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## Using Qualitative Data-Mining to Identify Skillful Practice in Child Welfare Case Records

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### ABSTRACT

Using qualitative data-mining methods, this study analyzed 39 child welfare case records in order to identify examples of skillful practice. Conducted in partnership with a public child welfare agency in northern California, the study found that child welfare workers are implementing many of the practices promoted by statewide and national child welfare practice frameworks. Broad categories of skillful practice identified included: (1) effective communication by social workers, (2) support for client self-determination, and (3) active intervention strategies. Study findings provide support for incorporating case record review processes in training and supervision in order to integrate practice-based expertise with research-based evidence.

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While the past 25 years have witnessed declines in child maltreatment rates in the United States, referrals to Child Protective Services remain high. In 2016, there were over 3.4 million referrals involving approximately 7.4 million children, while an estimated 676,00 children and youth were victims of abuse and neglect (Children's Bureau, 2018). For the children and families who enter child welfare systems of care following referral, outcomes are mixed. The Children's Bureau identifies multiple areas where improvement is needed with respect to performance on the federal indicators related to child safety, permanency, and well-being (Children's Bureau, 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, 2000). To address these challenges, the Children's Bureau has called for research to guide efforts to improve the capacity of the child welfare workforce, ensuring that systems have "people with excellent practice skills doing high quality work" (Mitchell et al., 2012, p. 557).

While studies examining challenges related to service quality and outcomes within child welfare systems play an essential role in identifying areas demanding practice improvements, this study addresses the need for parallel research that examines the nature of excellence in child welfare practice. Conducted in a northern California county, it documents frontline practice as reflected in the case records created by child welfare workers (CWWs) as part of their day-to-day work, and identifies skillful practices in these records. 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 (Herz, Ryan, & Bilchik, 2010; Toro, Dworsky, & Fowler, 2007; White, Havalchack, Jackson, O'Brien, & Pecora, 2007). Qualitative data-mining (QDM) techniques – the mining of narrative text from administrative data – are used to expand understanding of child welfare practice and the utilization of practice frameworks in casework (Henry, Carnochan, & Austin, 2014). Although many of the practices described here are a part of the social work knowledge base for casework, few prior studies have systematically analyzed qualitative administrative data to identify skillful casework in daily child welfare practice.

## Study background

A dominant strategy to achieve improved practice and outcomes for child welfare involved children and families is reflected in 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. The key outcomes defined by the federal Child and Family Service Review system (CFSR) were developed by the Children's Bureau under the 1994 Amendments to the Social Security Act. The evaluation of these child welfare outcomes related to child safety, permanency, and family and child well-being involves a two-stage process: (1) a statewide assessment based on aggregate administrative data, and (2) an onsite review utilizing case reviews and interviews with multiple stakeholders (Children's Bureau, 2017). Case record reviews are seen as important for identifying “what is ‘behind’ the safety, permanency and well-being quantitative administrative data in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes” in order to see “how results link to daily casework practices” and how to use the results to “assess and improve practice” (Children's Bureau, 2014).

At the state level, outcome accountability systems have been established in response to the CFSR mandates. California 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. Coordinated with the federal CFSR process, the Peer Quality Case Review (PQCR) component of the C-CFSR in its current form calls for “an

in-depth, qualitative problem analysis of social work practice by social work professionals, intended to explore actual practice” in order to identify promising practices for replication in other counties (California Department of Social Services, 2014; Attachment D, p. 3; Davis, Johnson, & Saenz, 2003).

Other approaches to strengthening child welfare outcomes and practices can be found in the California Evidence-Based Clearinghouse (<http://www.cebc4cw.org>) that lists highly rated programs in 43 topic areas, ranging from behavioral management interventions for adolescents in child welfare to interventions designed to promote reunification. While the value of evidence-based practice (EBP) in child welfare is gaining considerable acceptance, some argue that the EBP emphasis can create an “overly manualized social work landscape” that “overlooks the unique needs of individual clients,” (Jensen, Weersing, Hoagwood, & Goldman, 2005). A more broadly defined version of the EBP approach has been proposed by Barth and colleagues (2012) in an effort to develop an integrated model of practice that remains based in EBP research. This approach involves identifying the common elements and components across multiple EBPs in order to synthesize practice principles and create space for exercising professional social work judgment (Michiel et al., 2014; Turnell & Edwards, 1997). Another alternative to the formal implementation of strictly defined EBP programs is reflected in the scholarship on evidence-informed practice, which offers guidelines for individual social work practitioners related to framing practice questions and drawing on research evidence, practice expertise, and service user priorities to inform decision-making (Gambrill, 1999; Shlonsky & Ballan, 2011).

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. The Child Welfare Core Practice Model (CPM) is designed to integrate these multiple practice models in order to provide systematic guidance for child welfare agencies and workers in California (CalSWEC, 2016). The CPM incorporates an array of theoretical frameworks and articulates core values as the foundation for a set of case work components that include prevention, engagement, assessment, planning and service delivery, monitoring and adapting, and transition. The model further outlines a series of practice elements (e.g., engagement, inquiry/exploration, advocacy, teaming, and accountability), and specifies practice behaviors related to each element (e.g., helping clients “identify and meet their goals” relates to engagement) (CalSWEC, 2016, p. 6).

A close examination of frontline practice is also important given 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 organizations (Brodkin, 2008; 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, but can also be used strategically to obtain a desired outcome (Gillingham & Humphreys, 2010). Responding to calls for drawing on practitioner expertise as an evidentiary basis for decision-making, as well as often negative public perceptions of child welfare practice, this exploratory study sought to describe examples of skillful practice identified in child welfare case records.

## Methods

This exploratory QDM project was initiated by members of a university-agency partnership in the spring of 2013 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 explore daily practice (Epstein, 2009; Henry et al., 2014). Researchers have used case record data to examine service delivery systems (Castellani & Castellani, 2003; Coohey, 2003; Fakunmoju, 2009a, 2009b; O'Brien, 2007; Reilly, McKelvey-Walsh, Freundlich, & Brenner, 2011; Sherwood, Lyburn, Brown, & Ryder, 2001; Trickett, Mennen, Kim, & Sang, 2009), how systems achieve desired outcomes (Center for the Study of Social Policy, 2009; Neville, Bryce, Robertson, Crombie, & Clark, 1992), the experiences of various stakeholders (Nath, Hirschman, Lewis, & Strumpf, 2008; Prior, 2003; Teaster, 2002), other social issues (Avery, Hutchinson, & Whitaker, 2002; Gordon & O'Keefe, 1984; Pithers, Beal, Armstrong, & Petty, 1989), and issues in child welfare practice (Henry, Liner-Jigamian, Carnochan, Taylor, & Austin, 2018; Taylor et al., 2018). This study employs case record review methods to expand our understanding of child welfare practice. This study was approved by institutional review boards at the University of California, Berkeley and Hunter College. Permission to use these data was also granted by the county agency participating in the study.

## Sampling strategy

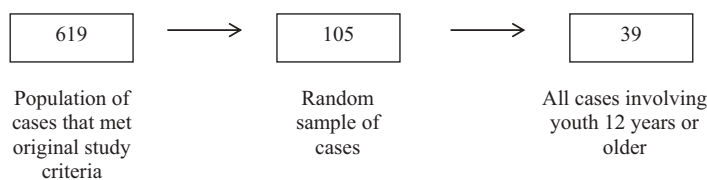
Using QDM techniques, the research team, consisting of three child welfare policy and practice scholars and one MSW student with extensive backgrounds in qualitative research and QDM, extracted narrative case record data for 105 unique child welfare cases in a county that was purposively selected based upon the interest of the agency in examining child welfare practice using QDM. The 105 cases were selected randomly from a larger sample of 619 cases that met the following criteria: (1) cases were opened for service by the agency and children received 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. For the purposes of this analysis, a subset composed of all the 39 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 (Figure 1).

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 et al., 2007). The literature on youth exiting from foster care notes that between nine and 29 percent of child welfare involved youth engage in delinquency (Herz et al., 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 et al., 2007). The range of behavioral challenges among the youth in our sample included a history of runaway episodes, truancy, criminal activity, and mental health issues (Table 1).

### Data sources

For each of the 39 cases, the research team extracted narrative documents from the agency's automated data system for the 24-month period following case opening. Document types included 1) investigative documents (referral contact notes and investigative narratives), 2) court documents (detention, disposition, and jurisdiction reports), and 3) practice documents (contact notes, family assessments, case plans, and case plan updates). These documents were determined in a pilot study to provide an in-depth perspective on service delivery and system involvement, including data on children, youth, families, case-worker interventions, involvement with other social service systems, and a child's trajectory through the child welfare system" (Carnochan, Jacobs, Austin, 2015). Documentation methods and content included: (1) recording the client's perspective, often using quotes, (2) incorporating emails or reports from other practitioners directly into the case record to present multiple perspectives on the case, and (3) recording key concerns and strengths about clients, placements, and service providers and explaining how concerns were ultimately resolved. In addition to the narrative case record data, the team also extracted key case and child level variables.



**Figure 1.** Sampling Stages.

**Table 1.** Demographic and Case Characteristics of Sample Youth Cases.

Age	Count	Percent of 12+ Population
12–13	8	20.5
14–15	17	43.5
16–17	14	35.9
<b>Race/Ethnicity</b>		
Asian Pacific Islander	7	18.0
Black	19	48.7
Hispanic	4	10.3
White	9	23.1
<b>Gender</b>		
Male	16	59
Female	23	41
<b>Removal Reason</b>		
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
<b>Number of Placements</b>		
1–2	9	23
3–4	15	38
5–6	5	12.8
8–9	5	12.8
10+	5	12.8

## Analysis

In the first phase of the analysis, the research team uploaded the extracted case record documents into Dedoose, a Web-based qualitative data analytic software platform for data storage and analysis. In this phase, the research team reviewed and coded the narrative data and created detailed case summaries comprising case narratives and event timelines for all cases. 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. The case summaries averaged 15 single-spaced pages and synthesized hundreds of pages of narrative documents per case, in order to track the social, economic, psychological, policy and practice-based issues that contributed to child welfare involvement and case outcomes. The first cycle of coding employed a qualitative, descriptive coding approach in order to develop a “categorized inventory” of the case record data (Saldaña, 2013, p. 89). The codebook identified 10 general domains with over 70 subcodes that were applied to each case record. The general domains included topics such as: services to minor; services to caregiver; material hardship and economic support; and facilitators and barriers to engagement. This phase of coding identified skillful practice as a central theme meriting further exploration.

In the second phase of analysis, case summaries for the 39 cases were reviewed to identify specific examples of skillful practice. We initially defined practice as



“skillful” if it met one or more of the following criteria: (1) resulted in a positive short-term outcome (e.g., positive interaction between a parent and a minor, improved school attendance, or a positive placement move), (2) reflected a high degree of care for a client (e.g., showing empathy or taking extra steps to promote client safety and comfort), and (3) resulted in positive feedback from clients or the court. Based on these reviews, we created a codebook identifying categories of skillful practice (Table 2). The codebook was compared to a draft of California’s CPM to identify potentially missing categories, resulting in the addition of codes for “Preserving Connections” and “Culturally Responsive” (although neither code played a significant role in the final analysis). The codebook was used to guide a second cycle of focused qualitative coding aimed at a more complete and nuanced categorization of the data (Charmaz, 2006).

To carry out the second cycle 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. The lead authors co-coded 3 of the 39 cases simultaneously to assess construct validity and inter-coder reliability (MacQueen, McLellan, Kay & Milsten, 1998). In-depth discussions and negotiated consensus were used to resolve coding discrepancies and to revise the codebook language to increase both reliability and construct validity (Bradley, Curry, & Devers, 2007). Once consensus was reached, these two members of the research team independently coded the remaining cases. Relevant skillful practice subcodes were applied to each occurrence of the practice documented in the case contact notes. Upon completing case coding, we conducted an excerpt analysis of the most frequently applied codes. We summarized the content within these codes and organized it under three broad domains: effective communication, supporting client self-determination, and active intervention. To validate the second cycle-focused coding, the third author independently reviewed the case contact notes and created a summary matrix displaying the presence or absence of the subcodes across the cases (Table 3).

**Table 2.** Skillful Practice Codes.

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



	Effective Communication				Self-Determination & Empowerment		Active Intervention		
				Transparent Comm.	Problem-solving	Placement	Rules & Conflict	Persistent Comm.	Crisis Response
Age	Rapport	Listening	Strengths						
12				X				X	
12	x	x	x	x	x	x		x	
12	x	x	x	x	x	x	x	x	x
12		x	x	x		x	x	x	
12	x	x	x	x	x	x	x	x	
13	x	x	x	x		x	x	x	x
13	x	x	x		x		x	x	
13		x		x	x	x	x	x	
14	x	x		x		x	x	x	x
14	x	x	x	x	x	x	x	x	x
14	x	x	x	x	x	x	x	x	x
14	x	x	x	x	x	x	x	x	x
14	x	x	x	x	x	x	x	x	x
14	x		x				x		x
14	x	x		x	x	x	x		x
14	x	x	x	x	x	x	x	x	x
15	x	x		x			x	x	x
15	x	x	x	x	x	x	x	x	x
15	x	x	x	x	x		x	x	
15	x	x	x	x	x	x	x	x	x
15	x	x	x	x		x	x	x	x
15	x	x	x	x	x	x	x	x	x
16	x	x	x	x	x	x	x	x	x
16	x	x		x	x	x	x	x	x
16	x	x	x	x		x	x	x	
16	x	x	x	x			x	x	
16		x	x	x	x	x	x	x	
16	x	x	x	x	x	x	x	x	x
16	x			x	x		x	x	
16		x		x		x	x	x	
17		x	x	x			x	x	
17	x	x			x	x	x	x	
17	x	x	x	x			x	x	x
17		x	x	x	x	x	x	x	x

The analysis identified three broad themes representing skillful practice: (1) effective communication (establishing rapport, listening actively, acknowledging client strengths, and communicating clearly and openly), (2) supporting client self-determination (related to participating in services, developing solutions to problems, and placement decisions), and (3) active intervention

(clarifying rules and mediating conflict, follow-up to facilitate services, and responding to crises). Each of these skillful practices was documented in many or most of the 39 cases, as summarized in [Table 3](#). We describe and offer examples of these skillful practices below. In these descriptions and examples we removed names and refer to individuals based on their role in the case (e.g., minor, mother, father, CWW) to preserve confidentiality.

### ***Effective communication***

Effective communication strategies documented in the case records related to developing a strong rapport with clients, listening empathetically, non-judgmentally, and actively, acknowledging client strengths, and being transparent with clients about agency policies.

### ***Establishing rapport***

Establishing rapport with clients provided a foundation for other case management activities and was reflected in the willingness of clients to share 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 to make progress on case plan objectives. Minors disclosed to CWWs their fears about being placed with strangers in foster homes, feeling rejected or abandoned by their parents, conflict with friends and family, experiences with being sexually abused (e.g., being molested, raped, or commercially sexually exploited). They also expressed their feelings about suicidality, depression, and hopelessness, experiences living on the streets, using drugs, 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, whom 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, provide effective case planning services, 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, and provided them with referrals, advice, and support.

In some cases, however, despite CWW efforts 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 instead 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 engaged the maternal aunt in thinking 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, the minor expressed during a TDM 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 foster 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 noted their observations about the body language of their clients and the potential impact of their emotions on future actions. In one case, the CWW noted that the minor was happy and talkative upon first seeing the CWW, but when the CWW asked the minor about her biological mother, the minor became withdrawn, “displaying limited affect, and did not make eye contact.” The CWW made notations 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 with the minor. 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 empathetic observations (as indicated in their notations) about the client’s emotions enabled them to offer advice and take actions to address the client’s needs.

### ***Acknowledging client strengths and progress***

CWWs acknowledged client strengths in their meetings with clients and in their case notes about the clients. This included recognizing, naming, and celebrating improvements as they occurred over time, as in one case where

the CWW reflected on how far the mother had progressed in the 12 months since the opening of the case. He noted that when he first encountered the mother, she was unwilling to speak with him and denied any substance abuse issues. One year later, she was taking classes at a community college and had been sober for 10 months. Although the mother was disappointed when reunification did not occur due to her son's unwillingness to return home, the CWW noted that the children remaining in her care benefitted from her sobriety and enhanced confidence about her educational attainment.

Clients responded favorably when their strengths were acknowledged and this reinforced the rapport between the CWWs and clients. For example, before transferring a case to another staff member, the CWW met with the minor to reflect on her time working with him, highlighting the minor's strengths of intelligence and insightfulness and noting how much the CWW had learned from the minor. 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 reminded the minor about his strength and courage as well as how things in his life had recently improved. In a case involving a minor who had formerly been involved in illegal activities, the CWW noted that the minor had not missed any meetings, improved his grooming habits, was doing everything to stay on track with plans to go to college, and was pleased to hear that someone was noticing his progress.

### ***Transparent communication***

In their documentation, CWWs reflected transparency in communicating their expectations to clients, as well as the consequences of their actions or inactions. They documented discussions with parents about topics that included establishing paternity, meeting service objectives (e.g., completing parenting classes), visiting with children, attending therapy, engaging in 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, managing or clarifying rules related to travelling with minors, obtaining and maintaining foster home licensure, and setting appropriate boundaries for minors. They 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. For example, after a mother relapsed, the CWW explained clearly the consequences of her relapse on reunification and developed a support plan that involved the mother calling the CWW 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 by helping the son feel comfortable with telephone dialogue before moving forward with future visits. In this case, the mother and son were unable to overcome their relationship 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 appeared 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. He 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 and that foster placement staff 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 indicated that clients were often able to achieve positive changes when CWWs gave them autonomy and decision-making power over how to achieve their goals. CWWs supported client self-determination related to participating in services, developing solutions to problems, and making decisions about placements.

### ***Services and creative problem-solving***

One CWW regularly asked clients to describe their needs and how their presenting problems could be addressed. Clients displayed considerable insight when describing their needs and possible strategies for addressing difficult situations. For example, one minor responded that she and her mother needed to continue counseling and family therapy. In another case, after a minor had run away from his placement for two weeks, the CWW asked him what he thought the consequence of 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 group home. 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, following which she acknowledged that she was unable to remain sober as an outpatient and voluntarily entered an inpatient program. She was able to reunify with her children and received help to secure housing when she completed treatment. The CWW's ability to support the mother's process, while offering guidance at critical points, enabled the mother to enter an inpatient facility on her own terms and ultimately reunify with her children.

### ***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. As an alternative, 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, where he proceeded to struggle. 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 outlook improved, and he stopped running away from placement.

At times, CWWs supported client self-determination as a strategy to minimize risk, even when the outcome was not optimal. In one especially complex case, a 13-year-old girl was removed from the home of 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 would do better living with them rather than continuing to run away and experience sexual exploitation. The circumstances of this case illustrate the complexity that CWWs confront in their efforts to support self-determination for minors while at the same time minimizing their exposure to serious risks.

### ***Active intervention***

Documented examples of active intervention included: clarifying caregiver or parental rules and mediating conflict, persistent follow-up with clients and providers to facilitate services, and responding in times of crisis.

### ***Clarifying rules and mediating conflict***

CWWs described mediating family conflict between minors and their substitute caregivers or their biological parents. Substitute caregivers were encouraged 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." At other times, CWWs mediated parental or caregiver rules by encouraging caregivers to "pick their battles" and ease up on rules.



CWWs mediated specific conflicts between minors and caregivers as in the following case 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 caregiver discovers him gone without permission and note, she will call the CWW.” 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 offer the caregivers the tools for handling them. The placement remained intact.

### ***Persistent follow-up***

CWWs engaged in extensive follow-up with clients and service providers to facilitate service linkages. 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 phone calls and emails, sometimes multiple times each day, for a given service that a minor urgently needed. CWWs followed up with pharmacists when clients experienced problems getting prescriptions filled. CWWs helped clients obtain insurance coverage, and advocated for them to prevent and minimize lapses in coverage. CWWs worked repeatedly to engage educational service providers to ensure that the needs of the minor were being met by facilitating Individual Education Plans (IEPs) and scheduling collaborative meetings with teachers, counselors, administrators, substitute care providers, parents, and minors.

CWWs actively worked to connect clients to services as illustrated by: (1) driving a mother to pick up her children at school and then taking her to her CalWORKs appointment so she would not miss the appointment, (2) accompanying 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, (3) initiating referral for services upon learning that mother had been released from jail, and (4) calling upon an extended family support network to assist in locating a mother to remind her of various service referrals.

CWWs also followed up with unresponsive clients, including parents who were ambivalent about reunification and minors who left placements and stopped communicating. 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 CWW's persistent, kind, and respectful effort to engage the mother appear to have had a positive impact on the daughter's relationship with her mother.

### ***Responding in times of crisis***

CWWs actively intervened in crisis situations that included 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, 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 by encouraging 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 spoke loudly so that the minor would be able to hear him if he were present, saying everyone was worried about the minor's safety.

In another case, a 15-year-old female was taken into custody after her mother physically assaulted her. The minor had experienced substantial trauma prior to her removal, and throughout the case, she struggled with suicidal ideation and self-mutilation. She was involuntarily committed to a psychiatric hospital and went AWOL several times. The CWWs in this case were patient and supportive with the minor 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 documented responding to the minor's behavior calmly and providing 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, in this case, the CWWs' sustained effort and intensive advocacy efforts resulted in an appropriate and effective placement that was reported to be the best outcome for the minor.

## **Discussion**

The case record review highlighted dimensions of skillful practice carried out by CWWs related to communicating effectively, supporting client autonomy, and actively intervening in order to serve child welfare involved youth. The specific forms of skillful practice documented in the case records correspond in many regards to the practice behaviors identified in California's Child

Welfare CPM. For example, the study documented instances of active and empathetic listening in 36 of the 39 cases, a finding that parallels the CPM core practice element of inquiry and exploration, which emphasizes listening to youth and families. Similarly, support for client autonomy with respect to placement choices was documented in 29 cases, consistent with the CPM practice element of engagement, which promotes encouraging youth to take the lead in assessing needs and identifying solutions. Our analysis also documented extensive follow-up by CWWs to ensure that youth obtained needed services in 38 cases, corresponding to the CPM emphasis on advocacy for services, interventions and supports. One of the most frequent skillful practices involved CWW efforts to resolve and mediate conflicts between youth and caregivers in 37 cases. From a developmental perspective, we might expect increased levels of conflict between caregivers and adolescent foster youth, among whom social disconnection from adults is relatively common (Keller, Cusik, & Courtney, 2007). However, in contrast to the other forms of skillful practice identified in the analysis, conflict mediation does not correspond to a specific practice element outlined in the CPM.

Study findings support several recommendations for practice. First, given the extent of the correspondence between skillful practices documented in case records and the practice behaviors promoted by leading child welfare practice frameworks, case record review emerges as a valuable strategy that child welfare agencies can incorporate in training and supervisory processes, in order to translate the guidelines offered by practice models into concrete, real life examples. Conversely, existing practice models such as the CPM might be strengthened by recommendations targeted to address the developmental needs of adolescents, namely, support and skill-building related to conflict management in family settings.

Second, study findings related to self-determination highlight the ability of youth to identify their needs and develop solutions, calling for attention to models of child welfare practice with youth that are strengths-based. Among youth who are experiencing behavioral problems, strengths-based practice that is focused on abilities and potential rather than problems, deficits and pathologies may increase motivation for change (Saleeby, 1992). Study findings related to effective communication highlight the importance of transparency in practitioner-client relationships, offering a strategy for strengthening engagement with foster youth that is supported in the broader literature on social work practice. Scholars advocating for the importance of relationship building in social work note that “demonstrating humane qualities, particularly honesty, reliability and consistency,” is important for children (Ruch, 2013, p. 2147). Studies of service user involvement similarly note 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, Smith, Hardy, & Wilkinson, 2012, p. 74).

The study presented a number of limitations related to the sample, as well as the nature and content of the data. Notably, we must exercise caution when seeking to generalize from this sample of 39 youth cases which were drawn from a single, purposively selected county. With respect to the case record data, CWWs face time constraints that may prevent them from consistently recording nonmandatory case activities, including promising and innovative practices. In addition, since client interactions are described through the lens of the CWW, the records may emphasize positive CWW practice behaviors, and under-report weak or poor practice. As a result, this analysis could not quantify with precision the relative frequency of skillful and poor practice at the level of the CWW or the case. However, the majority of the cases contained rich narrative documentation about the nature and quality of interactions with clients (including positive and negative client impressions of caseworkers, the child welfare agency, or service providers), specific strategies employed, and observations about client progress. The use of qualitative data-mining techniques enabled depth in the analysis, illuminating daily practice in ways that traditional case record review methods cannot achieve.

Also absent from the case records were data related to the characteristics of CWWs (e.g., training, experience, and skill level) and of child welfare practice settings (e.g., supervisory support) that are likely to shape CWW practice behavior. Consequently, research examining the prevalence of both skillful and weak or poor practice at the level of the case and the worker, and the role that caseworker characteristics and agency settings play with respect to engaging in these forms of skillful practice will be important.

Lastly, while the case record data did not always include final case outcome, the case summaries and coding did identify numerous instances in which skillful practice affected short-term outcomes such as mediation of conflict, improved client ability to attend school and engage in educational activities, prevention of self-harming behaviors, and placement stabilization. These short-term outcomes may in turn facilitate longer-term positive outcomes such as strengthened bonds between minors and caregivers, high-school graduation, improved mental health and safety, and permanent placements. However, these child welfare cases involved highly complex issues related to child and adolescent development, parenting challenges among biological and foster parents, and collaboration with other human service organizations to support service goals. Progress was typically made after multiple unsuccessful efforts to support positive change, while periods of positive change were sometimes followed by hardship and tragedy. Further research is thus needed in order to examine the relationship between these skillful practices and short and longer-term outcomes, identifying skillful practice components that lead successively to engagement outcomes, changes

in client attitudes, beliefs and knowledge, development of new client skills and behaviors, and ultimately, enduring changes that include client well-being and resilience.

Findings from this study are promising, suggesting that workers in this county are utilizing the practices set forth in California's CPM, as well as important practices such as conflict resolution that are not included in the CPM. The California Department of Social Services has noted that case record review methods can be used in conjunction with traditional evaluation methods to develop a more complete understanding of the pathways that link skillful practice to successful short- and long-term outcomes (CDSS, 2014). QDM represents a systematic, rigorous approach to case record review that is able to capture the complex work being carried out by skilled practitioners in daily practice. Practitioners, evaluators and researchers can use QDM to generate practice-based knowledge that can inform policy guidelines and practice frameworks in order to strengthen services and improve outcomes for children and families involved in child welfare services. As child welfare systems move to adopt more EBPs and promising practice frameworks, ongoing assessment is needed to determine whether CWWs adopt and successfully implement these practice tools in their daily work, and whether use of these tools results in positive outcomes for children and youth. In answering these questions, the perspectives of children and parents involved in child welfare services regarding the forms of practice that they view as effective will be essential.

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## References

- Avery, L., Hutchinson, K. D., & Whitaker, K. (2002). Domestic violence and intergenerational rates of child sexual abuse: A case record analysis. *Child and Adolescent Social Work Journal*, 19(1), 77–90. doi:10.1023/A:1014007507349

- Barth, R. P., Lee, B. R., Linsey, M. A., Collins, K. S., Strieder, F., Chorpita, B. F., & Sparks, J. A. (2012). Evidence-based practice at a crossroads: The timely emergence of common elements and common factors. *Research on Social Work Practice*, 22(1), 108–119. doi:10.1177/1049731511408440
- Bradley, E. H., Curry, L. A., & Devers, K. J. (2007). Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research*, 42(4), 1758–1772. doi:10.1111/j.1475-6773.2006.00684.x
- Brodtkin, E. Z. (2008). Accountability in street-level organizations. *International Journal of Public Administration*, 31(3), 317–336. doi:10.1080/01900690701590587
- California Department of Social Services. (2014, November 20). *All-county letter no. 14-84, subject: Child welfare services case reviews*. Retrieved from <http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-84.pdf>
- California Social Work Education Center (CalSWEC). (2016). *California child welfare core practice model*. Berkeley, CA: California Social Work Education Center.
- Carnochan, S., Jacobs, L., & Austin, M. J. (2015). *Assessing the potential for qualitative data mining in practice-based child welfare research*. Berkeley, CA: Mack Center on Nonprofit and Public Sector Management in the Human Services.
- Castellani, B., & Castellani, J. (2003). Data mining: Qualitative analysis with health informatics data. *Qualitative Health Research*, 13(7), 1005–1018. doi:10.1177/1049732303253523
- Center for the Study of Social Policy. (2009). *Race equity review: Findings from a qualitative analysis of racial disproportionality and disparity for African American children and families in Michigan's child welfare system*. Washington, DC: Author. Retrieved from <https://www.cssp.org/publications/child-welfare/institutional-analysis/race-equity-review-findings-from-a-qualitative-analysis-of-racial-disproportionality-and-disparity-for-african-american-children-and-families-in-michigans-child-welfare-system.pdf>
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Los Angeles, CA: Sage Publications.
- Children's Bureau. (2014). *Child welfare outcomes 2009–2012: Report to congress, executive summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families. Retrieved from [http://www.acf.hhs.gov/sites/default/files/cb/cwo09\\_12\\_exesum.pdf](http://www.acf.hhs.gov/sites/default/files/cb/cwo09_12_exesum.pdf)
- Children's Bureau. (2017). *Child Maltreatment 2015*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families. Retrieved from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>
- Children's Bureau. (2018). *Child Maltreatment 2016*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf#page=10>
- Coohey, C. (2003). Defining and classifying supervisory neglect. *Child Maltreatment*, 8(2), 145–156. doi:10.1177/1077559502250786
- Davis, G., Johnson, G., & Saenz, R. (2003). *The California child welfare outcomes and accountability system*. Sacramento, CA: California Health and Human Services Agency. Retrieved from [http://www.childsworld.ca.gov/res/pdf/AB636Workplan\\_032603.pdf](http://www.childsworld.ca.gov/res/pdf/AB636Workplan_032603.pdf)
- DePanfilis, D., & Salus, M. K. (2003). *Child protective services: A guide for caseworkers*. Washington, DC: U.S. Department of Health and Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau Office on Child Abuse and Neglect. Retrieved from <https://www.childwelfare.gov/pubPDFs/cps.pdf>



- Epstein, I. (2009). *Clinical data-mining: Integrating practice and research*. Oxford, England: Oxford University Press.
- Fakunmoju, S. B. (2009a). Contested cases of physical abuse: Evidentiary characteristics of modified and overturned outcomes. *Child Maltreatment*, 31(2), 199–205.
- Fakunmoju, S. B. (2009b). Substantiation and adverse appeal outcomes: Content analysis and testing of Drake's harm/evidence model. *Child Maltreatment*, 14(1), 53–68. doi:[10.1177/1077559508320386](https://doi.org/10.1177/1077559508320386)
- Gallagher, M., Smith, M., Hardy, M., & Wilkinson, H. (2012). Children and family's involvement in social work decision making. *Children & Society*, 26(1), 74–85. doi:[10.1111/j.1099-0860.2011.00409.x](https://doi.org/10.1111/j.1099-0860.2011.00409.x)
- Gambrill, E. (1999). Evidence-based practice: An alternative to authority-based practice. *Families in Society: the Journal of Contemporary Social Services*, 80(4), 341–350. doi:[10.1606/1044-3894.1214](https://doi.org/10.1606/1044-3894.1214)
- Gillingham, P., & Humphreys, C. (2010). Child protection practitioners and decision-making tools: Observations and reflections from the front line. *The British Journal of Social Work*, 33(8), 2598–2616. doi:[10.1093/bjsw/bcp155](https://doi.org/10.1093/bjsw/bcp155)
- Gordon, L., & O'Keefe, P. (1984). Incest as a form of family violence: Evidence from historical case records. *Journal of Marriage and Family*, 46(1), 27–34. doi:[10.2307/351860](https://doi.org/10.2307/351860)
- Henry, C., Carnochan, S., & Austin, M. J. (2014). Using qualitative data-mining for practice research in child welfare. *Child Welfare*, 93, 6.
- Henry, C., Liner-Jigamian, N., Carnochan, S., Taylor, S., & Austin, M. J. (2018). Parental substance use: How child welfare workers make the case for court intervention. *Children and Youth Services Review*, 93, 69–78. doi:[10.1016/j.childyouth.2018.07.003](https://doi.org/10.1016/j.childyouth.2018.07.003)
- 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. doi:[10.1111/\(ISSN\)1744-1617](https://doi.org/10.1111/(ISSN)1744-1617)
- Jensen, P. S., Weersing, R., Hoagwood, E. 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.
- Keller, T. E., Cusik, G. R., & Courtney, M. E. (2007). Approaching the transition to adulthood: Distinctive profiles of adolescents aging out of the child welfare system. *Social Service Review*, 81(3), 453–484. doi:[10.1086/519536](https://doi.org/10.1086/519536)
- Lipsky, M. (1980). *Street-level bureaucracy: Dilemmas of the individual in public services*. New York, NY: Russell Sage.
- MacQueen, K. M., McLellan, E., Kay, K., & Milstein, B. (1998). Codebook development for team-based qualitative analysis. *CAM Journal*, 10(2), 31–36. doi:[10.1177/1525822X980100020301](https://doi.org/10.1177/1525822X980100020301)
- Michiel, A., Barbee, A. P., Cunningham, M. R., Antle, B. F., Christensen, D. N., & Boamah, D. (2014). Components of the solution based casework child welfare model that predict positive child outcomes. *Journal of Public Child Welfare*, 8, 433–465. doi:[10.1080/15548732.2014.939252](https://doi.org/10.1080/15548732.2014.939252)
- Mitchell, L., Walters, R., Thomas, M. L., Denniston, J., McIntosh, H., & Brodowski, M. (2012). The Children's Bureau's vision for the future of child welfare. *Journal of Public Child Welfare*, 6(4), 43–71. doi:[10.1080/15548732.2012.715267](https://doi.org/10.1080/15548732.2012.715267)
- Nath, S. B., Hirschman, K. B., Lewis, B., & Strumpf, N. E. (2008). A place called LIFE: Exploring the advance care planning of African-American PACE enrollees. *Social Work in Health Care*, 47(3), 277–292. doi:[10.1080/00981380801985432](https://doi.org/10.1080/00981380801985432)
- Neville, R. G., Bryce, F. P., Robertson, F. M., Crombille, I. K., & Clark, R. A. (1992). Diagnosis and treatment of asthma in children: Usefulness of a review of medical records. *British Journal of General Practice*, 42, 501–503.



- O'Brien, L. (2007). Achieving a successful and sustainable return to the workforce after ABI: A client-centred approach. *Brain Injury*, 21(5), 465–478. doi:10.1080/02699050701315134
- Pithers, W. D., Beal, L. S., Armstrong, J., & Petty, J. (1989). Identification of risk factors through clinical interviewing and analysis of records. In R. Lewis (Ed.), *Relapse prevention with sex offenders* (pp. 77–87). New York, NY: Guilford Press.
- Prior, L. (2003). *Using documents in social research*. Thousand Oaks, CA: Sage Publications.
- Reilly, S. H., McKelvey-Walsh, N., Freundlich, M., & Brenner, E. (2011). Training and technology: Improving the quality and timeliness of service plans and case documentation. *Administration in Social Work*, 35(2), 207–222. doi:10.1080/03643107.2011.557597
- Ruch, G. (2013). 'Helping children is a human process': Researching the challenges social workers face in communicating with children. *The British Journal of Social Work*, 44(8), 2156–2162.
- Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Los Angeles, CA: Sage Publications.
- Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. New York, NY: Longman.
- Sherwood, P., Lyburn, I., Brown, S., & Ryder, S. (2001). How are abnormal results for liver function tests dealt with in primary care? Audit of yield and impact. *British Medical Journal*, 322(7281), 276–278.
- Shlonsky, A., & Ballan, M. (2011). Evidence-informed practice in child welfare: Definitions, challenges and strategies. *Developing Practice: the Child, Youth and Family Work Journal*, (29), 25–42.
- Simms, M. D., Dubowitz, H., & Szilagyi, M. A. (2000). Health care needs of children in the foster care system. *Pediatrics*, 106(4 Suppl), 909–918.
- Taylor, S., Battis, C., Carnochan, S., Henry, C., Balk, M., & Austin, M. J. (2018). Exploring trauma-informed practice in public child welfare through qualitative data-mining of case records. *Journal of Public Child Welfare*. doi:10.1080/15548732.2018.1500967
- Teaster, P. B. (2002). The wards of public guardians: Voices of the unbefriended. *Family Relations*, 51(4), 344–350. doi:10.1111/fare.2002.51.issue-4
- Toro, P. A., Dworsky, A., & Fowler, P. J. (2007, March). Homeless youth in the United States: Recent research findings and intervention approaches. Paper presented at the National Symposium on Homeless Research, Washington, D.C.: Abt Associates Inc. and Policy Research Associates Inc.. Retrieved from <https://www.huduser.gov/portal/publications/pdf/p6.pdf>
- Trickett, P. K., Mennen, F. E., Kim, K., & Sang, J. (2009). Emotional abuse in a sample of multiply maltreated, urban young adolescents: Issues of definition and identification. *Child Abuse and Neglect*, 33(1), 27–35. doi:10.1016/j.chiabu.2008.12.003
- Turnell, A., & Edwards, S. (1997). Aspiring to partnership: The Signs of Safety approach to child protection. *Child Abuse Review*, 6(3), 179–190. doi:10.1002/(SICI)1099-0852(199708)6:3<179::AID-CAR324>3.0.CO;2-J
- White, C. R., 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.