Creating Foundations for Change in Child Welfare Practice: Using Descriptive Findings from Case File Reviews

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Abstract

As evidence-based practice becomes the norm in child welfare, agencies are more interested than ever in evaluating the effectiveness of services and placements provided to children and families. This study utilized a case file review model, conducting an intensive examination of 200 child welfare case files in one county in a western state. Cases reviewed included all types of maltreatment: neglect, physical and sexual abuse, and institutional abuse with children ranging from birth to 18 years. This paper discusses the descriptive findings of the study, which are grouped into three areas: child characteristics, family characteristics, and case characteristics. Findings for these three areas are discussed with specific recommendations for child welfare practice.

Key words: *child welfare, case file review, practice, descriptive findings*

Introduction

As evidence-based practice becomes the norm in child welfare, agencies are more interested than ever in evaluating the effectiveness of services and placements provided to children and families. However, little empirical research addresses this question in a valid and reliable way. For example, state child welfare databases are complex, and it is a challenge to access all of the relevant variables. Hence, a study using a case file review offers a more promising approach to capturing the complex dynamics of child welfare work, in that more qualitative and quantitative data tend to be available than can be gathered from databases constructed for research purposes only.

The Children, Youth, and Families Division of one county in a western state wanted to better understand practice and improve outcomes for children and families in the child welfare system. Thus, this study reflects the priorities of agency administrators as well as researchers and practitioners. Together we set an objective for the study, namely, to identify service and placement patterns related to safety, permanency, and well-being outcomes.

Case file reviews are an effective means of extracting data relevant to what is occurring in a child welfare case, and can assist in making changes to practice (Claburn & Magura, 1978; Cordero, 2004; Ellertson, 1994; Epstein, 2001). Although case files are routinely examined by caseworkers and their supervisors, researchers rarely examine the enormous amounts of data available about real-life child welfare cases (Claburn & Magura, 1978). Case file data are often dismissed by researchers as unreliable and subjective (Epstein & Blumenfeld, 2001). However, these files are rich data sources from which to identify important facts about child welfare practice that cannot be extracted from a state child welfare database.

Cordero (2004) used a case file review methodology in her study on the reunification process, gathering information from child welfare case files. In this study, Cordero was able to identify family characteristics that affect the reunification process; this allowed her to discuss implications for the refinement of best practices in foster care.

Case file review methodology was also used by Hess, Folaron, and Jefferson (1992) and Ellertson (1994), who indicate that this methodology provides a unique way to report findings to child welfare agencies and the community. Hess et al. (1992) discovered family difficulties and service delivery issues that contributed to out-of-home care reentry. Using the case file review method, Hess et al. were able to describe corrective actions for addressing negative case outcomes and uncover key details of cases often omitted from state child welfare databases.

Methodology

This article is based on the descriptive portion of a larger study and does not include the quantitative, cross-case analysis of data. In the methodology section, we present the research design and questions, sampling, data collection, and data analysis for the descriptive section of the study. All identifying information for the cases reviewed in this study has been disguised to guarantee confidentiality.

Research Design and Questions

The descriptive study utilized a qualitative, content-analysis design. The analysis for this study is based on a review of child welfare case files and administrative data. This research design is grounded in the belief that case outcomes are contingent on the multiple interactions that occur between and within families and child welfare agencies. Researchers examined the data from each case individually, as well as across cases. The individual case data were analyzed for content and displayed in descriptive tables throughout the study. The individual case data were also numerically coded and entered into the Statistical Package for the Social Sciences (SPSS) for cross-case comparison. The results from the cross-case analysis are not discussed in this article.

The primary research questions for the descriptive study were:

1. What are the child, parent, and family characteristics of the sample in regard to physical health, mental health, substance abuse, criminal history, relationship issues, and home environment?

2. What are the case characteristics of the sample in regard to caseworker involvement, out-of-home placements, Core Services, permanency goals, and outcomes?

Sampling

The accessible sample for the study was all children involved in the child welfare system in one county in a western state from January 2006 to June 2007. We used a nonprobability convenience and purposive sampling design to select the actual sample. The inclusion criteria were children who received Core Services or were placed in out-of-home care during the study time frame. Because we were interested in exploring recurrence of abuse and/or neglect, reentry into out-of-home care, and new case involvement, eligible children had to have experienced one of these case events to be included in the study.

To avoid selecting extreme or favorable cases, we employed a stratified random sampling approach to select 200 representative cases. However, we intentionally oversampled cases with a recurrence of abuse, reentry, and new case involvement to ensure a sufficient number of cases in each event category from which to draw conclusions about patterns for child, family, and case characteristics in the larger project. Thus, 121 cases were selected in which there was a recurrence of abuse or neglect, 53 cases were selected in which there was reentry after reunification, and 90 cases were selected in which there was a new case involvement. Of note, a case could fall into multiple event categories, as the categories were not mutually exclusive. Details from the 59 cases that remained open after June 2007 were also included in the study to provide a more complete picture of the cases.

Data Collection

The primary data sources for this study were individual case files and State Automated Child Welfare Information System (SACWIS) reports. SACWIS is an online data management and analysis system used for child welfare and Division of Youth Corrections (DYC) case management documentation. The State Department of Human Services and Children, Youth, and Families Division provided permission and access to the files and SACWIS data reports. Additionally, institutional review board (IRB) approval was obtained for this study.

Eligible cases were identified by system reports generated from SACWIS. After implementation of the sampling procedure, selected case files were pulled by Children, Youth, and Families Division staff and made available to the researchers, who reviewed the files. When cases were listed as having more than one outcome, an overage list was used to replace any duplicate cases. The reviewers used a data collection template with predetermined categories to extract child, parent/family, and case characteristic data in an efficient and consistent manner. To ensure consistency and reliability of the data collection process, the researchers had regular discussions about the data collected, categories for data storage, and patterns emerging from the data.

Data Analysis

A structured qualitative analysis was used to analyze the data collected. Specifically, a qualitative technique called content analysis was utilized. Content analysis is a methodology used to evaluate the contents of recorded communications (Babbie, 2007). In this study, the first step of the analysis was identifying the codes to be used in the collection of data. The researchers determined the codes to be used after reviewing the literature and discussing, with the county, the types of information they felt was important. The codes were then entered into an Excel spreadsheet template. Next, the researchers extracted the data within the files that corresponded to the pre-identified codes. If other relevant data emerged from within the files, a new code was added to the template. During the data collection process, the researchers met frequently and discussed any issues that arose related to review of the files. Researchers proceeded in this way to ensure that a similar and rigorous data collection process was occurring.

Descriptive Results

The descriptive results are organized by child characteristics, parent/family characteristics, and case characteristics.

Child Characteristics

There were 110 male children and 90 female children in this study, which mirrors the gender breakdown of the child welfare population in the county. The mean age at first involvement with the child welfare system was 6.7 years, although the majority (49.0%) of children were in the 0–5 age group. The 6–12 age group comprised 30.5% of the sample, and 20.5% were in the 13–19 age group. The mean age at case closure was 9.7 years, with 30.0% of children in the 0–5 age group, 27.5% in the 6–12 age group, and 42.5% in the 13–19 age group. The race/ethnicity of the children in this study was also comparable to the demographics of the county as reported in the 2006 U.S. Census Report. Out of the 200 children, 59.5% of children were Caucasian, 23.0% were Hispanic/Latino, 7.0% were Black/African American, 3.5% were American Indian/Native American, 2.0% were in the “other” category, and 5.0% of children were in the “unspecified” category. Child educational status revealed that 72.0% of children were school age, whereas 28.0% were not school age. More than 68.0% of school-age children were in regular education, 21.5% were in special education, 6.3% were in day care, preschool, or Head Start, and 3.5% of school-age children were not in school.

As displayed in Table 1, 78.0% of children had no identified disabilities. The most common disabilities were speech, language, or communication disabilities (6.5%), developmental disabilities (3.5%),

Table 1
Child Characteristics (N = 200)

Characteristic	Frequency	Percentage
Disability		
None	156	78.0
Medical Issues		
No medical conditions reported	163	81.5
Medical conditions reported	37	18.5
Substance Use/Abuse	**39**	**19.5**
Marijuana	19	48.7
Alcohol	11	28.2
Cocaine	5	12.8
Psychedelic drugs	4	10.3
Delinquency	**36**	**18.0**
Stealing/burglary/theft	20	55.6
Drug-related charges	10	27.8
Gang activity	9	25.0
Assault	7	19.4
Truancy	4	11.1
Trespassing	4	11.1
Weapon possession	4	11.1
Harassment	4	11.1
Property destruction	3	8.3
Behavioral Issues		
Behavioral issues	112	56.0
No behavioral issues	88	44.0
Mental Health Issues		
Mental health issues reported	73	36.5
No diagnosis/No mental health issues	127	63.5
Psychotropic Medication	45	22.5

social/emotional disabilities (2.0%), and physical or motor disabilities (2.0%). The majority (81.5%) of children in the sample had no reported medical or health problems, but 18.5% had a reported medical condition. Of the 37 children with medical issues, the most common difficulties were respiratory problems (45.9%); chronic ear infections, tubes, or hearing loss (27.0%); and sinus problems or allergies (21.6%).

Child behavioral issues were also an area examined in this study, as 19.5% of children were reported to have a substance-abuse problem. Of these 39 children, the substances most commonly used were marijuana (48.7%), alcohol (28.2%), and cocaine (12.8%). More than 10% of children age six and older were identified as having had a conflict with the law, defined by DYC as detention or commitment, probation, and/or criminal charges. Of the 36 juveniles in conflict with the law, the most common issues were stealing, burglary, or theft charges (55.6%), drug-related charges (27.8%), and involvement in gang activity (25.0%). More than half (56.0%) of the children in the study were identified as having a behavioral issue, although 44.0% did not have any reported behavioral issues. Of children with behavioral issues, more than 46% exhibited internalized behaviors (e.g., withdrawn, depressed, anxious), whereas more than 88.0% exhibited externalized behavior problems (e.g., acting out, aggression). Of the 52 children

with internalized behavior problems, the behaviors most commonly exhibited were anxiety or panic (26.9%); depression or sadness (21.2%); and isolation, antisocial, or withdrawn behaviors (11.5%). Of the 99 children with externalized behavior problems, the behaviors most commonly exhibited were physically aggressive (32.3%), oppositional or defiant (21.2%), and issues with anger management (20.2%).

A noteworthy example of a youth in conflict with the law, who experienced caseworker turnover and multiple out-of-home placements in a multiple-problem family, is the case of Maria. Maria was removed from her family on several occasions due to serious, co-occurring family problems. She was a Hispanic female, born in 1993, with three siblings. Both parents were Hispanic. Maria was placed in special education and had a history of truancy. She had an IEP and her full-scale IQ was listed as 71, which is borderline intellectual functioning. Maria had been involved with the child welfare system since elementary school and was, at the time of the study, in high school. Although Maria had an educational disability, she was physically healthy. She had been the victim of sexual abuse by her father and mother. She was involved with gangs, abused drugs, was sexually promiscuous, and had a history of running away and involvement with the juvenile justice system. Additionally, Maria's mental health history included a diagnosis of Attention Deficit Hyperactivity Disorder, for which she was taking medication. Maria smoked cigarettes which her mother bought for her. Maria was physically and verbally assaultive to others and engaged in self-harming behavior. She disclosed to her caseworker that she had sexually molested her two younger brothers.

Maria's mother was diagnosed with acute anxiety disorder, depression, and adjustment disorder. She was taking psychotropic medications to help alleviate symptoms of these mental health issues. The mother was a domestic violence victim and received TANF. As a child, she had also been placed in special education. The mother witnessed the father's sexual assault of Maria, but she did not report the incident. The father was arrested for sexual abuse of Maria and the mother was arrested for neglect. The father had a history of aggressiveness with Maria and her siblings, and engaged in severe physical discipline. The parents hid out together after the 2006 sexual abuse report was commenced. In 2007, the father was acquitted of the sexual abuse charges. An aunt came forward to complete a home study for placement of Maria and her siblings, but was not appointed as a caregiver due to instability. Maria's brother also had severe behavioral issues and was still in the child welfare system at the time of this study.

The original permanency goal for the case was return home, but this was eventually changed to permanent placement with a relative through legal guardianship (APR). The court ordered APR in 2005; however, a return-home goal was still present in court documents as of 2007. The case was still open at the time of this study and had been open for 1,542 days. The child experienced recurrence of abuse and had 12 caseworkers over the life of the case. The family received the following services: individual and family mental health treatment, substance-abuse treatment, team decision making, home-based intervention, and life skills training. Maria had nine out-of-home placements, which include: foster care in the 1990s with reunification to her parents; foster home placement in 2004 with reunification to her mother in 2005; another foster care placement and a report of chronic running away; three residential treatment center placements; one juvenile justice placement; one residential child care facility (RCCF) placement; and one therapeutic residential child care facility (TRCCF) placement, which was her current placement during the time of the study.

The family had the following maltreatment history:

- 1993—the oldest child was placed in foster care in California for physical abuse by the father. The child later reunified with the parents.
- 2001—2005 multiple founded and unfounded referrals for injurious environment in another county, physical abuse, emotional neglect, and a dirty home environment, physical abuse by the father to a sibling, physical fight between a sibling and the mother after which the children were removed from the home, and a referral for child beyond the control of the parent/ truancy.
- 2006—case-ordered assessment due to excessive amount of involvements with the department.
- 2006—a report for sexual abuse by the father against Maria, alcohol abuse by the father, neglect by the mother (who knew about the sexual abuse but did not report it), and concern because the mother was still involved with the father. The referrals were founded and the parents were eventually arrested.
- There were two other founded referrals, eight assigned referrals, and one unassigned referral in multiple counties.

This is a chronic maltreatment case that will probably remain open until all of the children age out of the child welfare system. Maria and her family have had child welfare involvement for more than 15 years, with no resolution. Both parents have serious parenting dysfunction; the mother cannot protect her children from abuse, and she also appears to be functioning at a low cognitive level. The father is violent and abusive to both the children and the mother. Maria has severe behavioral problems and educational deficits. She has had multiple placements, is a chronic runaway, and is involved in risk-taking behavior. Maria's successful completion of mental health treatment and a change to positive behavior are uncertain. Maria will need a good deal of support to successfully transition from out-of-home care to independent living.

In this study, children's mental health status was defined as a specific diagnosis or reported mental health symptoms. Almost two-thirds of children in the study had no mental health diagnosis and no reported mental health issues, while just over one-third did have a specific mental health diagnosis. This indicates that one-third of the children in this study were referred for a mental health evaluation, while the other two-thirds received no such referral. This is a concern because behavioral symptoms indicative of mental health disorders were described in the majority (56%) of children in the cases reviewed.

Of the 73 children with identified mental health issues, 79.5% were diagnosed with a disorder of infancy, childhood, or adolescence (ICA), 41.1% were diagnosed with an anxiety disorder, 35.6% were diagnosed with a mood disorder, 35.6% had other mental health concerns (including poor social skills and suicidal behavior), 34.2% were designated with a V-code (an additional DSM code that designates a problem related to abuse or neglect), 13.7% had substance use/abuse/dependence diagnoses, 9.6% were diagnosed with an adjustment disorder, 6.8% had an Axis II diagnosis, and 4.1% were diagnosed with a psychotic disorder. Lastly, 22.5% of children in the sample were taking psychotropic medications.

Parent/Family Characteristics

Of the 200 children studied, 67.5% had Caucasian mothers, 17.0% had Hispanic/ Latino mothers, 8.0% had mothers of an unspecified ethnicity, 3.5% had American Indian/Native American mothers, 2.5% had African-American/Black mothers, and 1.5% of children had mothers of other ethnicity. As for paternal ethnicity, 51.0% of children had Caucasian fathers, 24.0% had fathers of unspecified ethnicity, 17.5%

Table 2
Parent/Family Characteristics (N = 200)

Characteristic	Frequency	Percentage
Parent Physical Health Problems	**29**	**14.5**
Parent Substance Abuse Problems	**152**	**76.0**
Alcohol	84	55.3
Unspecified substance	62	40.8
Methamphetamine	60	39.5
Marijuana	42	27.6
Crack/Cocaine	42	27.6
Prescription drugs	16	10.5
Heroin	4	2.6
Steroids	3	2.0
Parent Mental Health		
Mental health issues	107	53.5
No diagnosis/No mental health issues	93	46.5
Psychotropic medications used	35	17.5
Psychiatric hospitalization	16	8.0
Parent Incarcerated	**54**	**27.0**
Father	23	42.6
Mother	19	35.2
Both parents	8	14.8
Other/Stepfather	4	7.4
Parent with Sexual Perpetrator Charges	**19**	**9.5**
Father	9	47.4
Stepparent/Other	7	36.8
Parent with Drug-Related Charges	**56**	**28.0**
Mother	27	48.2
Father	13	23.3
Both parents	12	21.4
Other caregiver	4	7.1
Parent with Criminal Charges	**104**	**52.0**
Mother	43	41.3
Father	34	32.7
Both parents	22	21.2
Other caregiver	5	4.8

had Hispanic/Latino fathers, 6.0% had Black/African-American fathers, 1.5% had American Indian/Native American fathers, and 1.0% had fathers of other ethnicity. Birth families in this study had an average of 2.8 children, with a range of one to seven children.

As displayed in Table 2, a minority (14.5%) of birth parents had physical health problems. However, of the 29 birth parents with a physical health problem, the most common issues were limb/bodily injuries (20.7%), cancer diagnoses (20.7%), migraines (17.2%), and respiratory problems (17.2%). Of those birth parents with physical health problems, 55.2% were mothers, 24.1% were fathers, 13.8% were both parents, and 6.9% were unspecified.

In 76.0% of the cases, birth-parent substance-abuse issues were identified. Parents were noted to have either actual DSM diagnoses and/or treatment for substance

abuse, or substance-abuse problems were noted within the maltreatment report or caseworker notes. Of these 152 identified cases, 53.9% of children had both parents with a substance-abuse issue, 32.2% had a mother with a substance-abuse issue, 12.5% had a father with a substance-abuse issue, and 1.3% had a stepparent with a substance-abuse issue. The substances most commonly used or abused by parents were alcohol (55.3%), an unspecified substance (40.8%), and methamphetamine (39.5%).

Almost half (46.5%) of the birth parents in the study had no mental health diagnosis and no reported mental health issues; however, 53.5% did have a mental health diagnosis. It is important to note that although the majority of parents in this study exhibited troubling symptoms indicative of mental health issues, not all received referrals for mental health treatment. Of the 107 cases with parents having identified mental health issues, 57.0% were diagnosed with a mood disorder, 28.0% were diagnosed with an anxiety disorder, 27.1% were diagnosed with a personality disorder, 23.4% had other mental health concerns (including suicidal behavior), 17.8% were designated with a V-code (additional DSM code that designates a problem related to abuse or neglect or relationships), 13.1% were diagnosed with an adjustment disorder, 11.2% were diagnosed with a disorder of infancy, childhood or adolescence, and 2.8% were diagnosed with a psychotic disorder. Of the 107 cases with parental mental health concerns, 67.3% were mothers, 17.8% were both parents, 14.0% were fathers, and 0.9% were stepparents. Lastly, 17.5% of parents in the sample were taking psychotropic medications, and 8.0% had experienced a psychiatric hospitalization related to their mental health issues.

An excellent example of the effect of parental substance abuse, parental mental health issues, and violence in the family occurred in Jessie's case. Despite these problems, Jessie had a positive outcome: reunification with his birth family.

Jessie was a Caucasian male born in 1998. His mother was Caucasian and his father's ethnicity was unspecified. Jessie had one sibling. Jessie was placed in special education and attended elementary school at the time of this study. He had speech difficulties and received speech therapy in school. Jessie was physically healthy, but he received mental health services. He was hypervigilant, yet withdrawn (particularly around men), and had sleep problems. He received mental health counseling for diagnoses of posttraumatic stress disorder and attention deficit hyperactivity disorder. He was not taking psychotropic medications for these diagnoses.

Jessie's parents were divorced and his father was abusive and violent. The father was incarcerated during the time of the child welfare case and had an extensive criminal history that included assault, theft, domestic violence, and menacing. The mother suffered with serious alcohol abuse, often binged, and was hospitalized for alcohol poisoning on several occasions. The mother was emotionally unstable and had mental health diagnoses of depression and attention deficit hyperactivity disorder. She received therapy and medication for these diagnoses. The mother was unemployed. She also had a history of kidney stones and migraines. Jessie had no contact with his father and during case involvement had only supervised visits with his mother. The mother was charged with neglect, due to the mental health and substance-abuse issues that interfered with her ability to parent appropriately. During the time of involvement, the home environment was unkempt and messy. The child was exposed to alcohol abuse and domestic violence, and experienced chronic instability with frequent moves, including stays in domestic violence shelters.

The permanency goal in this case was return home to the mother, which was achieved. The case was opened in 2006 and closed, in the same year, after 113 days. Two caseworkers were involved in the case and the child had one out-of-home placement

in kinship care with an aunt. The family received both substance-abuse treatment services and home-based services. There was no recurrence of abuse and only one founded charge of neglect against the mother for alcohol abuse that affected the well-being of the child. The child was reunified with his mother.

This case had a positive outcome because the mother received the help she needed in a timely manner, with appropriate interventions and no caseworker turnover. The child was maintained in out-of-home care with a relative, which assisted in his being reunified with his mother in a relatively short period of time.

In this study, negative family history of the birth parent was also examined. Negative family history refers to risk factors experienced by the parent when they were children, such as child maltreatment, out-of-home placement, exposure to domestic violence, parental substance abuse/addiction, mental health issues, and/or criminal involvement. The authors found that 73.0% of birth parents did not have a reported negative family history, whereas 27.0% of parents did have a negative extended-family history. For the latter 54 cases, 63.0% had mothers with this history, 24.1% had both parents with this history, and 13.0% had fathers with this history. Additionally, 61.0% of these parents experienced abuse and/or neglect during their childhood, with mothers being abused and neglected more frequently. Furthermore, 57.4% of parents from these cases had substance addictions in their family history, 20.4% had witnessed domestic violence, 14.8% had families with mental health issues, and 11.1% had family members involved in criminal activity. Lastly, 22.3% of these parents had been in out-of-home care as a child, and 7.4% had been chronic runaways. Researchers speculated that more parents in this study may have had negative events in their childhoods; however, parental history was not routinely reported within the case files.

A variety of issues involving the criminal justice system surfaced for parents in this study. More than a quarter (27.0%) of the parents in the study were incarcerated during the period of child welfare involvement. Twenty-eight percent of parents in the study had a history of drug-related charges. Specifically, 58.9% of these parents had DUI (driving under the influence of drugs or alcohol) charges, 41.1% had drug possession charges, 17.9% had drug sales or distribution charges, and 5.4% had drug manufacturing charges. Additionally, 52.0% of parents had other criminal charges, with the most common of these charges being for assault (17.3%), for domestic violence (13.5%), and for theft (12.5%).

Of the 200 cases examined, 33.0% of families had an absent parent, which was defined as a parent who was not engaged with the child/family or involved in services. There were 35 parents (17.5%) who had educational difficulties due to having dropped out of school or been diagnosed with a learning disability. Fifty-five families (27.5%) experienced employment difficulties and almost 45% experienced domestic violence. In addition, 4.5% experienced custody conflicts and disputes, 4.0% experienced marital conflict, and 3.5% experienced other disruptive relationships. A majority of families (57.0%) had also experienced a family transition such as separation, divorce, displacement, or the addition of a new child. Lastly, 179 (89.5%) of the families had reported parenting issues such as anger and impulse control issues, abandonment, limited parenting skills, children beyond parental control, attachment problems, inconsistent care of child, aggressiveness with child, emotional instability, and inappropriate interactions. In 66.5% of the 179 families, both parents had parenting problems; in 27.9%, mothers had parenting problems; in 3.4%, fathers had parenting issues; and in 2.2%, other parental figures had parenting problems.

In this study, 76.0% of families experienced neglectful parent/child relationships. In 58.6% of the 152 families, both parents were neglectful, in 36.8% mothers were neglectful, in 2.6% fathers were neglectful, and in 2.2% other caregivers were neglectful. Strained parent/child relationships were found in 92.0% of the cases. Causes of the strain included issues related to mental health functioning of children and parents, family structure, substance abuse, stress, marital conflict, domestic violence, and custody issues. Furthermore, relational concerns were identified in 59.5% of the families in the study, including conflict between parent and child, attachment difficulties, poor boundaries, communication concerns, and child behavioral concerns. Additionally, 13.5% of families experienced hostile or volatile relationships. Furthermore, 9.5% of families had parents with limited skills, such as inappropriate parenting behaviors, lack of structure and limits, chaotic environment, and inconsistent and ineffective discipline. Lastly, only 7.5% of the families in the study had indications of a positive parent-child relationship.

In this study, 139 families (69.5%) experienced a negative living environment. A negative living environment could include one or more characteristics such as stress, financial strain, or unemployment. Eighty-three families (41.5%) experienced unstable living environments characterized by homelessness, frequent moves, overcrowding, and living outside of the home. Furthermore, 37.5% of families experienced unsafe living environments characterized by unsanitary conditions and unsafe neighborhoods. In addition, 31.0% of families were identified as having neglectful living environments characterized by substance abuse, lack of structure, inadequate supervision, and lack of food. Lastly, 13.0% of families experienced sibling conflict, and 4.0% had unsafe others (e.g., nonrelated abusive or violent person) living in the home. Only 4.0% of families had indications of a positive home environment.

The following case is an example of inadequate services provided to the child and family during child welfare involvement. In this case, the family had multiple, co-occurring problems that were not appropriately addressed by the child welfare system.

Lisa was a Caucasian female born in 1996. Her mother was Caucasian and her father's ethnicity was unspecified. Lisa was an only child. At the time of the study, she was of elementary school age, but she was not attending school. Lisa suffered with developmental delays. She was physically healthy, but, as noted by the caseworker, Lisa was a "parentified child by her mother." Lisa had no mental health or behavioral issues.

Lisa lived with her mother and the identity of her biological father was unknown. The mother was in her second arranged marriage, and had a warrant outstanding for her arrest on charges of theft of prescription medication. At the time of the child's out-of-home placement, the mother was incarcerated for a short period of time. The mother reported that her husband had made her commit illegal acts. The mother reported dropping out of school in the fifth grade and had a deficit in literacy skills. The mother had no employment history and had been diagnosed with adjustment disorder with anxiety, with a rule-out diagnosis of personality disorder not otherwise specified (NOS).

The child was closely bonded to her mother. Although Lisa reported that she was not afraid of her stepfather, the home environment was volatile. The mother and child had been staying in a hotel, hiding from the stepfather, during the time of the maltreatment referral. There was no maternal extended family in the area. The mother had a history of homelessness and had reported threats made by the stepfather. Notes in the case file describe the family as a "gypsy family."

Table 3
Case Characteristics (N = 200)

Characteristic	Frequency	Percentage
Number of Placements		
None	19	9.5
1	57	28.5
2	28	14.0
3	31	15.5
4	14	7.0
5	8	4.0
6–9	26	13.0
10–18	8	4.0
Overall Placements		
Foster care	175	27.6
Kinship care	167	26.3
TRCCF/RTC	87	13.7
RCVHC	75	11.8
DYC	40	6.3
Adoptive home	30	4.7
RCCF	29	4.6
Shelter care	17	2.7
GRPHC	10	1.6
PRTF	3	0.5
Guardianship (non-kin)	1	0.2
Number of Case Workers		
1–2	55	27.5
3–4	85	42.5
5–6	42	21.0
7–8	12	6.0
9–10	4	2.0
11–12	2	1.0
Initial Permanency Goal		
Return home	142	71.0
Remain home	31	15.5
Adoption (non-relative)	7	3.5
OPPLA through long-term foster care	5	2.5
Permanent placement with a relative through legal guardianship	3	1.5
OPPLA through emancipation	1	0.5
Unspecified	11	5.5
Final Outcome of the Case		
Open cases	59	29.5
Closed cases	141	70.5
Reunification	46	32.6
Finalized adoption	29	20.6
Permanent placement w/relative	28	19.9

The permanency goal of the case was return home; however, the child was listed as a runaway. During a scheduled, unsupervised visit, the mother absconded with Lisa. The case was opened in 2005 and closed after 111 days in 2006; two caseworkers had been involved in the case. The family received no documented services and the child had one foster-home placement. There was one founded neglect referral in 2005. Lisa also witnessed domestic violence between the mother and stepfather.

This case is considered to have a negative outcome because the child may still be at risk with the mother. The mother had a criminal history and mental health issues, and was unable to protect the child from an unstable and violent home situation. It is unclear why the mother received no documented services yet had unsupervised visits with the child. The case was closed because the mother and child could not be located.

Case Characteristics

The 200 cases examined in this study listed a total of 862 maltreatment referrals, with 38.7% founded, 22.2% unfounded, 20.8% inconclusive, and 18.3% not accepted. These referrals could have occurred before or during child welfare involvement, including maltreatment that may have occurred in other counties. The mean number of founded intrafamilial maltreatment referrals was 1.7 per case, with a range of 0 to 10 referrals. Of the 334 founded referrals, 77.5% were for neglect, 14.4% were for physical abuse, 8.7% were for multiple types of maltreatment, 6.3% were for sexual abuse, and 1.8% was for unspecified maltreatment types. Additionally, and sadly, chronic maltreatment (defined as three or more referrals per case) occurred in 45.5% of the cases.

Table 3 displays the type of overall placements, first placements, last placements, and only placements documented in this study. Children had a variety of out-of-home placements, with only 9.5% of children having no out-of-home placements. Overall, there was an average of 3.2 out-of-home placements per child, with a range of 0 to 18 placements. Children in this study had a combined total of 634 overall placements in the various out-of-home care settings.

The mean number of child welfare workers per case was 3.8, with a range of 1 to 12 workers. The average length of involvement in the child welfare system, for each child, was approximately 3.0 years. On average, this suggests that each child was assigned a new caseworker every 9.5 months.

Core Services are provided to families to assist in keeping children at home or to reunify children with their families. Almost all families (95.0%) in this study received Core Services, with 81.0% receiving multiple services. For the 190 cases receiving Core Services, 77.4% received mental health services, 70.0% received substance-abuse treatment, 55.3% received home-based interventions, 25.8% received team decision making (TDM), 25.3% received intensive family therapy (IFT), 17.4% received therapeutic or supervised visitation, 16.8% received life skills training, 11.6% received multisystemic therapy (MST), 8.4% received special economic assistance, 8.4% received sexual abuse treatment, 7.9% received day treatment, 5.8% received direct link services (county-specific, in-home substance-abuse treatment for maltreating parents with newborns and small children), and 3.7% received individual child treatment.

In this study, the most common initial permanency goals were return home (71.0%) and remain home (15.5%). Case outcomes, however, show a pattern that differs somewhat from the initial permanency goals. For example, within the time frame of the study, there were 46 cases with a final outcome of reunification; however, there were 142 cases with return home as the initial permanency goal. Overall, the sample consisted of 141 closed cases and 59 open cases. In terms of closed-case outcomes, the most common were reunification (32.6%),

finalized adoption (20.6%), and permanent placement with a relative (19.9). There was a termination of parental rights in 27.0% of the cases, an allocation of parental rights in 6.5% of the cases, and a voluntary termination of parental rights in 1.5% of the cases.

Study Limitations

Although this study had many strengths, including the method of case file review and the examination of SACWIS reports, there were several challenges that may limit the interpretation of findings. Child welfare is often a challenging area to research due to the inconsistency of case documentation, changeable definitions of key variables, and the variability by which data are accessed and extracted. These issues made it difficult to report more precise information for some of the case files examined in the study. For example, the calculation of the number of caseworkers was problematic, in that intake workers, supervisors, and administrators are sometimes counted as caseworkers in SACWIS. Furthermore, we found that documentation of the federally mandated caseworker tasks was somewhat inconsistent between data entered into SACWIS and data in the case file records.

As in most child welfare research, the issue of missing data was a limiting factor in this study. On one hand, this study considered a tremendous amount of data on a multitude of variables. On the other hand, there was a corresponding amount of data missing from both the case files and the SACWIS reports. It is unknown why information was missing from these sources; possibilities include researcher and/or caseworker oversight, as well as documentation issues or noncollection of information by caseworkers because it was not applicable to the case. Furthermore, some information occasionally varied between case file documents and SACWIS reports. Because SACWIS is a statewide system, sometimes data are not entered accurately or are entered inconsistently between counties. The researchers reconciled dates and information that was contradictory or incomplete. In an effort to maintain consistency and reliability of the data collection process, we had regular internal discussions about the data collected, appropriate categories for data storage, and emerging patterns from the data. However, we acknowledge that there may have been inconsistencies in data collection and coding among the researchers.

The last limitation relates to the sampling design for the study. Although the nonprobability, purposive, and convenient sample is appropriate for this type of mixed-method study, there are some limitations in regard to the generalizability of the findings. First, the sample is not necessarily representative of all child welfare cases in the county, as we focused on specific negative events for comparison purposes in the larger study. However, the cases selected for this study are "typical," in that we used a stratified random sampling approach to avoid choosing cases that were extreme or unusual in some way. Thus, while the results of the study are specific to this one county, the explicit percentages and means reported should not be used as an indicator of child welfare outcomes in the state or the United States.

Discussion and Implications for Child Welfare Practice

The most intriguing descriptive findings from the study related to child functioning, parent mental health and substance-abuse problems, domestic violence in the home, and caseworker involvement. The following discussion attempts to further explore the implications of these findings in the context of child welfare practice.

Child and Parent Functioning

One predominant factor in child welfare case outcomes emerging from this study was child functioning. Fifty-six percent of the children had a behavioral problem (e.g., delinquency, substance abuse, symptoms related to mental health problems) and 37% of children had a mental health diagnosis.

Only 23% of children in the sample were taking psychotropic medications. As stated previously, this is a concern, as behavioral symptoms indicative of mental health disorders were described in the majority of children in the cases reviewed; however, two-thirds of the children in this study received no referrals for mental health evaluations.

The major concern in regard to child functioning is that less than half of all states routinely assess children entering foster care for mental health problems (Kerker & Dore, 2006). Kerker and Dore report that between 40–80% of foster children have significant mental health problems; however, only about 23% receive mental health services each year. They advocate for caseworkers to be better trained on how trauma affects children, the use of screening tools for early assessment, the provision of early service referral instead of waiting for problems to develop, educating foster parents to look for signs indicating a need for a mental health assessment, and the use of wraparound services to prevent placement disruption.

Another predominant factor in child welfare outcomes emerging from this study was parental functioning. Fifty-four percent of parents had a mental health diagnosis. Furthermore, 18% of parents were taking psychotropic medications, while 8% had experienced psychiatric hospitalizations for their mental health issues.

According to Mental Health America (MHA) (2008), 16% of families involved in the foster care system in New York include a parent with a mental illness. MHA reports that parents with mental illness lose custody of their children 70–80% more often than parents without mental illness. The primary reasons for this result are the severity of the illness and the absence of other competent adults in the home. Although mental illness by itself is insufficient to establish parental unfitness, symptoms such as disorientation and adverse side effects from psychiatric medications may demonstrate parental incompetence. Furthermore, the loss of custody can be traumatic for parents, which can exacerbate their illness and make it more difficult for them to regain custody.

The number of parents with Axis II diagnoses in this study also raises the important question of what can be done to ensure safe and appropriate parenting. As indicated by the MHA, would a healthy, supportive parent or partner in the home be one way to protect the child? Moreover, if parents with mental illness are more likely to lose custody of their children, it is important for adoption caseworkers to disclose the birth parent's history to the adoptive parents. This is especially true in the case of birth parents who have a diagnosis that could be inherited. Additionally, it is essential to plan ahead and refer the adoptive family to services that may prevent the later development of mental health problems in the adopted child.

Children and families in this study did not always receive adequate mental health screening or services appropriate to their needs. One recommendation made to the Children, Youth, and Families Division was increased attention to ongoing training for caseworkers focused on improving assessment of child and parent mental health problems. For example, caseworkers need more education on identifying behavioral problems and mental health symptoms, so that earlier service referrals can be provided and they can work more effectively with families and caregivers to address the mental health needs of the parent and child.

Parental Substance Abuse

The prevalence of parental substance abuse (76%) was another major finding from this study. In 1999, 85% of states identified substance abuse as one of the top two problems facing families reported to child protective services (Child Welfare Information Gateway, 2008). Substance abuse creates a complex set of choices for child welfare professionals, who must determine the safest option for children

whose parents may or may not recover from their addiction (Connect for Kids [CFK], 2008). Additionally, depression and other mental health issues often accompany the use of substances, which confounds parental personal problems and leads to erratic and abusive parenting behavior (CFK, 2008).

Although the researchers found that, overall, the Children, Youth, and Families Division was providing services for parental substance abuse, the co-occurrence of parental substance abuse and mental health problems appeared to need additional attention to ensure that services appropriately and holistically matched the issues within the family. Additionally, it was recommended that the child welfare agency, substance-abuse treatment providers, and mental health service providers work together to develop a seamless service delivery system for the families involved in the child welfare system.

Domestic Violence

Domestic violence is a critical concern for children and families involved in the child welfare system. This study found that 45% of the families experienced domestic violence; 52% of parents had criminal charges that, in some cases, included assault and domestic violence. Research indicates that children exposed to domestic violence are at increased risk of being abused or neglected, and that there are both adult and child victims in 30–60% of the families that experience domestic violence (Appel & Holde, 1998; Edleson, 1999). The Child Welfare Information Gateway (2008) reports that although marital conflict and domestic violence alone do not cause maltreatment, they do contribute to negative patterns of family functioning.

Due to the high incidence of domestic violence among the parents in this study, researchers suggested that the Children, Youth, and Families Division review services aimed specifically at addressing the causes and effects of domestic violence on families in the child welfare system and ensure that these services addressed both victim and perpetrator needs. Furthermore, additional funding was recommended to help the child welfare agency better address domestic violence in the families with which they work.

Caseworker Involvement

In this study, the average length of child welfare involvement was, approximately, three years; the mean number of child welfare workers, per case, was 3.8; and children had an average of 3.2 out-of-home placements. These statistics suggest that, on average, each child was assigned a new caseworker every 10 months and experienced a new placement every 11 months.

Concerns about caseworker involvement were discussed with the Children, Youth, and Families Division. According to the Children, Youth, and Families Division managers, the agency has specialized intake and ongoing units that focus on the different needs and functions of investigation and case planning. This results in practice that assigns a minimum of two caseworkers to each incoming case. However, the county has been diligently working on decreasing caseworker turnover through recruitment and retention efforts. Although caseworker retention and turnover are thought to have a large impact on families involved in the child welfare system, a larger challenge is the ability of caseworkers to work effectively with the diversity and complexity of each case (Ruch, 2005). Lee and Ayon (2004) found that a positive relationship with a caseworker was associated with improvements in parental coping skills, discipline, and the emotional and physical care of the children. Wells (2006) also stresses the importance of caseworkers developing rapport with both the child and parents so as to create a more cooperative environment. Typically, however, relationship-based practices do not occur because caseworkers are focused on the complexity of their cases rather than on building relationships with their clients (DeLong-Hamilton & Bundy-Fazioli, 2011).

Although caseworker turnover was an area the Children, Youth, and Families Division managers appeared to be addressing, this matter will require continual attention to ensure that caseworkers receive the support they need to effectively build relationships with the children and families that make up their caseloads.

The most intriguing descriptive findings from this study are also major concerns that most child welfare agencies face daily regarding the families with which they are engaged. Across the child welfare cases reviewed in this study, the most frequently identified issues included child and parental functioning, parental substance-abuse problems, domestic violence in the home, and adequate caseworker involvement. Child welfare agencies and service providers need creative and innovative solutions and further research to address these concerns and support practice changes that ensure and enhance the safety, permanency, and well-being of all children.

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