliance-driven model, the quality of interaction with clients may be de-emphasized or overlooked. Yet these findings indicate the continued importance of child welfare practice that is strengths-based and focused on practitioner-client relationships. Strengths-based practice offers service providers with ways of working with clients that focus on strengths, abilities, and potential rather than problems, deficits and pathologies, based on the principle that people are more highly motivated to change when the focus is on their strengths (Saleeby, 1992). Scholars advocating for relational social work note that “demonstrating humane qualities, particularly honesty, reliability and consistency is important (Ruch, 2013, p. #). Similarly, studies of service user involvement find that common themes in effective participatory practice with both children and their parents include the “establishment of relationships of trust and respect, clear communication and information and appropriate support to participate” (Gallagher et al., 2012, p. #).

Child welfare workers have been found to resist the introduction of new forms of practice, whether specific evidence-based practices or broader practice frameworks, in response to the continuing demands associated with “initiative overload” (Gray articles; Casey Family Programs, 2011). This review of case records, however, reveals that child welfare workers are already implementing many of the skillful practices being promoted by child welfare practice frameworks.

Further research is needed to investigate and test the relationship between skillful practices and short term, intermediate, and long-term outcomes. Using case record review

methods in conjunction with traditional evaluation measurement technology, we can develop a more complete understanding of the pathways that link skillful practice to successful outcomes (CDSS, 2014). This research may identify skillful practice components that lead successively to engagement outcomes, changes in attitude, beliefs and knowledge, development of new client skills and behaviors, and finally, enduring changes that include well-being and resilience.

References (incomplete)

Administration for Children and Families (2014). Child Welfare Outcomes 2009–2012: Report to Congress, Executive Summary.

http://www.acf.hhs.gov/sites/default/files/cb/cwo09_12_exesum.pdf.

Carnochan, S., Samples, M., Myers, M., & Austin, M.J. (2013). Performance management challenges in nonprofit human service organizations. *Nonprofit and Voluntary Sector Quarterly*, 29.

Gillingham, P & Humphreys, C. (2010) Child Protection Practitioners and Decision-Making Tools: Observations and Reflections from the Front Line. *Br J Soc Work* 40 (8): 2598-2616.

Herz, D.C., & Ryan, J.P. & Bilchik, S. (2010). Challenges facing crossover youth: An examination of juvenile-justice decision making and recidivism. *Family Court Review*, 48(2): 305-321.

Jensen, P. S., Weersing, R., Hoagwood Eaton, K., & Goldman, E. (2005). What is the evidence for evidence-based treatments? A hard look at our soft underbelly. *Mental Health Services Research*, 7(1), 53-74.

Lipsky, M. (1980), *Street-level bureaucracy, dilemmas of the individual in public services*. New York: Russel Sage.

Toro, P. A., Dworsky, A., & Fowler, P. J. (2007). Homeless youth in the United States: Recent research findings and intervention approaches. 2007 National Symposium on Homeless Research, Washington D.C.

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, www.acf.hhs.gov/programs/cb Preliminary Estimates for FY 2013 as of July 2014 (21)

U.S. Department of Health and Human Services, Administration on Children, Youth and Families. Information Memorandum. 04/17/2012

White, CR; Havalchack, A; Jackson, L; O'Brien, K; & Pecora, P. (2007). *Mental Health, Ethnicity, Sexuality, and Spirituality among Youth in Foster Care: Findings from the Casey Field Office Mental Health Study*. Seattle, WA: Casey Family Programs.

Table 1: Study Sample

	Cohort I: 2006-2007	Cohort II: 2009--2010	Cohort III: 2011-2012	Total
All first entries	351	269	214	834
Unduplicated families	258	204	157	619
Total Sample	35 Cases	35 Cases	35 Cases	105
Youth Sample	12 Cases	17 Cases	10 Cases	39

Table 2: Youth Demographic and Case Characteristics

Age	Count	Percent of 12+ Population
12-13	8	20.5
14-15	17	43.5
16-17	14	35.9
18+	0	0
Race/Ethnicity		
Asian Pacific Islander	7	18.0
Black	19	48.7
Hispanic	4	10.3
White	9	23.1
Gender		
Male	16	59
Female	23	41
Removal Reason		
Care Taker Absence Incapacity	20	51.3
Emotional Abuse	1	2.6
General Neglect	4	10.3
Physical Abuse	13	33.3
Sexual Abuse	1	2.6
Number of Placements		
1-2	9	23
3-4	15	38
5-6	5	12.8
8-9	5	12.8
10+	5	12.8

Table 3: Youth Behavioral Challenges

		Count	Percent
Minor truant	Yes	25	62
	No	15	38
Absent without leave	Yes	19	49
	No	20	51
Minor suicidal	Yes	19	49
	No	16	41
	Unclear	4	10
Minor involved with criminal activity	Yes	19	49
	No	20	51
Crossover youth	Yes	11	28
	No	28	72
Commercially sexually exploited	Yes	6	15
	No	31	79
	Unclear	2	6
Minor pregnant (females only)	Yes	5	20
	No	20	80

Table 4: Skillful Practice Codes

Effective Communication	Client Self Determination	Active Intervention
<ul style="list-style-type: none"> • Communication: Active • Communication: Affirming • Communication: Persistent • Communication: Rapport • Communication: Therapeutic • Communication: Transparent • Celebration • Strength-based • Empathetic • Educating 	<ul style="list-style-type: none"> • Honoring client self-determination • Demonstrating culturally responsive practice 	<ul style="list-style-type: none"> • Placement preservation • Post-reunification support • Preserving connections • Proactive assistance • Clarifying parental or caregiver rules • Facilitated family dynamics • Transition • Communicating ground Rules • Sustained effort over time • Creative ideas • Contingency planning

Table 5: Intersections between California’s Child Welfare Core Practice Model Practice Behaviors and Skillful Practice Identified through QDM

Skillful Practice/Practice Behaviors in California Core Practice Model	Effective Communication	Supporting client self-determination	Active intervention
Teaming – we work in partnership with families, communities, tribes, and other professionals and service providers working with the family	X	X	X
Engagement – we continuously engage with families, their communities, and tribes	X		X
Inquiry/Exploration We explore well-being, family relationships, natural supports, and safety concerns	X	X	
Advocacy We advocate for services, interventions, and supports that meet the needs of families, children, youth, and young adults		X	X

Table 6: Exploring Relationships between Skillful Practice, Intermediate Effects, and Long-Term Outcomes

Skillful Practice	Proximate Effect	Long-Term Outcome
<p><i>Effective Communication</i> Example: CWW actively listened to aunt venting frustration and validated her concerns about the minor’s behavior in placement.</p>	<p>Aunt (the kin caregiver) experienced her feelings being validated by the CWW and was willing to continue to engage with the agency and allow the minor to continue to be placed with her.</p>	<p>Increased placement stability: minor was able to remain in placement with kin caregiver until he reunified with his mother.</p>
<p><i>Supporting client self-determination</i> Example: Despite his initial reservations, the CWW allowed the minor to be placed with the mother of his classmate (at the minor’s request)</p>	<p>Minor was able to return to his original high school where his attendance improved. Minor liked being placed with his classmate’s family and improved his behavior by helping around the house.</p>	<p>Increased placement stability: minor remained in placement until Guardianship was achieved. Minor was no longer truant.</p>
<p><i>Active Intervention</i> Example: Minor was removed from home due to sexual abuse and her mother’s failure to protect her from the abuse. The CWW made extraordinary efforts to locate a therapist that spoke the same language as the mother. CWW and therapist collaborated to help mother understand the importance of relocating (moving away from the abuser’s family) and helping the mother understand the symptoms of PTSD that her child was exhibiting.</p>	<p>The mother relocated to a home at which the minor felt safely far from the abuser’s family. Through the mother’s work in therapy, the mother gained an increased understanding of her child’s behavior. The minor and her mother’s relationship improved with regular therapy.</p>	<p>Increased timeliness to permanency: the case ended in reunification.</p>