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Preface

This volume provides a foundational overview of the means by which the United States (and, to a more limited extent in coverage, other peer nations) endeavor to protect children from child maltreatment and related harms. Readers will be exposed to the best evidence available on the ways that child welfare and ancillary services operate and the results they achieve. This entails a comprehensive review of recent scholarship on scores of child welfare topics. This is not a scientific treatise, in the purest sense. We do not support every assertion with a scientific citation. Nor is it an effort to analyze child welfare policy implementation, *per se*, although that is certainly the focus of much of the research we do cite. Nor is it a condemnation of child welfare because of the aspirations it has never fulfilled. This is an effort to cover all the areas of information that we have access to in order to depict what child welfare does and how well it is done.

In this volume, we also draw upon our own research, some involving quantitative analysis of large-scale administrative and survey data, from intervention research, and from qualitative studies drawing on the lived experiences of children, birth parents and other caregivers, and social workers. We have all been actors in or with child welfare services for many years, variously serving as child welfare professionals and resource (foster) parents, learning from countless encounters with graduate students and field instructors committed to child welfare services, and contributing to many decision-making bodies. Our combined experiences of more than two centuries of child welfare work have taken us across many national boundaries and resulted in more than a score of books and hundreds of scholarly publications. Taken together, our research has been cited more than 60,000 times and has influenced much program development and policy over the last 40 years.

Our review of the evidence suggests that in spite of several shortcomings, child welfare services, overall, have lifted up and protected many lives and that the weight of the evidence indicates that the work is meaningful and that child welfare addresses the families that are most vulnerable, whose children otherwise have the bleakest outlook. We also recognize that many barriers may hinder a family's transformation. Significant among these are an American history of structural inequality that continues to be expressed in limited social

mobility and intergenerational poverty. Efforts to interrupt intergenerational cycles of inadequate parenting are, also, often complicated by co-occurring challenges such as substance abuse disorders, mental illness, or domestic violence—factors that can dim the likelihood of unequivocal success.

We hope to engage readers in understanding what an educated individual should know about child welfare as well as provide opportunities for deeper understanding for those who want to further pursue some of the trails we begin to illuminate. To do this, we endeavor to provide meaningful ways to conceptualize, assess, and improve child welfare services. This includes explaining the often conflicting purposes of child welfare; the key activities involved with child welfare; special issues that arise because children involved with child welfare are often traumatized by their experiences before and, sometimes, during and after services; who is at risk of needing child protection; the service “careers” of children involved with child welfare; the engagement of adolescents in child welfare (as youth bring their own behavioral risks to the experience); recognition of the importance of the child welfare workforce; awareness of controversies that animate the field; and identification of key future directions and how we might proceed to imagine and test innovations.

One way that we have sought to contribute to the understanding of child welfare is to keep our usage of terms reasonably strict. We generally do not discuss “child welfare systems” because we do not see a definable system in place. We do use “child welfare services” (CWS) to refer to the activities of the public agency that is most fundamentally responsible for protecting children. Although CWS has historically also been referred to as child protective services (CPS) we observe that in many agencies CPS is a term restricted to the part of CWS agency that does child abuse screening and investigation. CPS is, essentially, only one function of CWS. We like this distinction and have tried to adhere to it, although imprecise terms like “child welfare system” have a long legacy and are part of the scholarly work we cite and, sometimes, the way we talk to each other.

As scholars, our writing in this book largely adheres to academic conventions—but we also make space for emerging ideas and initiatives that have not yet demonstrated impact or scalability. These are most prominently captured in our *Glimmers of Change* inserts, which underscore the potential of imaginative, strategic efforts—drawing on a wide array of public and private resources—to protect children and strengthen families.

GLIMMERS OF CHANGE 0.1
PROMISING INNOVATIONS IN CHILD WELFARE

Throughout this book, *Glimmers of Change* inserts highlight promising efforts to strengthen child welfare services—whether through innovative policies, frontline practices, or agency-level reforms. Presented as emerging models that warrant further evaluation, these snapshots illuminate new and evolving strategies that dot the children’s services landscape. Each example features one or more contemporary initiatives that embrace flexible, compassionate approaches to supporting children and families in the United States and beyond.

Child welfare is shaped by two historic arcs—one emphasizing the lasting harms that child maltreatment commonly creates and the value of protecting children’s capacities to grow and thrive, and the other giving more due to the resilience of families and the lifelong importance of familial connections. The tensions that arise from these competing perspectives have long shaped the child welfare field and continue to do so today. Fully addressing the many contested ideas that emerge from these tensions would require a volume far larger than this one. To acknowledge and explore these complexities, we have included *Critical Debates* inserts throughout the book (see Table 0.1). We believe that some of these tensions are inherently paradoxical and will probably never be fully resolved, while others may find solution through future investigation and dialogue.

Table 0.1 Critical debates: Tensions, questions, and controversies in child welfare

Argument	Counterargument
Throughout this book, <i>Critical Debates</i> boxes present key tensions, questions, and controversies shaping the field of child welfare. These features are intended to deepen readers’ understanding by highlighting areas where values, evidence, and perspectives may diverge—encouraging thoughtful reflection on the complex and often contested nature of child welfare policy and practice.	<i>Critical Debates</i> boxes are visually structured to emphasize contrast, with two side-by-side columns presenting distinct perspectives or conceptual tensions. This format invites readers to consider both sides of complex issues and to engage more deeply with the dilemmas and decisions that define the child welfare field.

We are grateful beyond measure to those from whom we have learned and to those who have collaborated with us to generate new ideas, test those ideas, sharpen our analytic skills, and support us in our work. This includes our families, our mentors and academic colleagues, our PhD students, our colleagues working to deliver child welfare services, many other scholars whom we know only through their writings and social media, and individuals with lived child welfare experience. You are too many to mention but we hope we have told you, before now, what you mean to us. We are fortunate that we have never had to explain to them why understanding child welfare is among the greatest challenges—and most important causes—of our time. We hope this volume properly reflects their ideas and builds on them, thereby supporting our shared hopes to better understand and sustain the children and families we have long endeavored to assist. Special thanks to Kate Greco for her exceptional editorial assistance on this book and to Sabrina Vargas for leadership on the *Glimmers of Change* features.

If this volume falls short in enhancing the understanding needed for greater support and effectiveness of child welfare services, we hope that we have, at least, left readers with accurate impressions of what child welfare services intend to do, what has been tried, and what the field might do next. We have endeavored to offer readers a sturdy platform for greater success in one of the oldest, most important, and most compelling tasks ever—creating a society for children that is better than what we have now.

RPB, JDB, MJR, AG, JKPG, JRG, BD

1. Understanding the aims and tensions of child welfare services

Child welfare services (CWS) are designed to respond to the public's interest in protecting children from danger, degradation, and trauma. That mission is supported by the public who is committed to providing effective protection for children when their safety is under threat from parents or other caregivers (Christian & Geen, 2023). To address that public responsibility, all Western industrialized countries have developed CWS designed, in part, to provide for children's safety, to support family stability, and to enhance the well-being of children who have been abused or neglected or are at risk of abuse or neglect (Geen & Cooper, 2023). But these goals, which appear straightforward in principle, are remarkably difficult to implement in policy and practice, and they are poorly understood by members of the lay public. In this book, we attempt to describe the fundamentals of child welfare, to explain foundational child welfare system designs, to uncover some of the main challenges that compromise states' abilities to realize these system goals and provide understanding that could lead to improved outcomes.

Because children are typically raised by parents in their families, the interests of both parents and children are at the center of child welfare. Parents have a unique and privileged role to raise and care for their children. In the majority of families, these caregiving tasks occur in private, away from public scrutiny or surveillance. The responsibilities we place on parents in the USA, Canada, and the UK are significant. Compared with many Western and Northern European countries, which offer a range of universal services to families, parents largely care for their children in private. Parents are responsible for ensuring their children are educated, though in all countries universal educational services are available in primary and secondary school. They are responsible for ensuring their children receive adequate health care services (with some exceptions for religious beliefs), and efforts over the past thirty years have expanded access to health care services, including for low-income children. We also expect parents to provide minimally sufficient standards of care, and we expect parents to be responsible for protecting their children from harm.

All harms, of course, cannot be prevented, especially when parents are subject to extreme environmental conditions that compromise their parental capacities. During times of war, famine, extreme weather events, or other crises, parents generally do their best. But under more typical circumstances, parents are expected to ensure children's minimum safety needs are met. Parental behaviors that are intentional and harmful clearly fall under the jurisdiction of child welfare in most countries. Harms that result from unintentional parental behaviors may or may not be considered appropriate for a child welfare response. As an example, many jurisdictions have regulatory restraints on using formal child protective services for parents who are extremely poor or homeless even though this undoubtedly may create developmental harms and can be degrading for children. In contrast, a parent who has housing but makes a child sleep outside or in a locked closet would rapidly be investigated for child maltreatment in many US jurisdictions.

Just as our expectations of parents and parenting are quite diverse, community standards about the nature of childhood, minimum standards for safety, and the state's role in securing children's developmental well-being are widely disputed. In order to protect children from harm, there must be relatively common agreements about the boundaries of childhood as well as the definition of harm. But childhood itself is not an agreed upon construct. For example, the age of majority is 18 for many purposes across countries, but in the UK, children can join the military at age 16; age 17 in Canada and the USA. Clearly, the public's tolerance for protecting children declines as they age. Similarly, state definitions of safety differ widely (discussed in more detail in Chapter 2). Is it safe to leave an infant in the care of a 6-year-old? Is it safe to spank a child at all? If so, is it acceptable to spank a child younger than one year of age? Is it significantly worse if you leave a bruise? Can an 18-year-old youth who leaves foster care without meaningful connection to family be expected to live safely?

1.1 PROTECTING CHILDREN FROM MALTREATMENT

Some countries take a narrow perspective on the purpose of CWS, using CWS as a mechanism to protect children from the harms associated with child maltreatment. At the far end of that continuum are efforts to protect children from death. Every year, several thousand children are murdered by parents (and other family members) across the US and Western Europe. (The number of filicides is unclear across the globe, as a whole.) Estimates suggest that nearly 2,000 children—mostly infants and toddlers—die in the USA, an increase of over 18 percent over the past five years (Children's Bureau, 2024b). And while the increased official mortality rate is cause for concern, some evidence suggests that the number of maltreatment related deaths is likely much higher

(Commission to Eliminate Child Abuse and Neglect Fatalities, 2016). Most child fatalities are handled, initially, by CWS to gain understanding of what happened and what it indicates for the safety of other children who may be in the home. These cases may, eventually, be referred to the legal system for criminal trial, depending on the country and jurisdiction. Most children hurt by their parents are not killed, of course.

Maltreatment can include a range of harms associated with physical abuse or sexual abuse. Some evidence suggests a decline in child sexual abuse over the past couple of decades. According to Finkelhor and Jones (2012), various data sources suggest an absolute decline in the incidence of child sexual abuse, though evidence of the causal mechanisms behind this decline is inconclusive. Regardless of the trend, any sexual abuse is harmful and degrading to children and deeply inappropriate (discussed in greater detail in Chapter 2).

The evidence on trends in physical abuse is less clear. Various data sources suggest that the incidence of violence against children may be declining, but that physical abuse by caregivers has remained relatively constant over time (Finkelhor et al., 2010). Physical abuse can leave many lasting physical and psychological scars, also discussed in more detail in Chapter 2. Maltreatment may also include significant emotional or psychological harms.

The large majority of children served by child welfare across most Anglo-Saxon countries are not sexually or physically abused, but they experience harm or danger relating to neglectful behaviors by parents. Neglect often includes acts of omission (e.g., a parent who leaves an infant unattended for several hours, leaves a young child at home without supervision, or refuses to pursue medical care for a child). Many states define maltreatment based in part on the parent's actions (or inactions) as well as evidence of harm to the child. CWS provision to older children, in the USA, often involves a parent's inability or unwillingness to care for a child in educational or legal peril or who is self-harming. CWS involvement may be at the parent's request or based on a report from a health or educational professional.

1.2 PROTECTING CHILDREN'S WELL-BEING

Child welfare is a more broadly conceived service system in some countries, particularly in Western and Northern Europe. There, the narrow focus on child maltreatment and children's safety, the dominant approach in the USA and Canada, is instead focused on a larger group of children who might be "in need" for any number of reasons, including threats to children's overall well-being and development. Children and families who experience threats to their health, development, mental health, or well-being may be identified as appropriate for a range of child and family support services in these countries (Berrick, Gilbert, & Skivenes, 2023). England and Wales fall into such a

category from a statutory perspective, but in practice, they actually resemble the USA and Canada more than their Western European neighbors. England and Wales have a mandate to serve all children “in need” of services that go beyond what is universally available to all families, but due to funding availability and other factors, the main focus of child welfare is to “safeguard” children who are determined to have experienced maltreatment (Thoburn, 2023).

1.3 DEFINING A BROADER PURPOSE

Regardless of whether CWS are designed to respond to a narrow or broad conceptual need, these publicly funded endeavors are an investment in improving the quality of life for all who have a stake in society (Currie, 1997). As described in further detail in Chapter 2, children who are maltreated are especially likely to experience a range of negative adult outcomes that raise the risks of harm to the well-being of extended families and communities. Children’s safety and well-being is ultimately consequential for every one of us.

In order for children to be raised safely, parents must engage in *safe enough* behaviors. CWS staff generally recognize that parents may have problems, lapses in their recovery, or moments when their mental or physical health keeps them from providing adequate care. In these cases, CWS is designed to recognize these limitations, to provide protective action, and to assess the likely magnitude and continuation of these risks against the protective factors in the child’s extended resource network.

Yet, ultimately, parents’ actions must reflect their acceptance of the significant responsibilities and the privileges of rearing their children. The relationship between parent and child is a right of status, not of property. When children are harmed by parents, CWS have a responsibility to respond. CWS provides information and training to professionals from the community (and in some cases to the public at large) to understand the dangers of child maltreatment, the signs of child maltreatment, and the expected actions to be taken when they have a reasonable suspicion of maltreatment. CWS work best when they have the resources to staff their child abuse hotline with experienced screeners who can talk with concerned community members about their concerns and who can communicate reassurance about the agency’s expected actions. This includes the general reassurance that information available to the CWS agency will be used to help make informed decisions about next steps.

Child welfare professionals who respond to community referrals face a challenging task. Their goal is to engage parents in ways that ensure that they have the capacity to provide safe parenting. Depending on the parent’s circumstances, this may include offering various forms of concrete assistance or referrals to agencies or organizations that provide a range of services to address parenting behaviors and reduce the likelihood of future maltreatment. This

may also include limited concrete and financial assistance to remedy immediate risks that may be present in the home environment (e.g., infestations or lack of heat), or it might include drug treatment, mental health services, or support in disrupting intimate partner violence.

Some parents readily accept services; others hesitate about using them, or rebuff them altogether. Sometimes, this refusal is on the advice of others that accepting services suggests that they are not providing adequate care. Distrust, fear, incapacity, or other reasons may hinder parents' voluntary engagement in services. Skilled social workers, many of whom use motivational interviewing (Forrester et al., 2021; Hohman, 2021) and other techniques, attempt to engage parents in services that can help parents change the unsafe circumstances of family life without positioning the CWS agency as forcing change. Involvement with CWS does seem to increase parents' uptake of some services (Rittenhouse et al., 2024) but considerable evidence suggests that common parenting programs given to CWS families are often not attended or not very effective (Barth, 2009).

As will be described in the pages that follow, the offer of services is designed to support safe parenting so that family life is appreciably improved for children. In the majority of cases, referral to community-based service is the principal offering. In a quite small minority of circumstances, children's safety may be so compromised, or their risk of harm so high, that children and parents may be separated with children removed to out-of-home care. This is an increasingly rare outcome; less than 5 percent of investigated child abuse reports result in out-of-home care (Drake et al., 2023). Separating children from their parents and placing them into foster care is the most intrusive intervention available to CWS. In some cases, separation may be viewed by the public as a blunt and traumatizing instrument, but separation is now a relatively *uncommon* intervention. Far greater is the likelihood that a child abuse report will be followed by nothing at all (because the call is screened out as not fitting the responsibilities of CWS), or the child is determined sufficiently safe, or the family is provided with brief in-home services.

At the center of CWS is children's well-being in the context of their family. All countries place a very high priority on children's sustained connections to family—however a family is defined by any cultural group. Family ties maintain children's understanding of their faith, racial/ethnic identity, language, customs, and history. CWS therefore endeavors to strengthen and uphold family connections, and to support healthy family behaviors that contribute to children's well-being. These values are critical for children whose risks place them across the spectrum of CWS. They are especially important to embrace for children who must be separated from parents and placed into out-of-home care. Reliance on family members for children's care when they cannot remain home—referred to broadly as kinship care—is a widely accepted practice and

one that is favored in public policy in many countries. In the USA and Canada, policy preferences toward kin are especially clear for Native American (USA) and First Nations (Canada) families, shifting practice from *should* place with family or tribe, to *must* place with family or tribe.

1.4 WHY IS OUR UNDERSTANDING OF CHILD WELFARE DEBATED?

Public concern regarding protecting children from parental harm is strong, but public support for the child welfare system is generally ambivalent. Moreover, child welfare professionals, researchers, and advocates have mixed views on a range of topics relating to the delivery of services to families. Why does something as seemingly straightforward as how to “keep kids safe” end up generating a minefield of complexity and heated disagreement? In short, the controversies lie at the heart of a series of fundamental questions about public responsibility for children as well as family sanctity and privacy.

There is broad public support for children’s safety and well-being (Geen & Cooper, 2023). Generally, the public recognizes that we all benefit when children are raised in good health, when they are well educated, and when they have a childhood that is safe and free from significant developmental harm. We entrust parents with the principal duty to ensure children’s experiences of safety and well-being and are willing to stand behind professionals—e.g., teachers and doctors—who help parents to fulfill that trust.

But when parents do not or cannot offer minimally sufficient levels of safety what then? Who is responsible? Family members may offer support, and other community members may do so as well. But CWS is the state-supported agency that is designed to respond when these private mechanisms fail. Why is that effort so contested? Because engaging with highly troubled families requires a series of decision points and action opportunities that may pit fundamental values about family privacy and child well-being against each other. Finding the “sweet spot” in that values-based tug-of-war is anything but straightforward. Whether the issue is about identifying children who may be harmed, determining eligibility, or serving families, every choice point involves a delicate balance that may find favor with some, but disfavor with others.

1.4.1 Identifying Children Who May Be Harmed

As a starting point, if a state’s CWS program is designed to respond to children whose families have been unable to keep their children safe, how does a child welfare agency find out if a child is in need? Hard choices must be made as to how intrusive actions can or should be, to detect risks to a child. These range from expecting children and parents to report their needs to CWS, to expecting

every citizen to be responsible for reporting reasonable suspicions of child maltreatment.

Perhaps CWS should respond only to children who voluntarily ask for help. One major flaw in such a design is obvious: very young children have no capacity to call for help, so the most vulnerable children would not be heard. Older children may not know that they are being treated in a way that is not acceptable or lawful (or what they can do to stop it). Family members who have had adverse experiences with agencies might also be aggravated by such a child-initiated request for outside help. Adults may also minimize children's concerns, which would place an extra burden on children and youth to make assertive claims about harm.

A second alternative relies on parents to voluntarily come forward, disclosing that they cannot or will not keep their child safe. Such a service design might work well for families who are unable to and therefore *cannot* maintain safe living conditions for their child due to poverty, ill-health, significant disability, or other factors outside of their control. These parents might recognize that they are not meeting the basic standards of adequate parenting. An approach like this to provide a place for parents to drop off (rather than abandon) newborns has had some success in the USA's Safe Haven movement (Bruce, 2016). But such a service design would likely fail the children whose parents *will not consistently* keep their child safe, likely due to the parent's own behaviors or the behaviors of other adults in their close circle. Some countries do rely on parents to make the major decisions about the kind of help they seek including, even, voluntarily relinquishing parental rights if they believe this is better for their child's future—whereas others give parents less privilege in deciding CWS involvement and outcomes. Parents certainly should have many penalty-free pathways toward requesting help that keep them from deeper involvement with CWS. This is a growing premise of CWS in the USA but one not yet well developed.

Given the limitations of parents and children requesting help, signals of concern therefore also need to come from sources other than the child or parent if we expect to help children whose parents are harming them or are at grave risk of doing so. Most Western industrialized countries, including the USA, UK, and Canada have reporting laws that allow members of the public to make referrals to CWS when they identify children whom they reasonably suspect are maltreated. Depending on the jurisdiction, some members of the community might be required to report (e.g., medical professionals, teachers, etc.) whereas other jurisdictions might rely on voluntary reporting. Such mandatory reporting covers many categories of service providers and professionals in the United States—far less so, or not at all, in other Western countries. Nineteen states in the USA expect reporting from any member of the public who has a reasonable suspicion of child abuse or neglect (Ho et al., 2017).

Mandatory reporting is not without its detractors. Only a small fraction of reports will receive further assistance from child protective services (CPS), raising questions about excessive reporting, state surveillance, and whether these reports yield the intended return on improved child safety. Moreover, community reporting may reflect underlying community dynamics that are points of distrust or difference. For example, Black children are more likely than White children to be reported for child maltreatment in most US jurisdictions. Understanding the extent to which these higher-than-average referral rates reflect a higher prevalence of maltreatment among Black children, general concerns about the well-being of Black children, racial bias on the part of community members, or some fraction of all of these factors is consequential to our understanding of child welfare and to public trust in this important institution. So far, the preponderance of the evidence is that African American children are more likely to be maltreated (Sedlak et al., 2010) and to die from maltreatment (Children's Bureau, 2025a). This may vary by locality. Under-protection by CWS may occur, in part, due to a reluctance to engage with families because of the perceived unfairness of disproportionality or concerns—warranted or not—about the outcomes of foster care. Regardless of the contributors to reporting, and despite the increases in reporting, child maltreatment in the USA has recently become one of the most common causes of child fatalities—surpassing flu, pneumonia, and automobile accidents (Bullinger et al., 2020).

Mandatory reporting may also have influence on community members' engagement in securing children's safety. Does reliance on CWS keep each of us and our institutions from stepping up to a higher responsibility toward children's care and protection? Mandatory reporting could also amplify the role and power of the state rather than distribute it to other institutions (e.g., religious organizations or schools). For example, some jurisdictions are experimenting with "mandatory supporting" rather than "mandatory reporting" as a strategy to engage schools as sites for food, clothing, after-hours care, and transportation in order to address children's needs (County of Los Angeles, n.d.). Whether such support will become part of the education system's focus and budget is to be determined. Whether "mandatory supporting" is sometimes followed by reporting (when the risks of maltreatment are high) is also yet to be known.

States have choices about the design and structure of the signaling mechanism they may employ when a child is unsafe. Each choice about child abuse reporting offers a layer of protection for some children, but has other impacts that are consequential for parents, families, and communities. For example, one American state (Nebraska) inadvertently took the age limits off the Safe Haven laws and parents of adolescents from across the region brought their troubled teens to have the state care for them (Donnelly, 2010). This was a

strong signal that the needs of parents with challenging adolescents were often unmet but was well beyond the capacity of any one state to address. It is no wonder that the placement and size of the “front door” to CWS is ripe for competing ideas, where reasonable people might disagree about who can be sent to the front door, how easily they should enter and leave, and what awaits them if they go in or are referred away.

1.4.2 Assessing Harm and Danger

Among the over seven million children who were referred to CPS in the USA in 2022, almost 600,000 were subsequently assessed as “victims” of child maltreatment and another 300,000 were not substantiated as victims but all of these children received CPS services (Children’s Bureau, 2024b). Were these children truly maltreated? Were they unsafe or at substantial risk of harm? And were the children who were turned away actually safe? Determining who can benefit from CWS is perhaps its greatest challenge. Child welfare suffers from an *over-service* and an *under-service* problem. Lack of understanding about how to best focus services on families who can benefit contributes to prolonged and difficult public debates about its appropriateness and legitimacy. Determining who is eligible for a CPS response is enormously complex as eligibility hinges on a commonly accepted and objectively identifiable definition of “safety.” Such a definition does not currently exist.

Instead, the decision about whether a child is “unsafe” enough is based upon many normative standards about child rearing. These include questions about appropriate vs. unsafe discipline, supervision, intimate contact, health, education, and control. These are competing ideas, widely debated across countries and across cultures, and they shift over time. We should anticipate that states rooted in different cultural, religious, and historical backgrounds would determine eligibility for services quite differently from one another. Moreover, as population diversity increases within country borders, we should anticipate multiple understandings of children’s safety, harm, and well-being. Assessing children for maltreatment is made more complex by the conditions under which child welfare professionals conduct their investigations following a report of suspected child maltreatment. Some states in the USA, in an attempt to privilege family privacy and not prolong intrusion that may be unnecessary, apply strict timelines to child welfare investigations, giving social workers only days or weeks to determine whether a child is sufficiently safe to allow the family their continued privacy. Because child protection is considered an intrusive intervention that compromises family privacy, child welfare professionals who have the role of assessing child abuse reports must act with quite limited information to determine if a child’s condition and circumstances fit within the statutory framework that allows for an involuntary engagement by visiting

their home and requesting entrance. The time pressures associated with deciding whether to continue with an investigation can make an assessment about the nuanced circumstances of an individual family quite challenging. Errors will sometimes happen. CWS often receives multiple reports about families before they decide to send out a child welfare investigator and they may conduct several investigations before opening a case.

Some agencies expect families to be motivated and resourceful to address their parental shortcomings whereas other agencies provide as many concrete resources as they can to families from the moment they begin the investigation process (and after). Some states now require evidence that CWS personnel have made needed and allowable expenditures to address poverty before any court action is taken.

The 30- to 60-day time limit on assessment and investigation is characteristic of most US and Canadian systems. In other countries, such as Finland, the assessment process coincides with the lengthy deployment of voluntary services (sometimes for years). There, a determination about the need for out-of-home care would typically occur after a long duration of services, supports, and family monitoring. Social workers in Finland have more information available upon which to make a determination about safety, but families are intruded upon and their privacy is jeopardized to a far greater degree.

Given the time constraints on social work decision-making, and in an attempt to make decisions about eligibility more uniform and therefore more fair, some countries have developed assessment tools (the USA and Canada, for example), or assessment frameworks (the UK) that support social worker decisions. These strategies hold promise for making responses more uniform, especially concerning severe or extreme circumstances. But given nuanced cultural differences in child rearing within countries, these tools may not be responsive to cultural variation in parenting and the well-being conditions for children that follow. Determining whether universal or culturally adapted definitions of maltreatment will be applied within a state can be consequential. In the USA and Canada, for example, significant discretion is given to the tribes and Indigenous communities to determine eligibility for services.¹ In the USA, efforts are often made to try to “match” workers to families of similar racial or ethnic backgrounds to help ensure cultural humility and specific cultural knowledge that might increase the likelihood of a successful outcome. This

¹ We note that there is a lively discussion about the appropriate terms for designating Indigenous peoples in the USA and other countries. We recognize that these terms are debated even within Indigenous communities. We have endeavored to use a range of terms throughout the book so as not to privilege one term over another. Readers will recognize the terms *Indigenous*, *tribal*, *American Indian*, *Native American*, and *First Nations* used throughout.

is less formal than the approach taken in countries such as Lebanon or the Philippines, where different child welfare laws and practices apply to different cultural or religious groups. In contrast, in countries such as Norway, a universal standard is explicit in policy and is applied to all children, regardless of a family's cultural traditions, based on assumptions that the rights of children should be universally applied.

As states make efforts to determine common understandings about maltreatment and safety, they also need to determine when or if the state should intervene. A child may be unsafe, but how unsafe? How much danger should a child experience before the state should take action? How much harm is the public willing to tolerate before a family's freedom is interrupted? Setting the bar high will result in fewer children served, and graver danger to those children. At the same time, however, the higher the threshold, the more likely the child's suffering will be objectively identifiable and therefore more universally agreed upon. Fewer parents will also experience an intrusion on their family autonomy and their freedom to parent as they see fit. These are uncomfortable trade-offs, but they highlight another aspect of child welfare that should be regularly debated.

1.4.3 Parent Voice / Child Voice / State Choice

Who decides if a parent will engage in the services offered? Imagine a child who has been harmed by a parent and the child is suffering. A community member sends a signal to the child welfare agency that the child is unsafe. CWS staff assess the child and family's circumstances and endeavor to offer services to prevent future harm. Perhaps the child is placed into a foster home and wants to stay there until her family engages in services, but the parent declines and wants the child home. Whose voice is privileged? A recent case in Pennsylvania granted a child's wish that she remain in foster care despite her mother's objections because she felt unsafe in her mother's home. In this case, the child's voice was privileged, in part, because of agreement from the CWS agency and several professional counselors who had worked with her. Yet, we also know of many cases where youth in out-of-home care have pleaded to go home and not been allowed to do so.

Some competing ideas will always animate child welfare because the parties involved may have very different values, goals, and interests. CWS generally tries to give parents maximum power and authority to engage in services (or not to participate) but allows leeway for the state to override parental authority if the child's safety is at stake or if an older child offers a legitimate alternative to the parent's proposed plan. Children's ability to have their ideas compete with others is, generally, undefined, although there are exceptions (e.g., older children can always veto adoption). Generally, however, hearing from children

in court, through Court Appointed Special Advocates, and in Family Meetings is considered a component of excellent practice.

1.4.4 Determining a Service Response

Another area of controversy in child welfare is determining what to do once a child has been identified as harmed. Regardless of the voluntary or involuntary nature of a parent's response to service availability, determining the right service to match the family's needs is not straightforward. English law stipulates that the child welfare service response must be proportionate to need. The goal is to offer services that are least restrictive to the child, and least intrusive to the parent. Countries such as the USA and Canada claim to embrace a preventive, graduated approach to services, but these countries provide far less funding for prevention services than they do for out-of-home care. More important, the evidence base on services designed to mitigate risk of maltreatment or of placement into out-of-home care is fairly thin.

The public may demand that CWS "do something" about a child who is experiencing harm, but what to do and whether it will "work" to change parenting behavior is not certain. There are no magic pills in child welfare; even when enrolled in evidence-based programs, parenting behaviors and the lingering effects of trauma experienced by children are likely slow to change. However, we must caution that more longitudinal research is needed to unpack the effects of evidence-based programs. Generating scientific evidence is often challenging, as change is often disrupted by other adverse life events that parents and children experience, and there are numerous barriers to implementing and sustaining these programs, rendering it difficult to make any definitive conclusions. To make matters more complex, the short-term timelines of child welfare are rarely a match for the long trajectory of difficulties that brought a family to CWS and will probably follow them long after CWS. Involvement with CWS is often multi-generational (Putnam-Hornstein et al., 2015); interventions that would markedly reduce harm may also need to be far more lasting.

1.4.5 Protection from Severe Harm

When less extreme interventions have been offered and failed, or when circumstances are extreme, dramatic action may be necessary. In some limited circumstances, children may need to be separated from parents either temporarily or permanently. State actions to separate children are extraordinarily intrusive and should meet a very high bar of legal scrutiny and due process. The public should feel confident that less intrusive measures were available and offered, if possible, and that the intervention is proportionate to need.

When errors occur—for example, when children are not removed and they are badly hurt or killed—public scorn for child welfare professionals and “the system” can be swift and harsh. The public is sometimes made aware of errors in the other direction as well; when children were removed without sufficient due process or kept from their parents without suitable legal review. These stories, too, reduce public faith in child welfare and raise questions about the system’s credibility as a protective arm of the state.

Children who are separated from their parents after a CPS investigation determines that they are not safe at home are often placed with extended relatives. In many jurisdictions these relatives are first vetted to determine their safety and appropriateness as children’s caregivers. This includes, at minimum, criminal records checks and checks of the child abuse registry. In other jurisdictions the checks on kin are minimal. In either case, questions about the role of the state in assessing kin are important. Should the exchange of children among family members instead be a private matter without state involvement as it is in several countries in the Global South? The growing commitment to kinship care as the preferred alternative for placements is leading, in the USA, to much loosening of constraints on placing children with kin who do not otherwise meet standard foster care licensing requirements.

If the state is involved in vetting alternative caregivers (either kin or what we have called fictive kin because they have a title like “auntie” even though they are not related), should those caregivers be paid, supported, and monitored for safe care? Should this support be the same as that given to foster parents who are not kin? Some policies treat kin and non-kin very similarly but there is a growing tendency in the USA to have different standards and compensation for kin and non-kin.

American states vary in almost every possible way in the manner in which they implement formal and informal policy regarding placement, reimbursement, and oversight of kinship placements. These are competing ideas without simple answers.

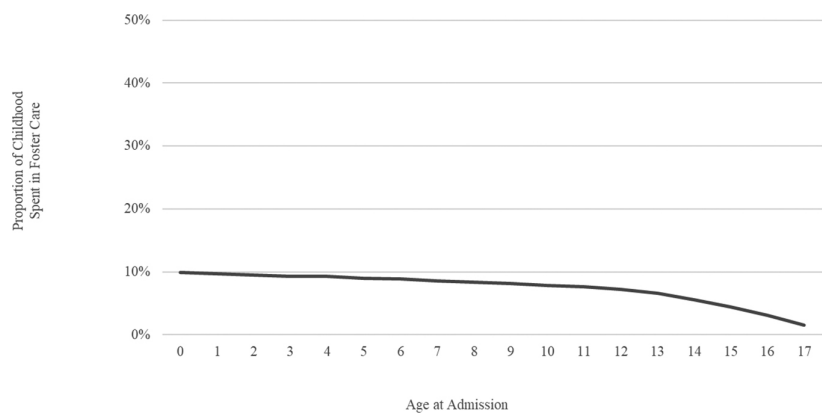
1.4.6 Life After Placement into Out-of-Home Care

Finally, if a child is separated from their parent(s), what happens next? This varies, greatly, by country but usually has an element of continuous child welfare review, timelines, and time limits. Following years of in-home services and an eventual placement, Nordic countries—until recently—offered little to parents to support their children’s return home. They also had no accessible process to adoption even if the birth family approved. So, children typically remained in long-term foster care for the duration of childhood.

In contrast, the USA has placed a high value on timely reunification since at least the 1980s and pours billions of dollars, each year, into an elaborate

system of referrals and services to help parents address unsafe behaviors and bring their children home. Reunifications from foster care are quite common but generally drop off after about 3 years (for younger children) in favor of adoption. For older children, it may take longer to reunify although about 40 percent of exits from foster care via adoption are for children age 6 and older. A recent analysis of foster care stays in the USA found that, on average, children who enter foster care spend less than 10 percent of their childhood (to age 18) in foster care (Wulczyn, 2020) (see Figure 1.1).

For families that cannot be reunited, American, Canadian, and British public policy and funding supports adoption into a new family. Adoption has generally been celebrated in the USA but is considered a stark and severe intrusion into family privacy and autonomy in other countries. In the USA the legal threshold is set very high for determining that parents are unfit to care. For tribal children the threshold is *beyond a reasonable doubt* (95 percent) and is somewhat lower for all non-tribal children (i.e., clear and convincing evidence [75 percent]), but even with these high bars for decision-making, over 50,000 children are adopted from foster care in the USA annually (Children’s Bureau, 2024e). In each case, birth parents’ legal rights are terminated. Other countries make different choices. In Sweden, for example, adoption from care almost never occurs. In the UK, adoption is not uncommon but termination of parental rights is not required to complete an adoption (Pösö et al., 2021).



Source: Wulczyn (2020).

Figure 1.1 Percentage of childhood spent in foster care—2000 to 2018 admissions cohorts

What should be prioritized when children cannot go home? Do we privilege children's right to the safety and security of a new, permanent home? Or do we privilege parents' right to their family? If the former, is it really permanent? Although the overall numbers are low, we know that there are too many adopted children who are later involved in running away, placed into residential care, or who experience adoption dissolution (whereby they are left with no legal parent). Some states now allow birth parents who have had their parental rights terminated to reinstate parental rights (upon the child's request and agency review) (Mack & Barth, 2023). And we know of adoptive parents who relinquished their parental rights back to the birth parents once the original parents were safe and healthy. Outcomes for adopted children are quite complex and unpredictable and policy and practice are gradually adapting away from the notion that there is only one permanency plan. Placement into foster care often runs concurrently with the option and expectation that foster families will adopt if reunification fails.

Some would do away with adoption, altogether. Others see it as an important component of a fully functioning child welfare program. Still others recognize that having a legally permanent family created by the courts through adoption is not the end of the story and may not last (Mack & Barth, 2023). There are no obvious "right" answers to these vexing questions. Child welfare remains, therefore, a highly complex and evolving space.

1.5 SUMMARY: CHARTING A PATH FORWARD

Questions about the design of the ideal CWS program are often met with impassioned views. We want to do what's right and fair for children. We want to do what's right and fair for parents. Unfortunately, for parents who struggle to enact their parenting role safely, finding the "right" path can be messy, twisted, and intensely disputed. Policy interest in child welfare is not as contested as some other policy areas—or, at least, not as aligned to conventional political parties. Changes are usually gradual and have a significant degree of nonpartisan consensus. From our experience, many child welfare professionals do not care much about policy, in any case. They have to struggle with the intense challenge of figuring out how to meet their obligation to children, to families, to their communities, and to themselves and their agency.

The chapters that follow attempt to describe child welfare policy and practice, providing evidence where available about the system's impacts on children and families. We do not claim that the system we describe is "right" or "wrong," but point out both the benefits and hazards of the current system design. Nor can we be absolutely sure that what we describe is what is actually happening in local communities. Although our authors draw on thousands of articles and books as a resource, have much experience within child welfare

agencies, and are active child welfare scholars, much of child welfare is local and the core interactions of CWS are difficult to determine. We humbly hope to illuminate the decision opportunities states and localities may have available to consider or reconsider their current system design in order to maximize children's safety and family well-being.

Because the purposes of CWS are broad, according to local custom and policy, and may encompass everything from an individual child's wellness to a community's capacity to successfully raise its children, this volume will endeavor to respect that broad view by describing a wide array of related policies and practices. We also make an effort to address the greater complexity that comes into play when including an international perspective, although this is largely written based on American scholarship and experiences. Although we have limited the selection of material for this volume to material that is related to what we see as the most fundamental purposes of CWS, we encourage readers to evaluate what we offer by thinking about their own context and how the purpose of CWS aligns with other programs, societal risks, and community strengths that are also intended to lift up the success of children and families.

2. Pursuing safety: Understanding harm, trauma, and interventions in families

In the USA, standards for parenting have long been considered the domain of the family except in instances when harm or threat of harm occurs that requires some outside intervention. As detailed in Chapter 1, there is some debate over when the public interest in a child supersedes the rights of the family to parent as they see fit. Despite this, it is clear that some parents are not always able or fit to provide what is considered minimally acceptable care and, in other cases, overtly harm their children. Society therefore delineates limits to safety and harm in order to determine when child abuse or neglect is occurring. When abuse or neglect is thought to occur, child welfare has a duty to intervene, determine if supports are needed, and potentially act in place of the parent (in loco parentis) if the situation is of sufficient concern.

In some countries, including the USA, the activities of child welfare extend to care of children whose needs may fall outside what is typically thought of as maltreatment, such as children who are voluntarily relinquished or have no available caregiver. It is possible that as many as a third of children entering foster care may enter through routes other than a substantiated child maltreatment report, including siblings of maltreated children and older youth placed into foster care when parents cannot manage their behavior problems (Drake et al., 2021). In other countries, child welfare may have an even broader charge. These critical issues can include such things as child labor or the impacts of HIV on children (Child Welfare South Africa, 2011). Generally, however, the focus of child welfare in the USA, UK, and Canada is on the care and protection of children who have experienced or are experiencing child maltreatment. As we discuss later, however, there may be considerable variation in what is defined as maltreatment in relation to child welfare response even within the USA.

2.1 HOW BIG A PROBLEM IS CHILD MALTREATMENT?

While the accurate measurement of child maltreatment is a matter of some debate, all indicators suggest the phenomenon is widespread in the USA and in other countries that have studied this issue (Stoltenborgh et al., 2015). Child welfare is the primary organizational entity responsible for addressing the impact of child maltreatment and reducing its recurrence. Thus, one means of measuring how common maltreatment is in the USA has been contact with child welfare. Among the many children reported for alleged maltreatment each year, the federal government limits their definition of being a victim to those who have substantiated reports. An estimated 7.4 per 1,000 children in the USA experience substantiated maltreatment (Children's Bureau, 2025a). This amounts to roughly 546,159 children each year. More than one-third of American children will have some involvement with child welfare before they reach the age of 18 (Kim et al., 2017). This is similar to the rate found in life-time self-report of experiencing maltreatment among the adolescents surveyed (38 percent) by Finkelhor et al., (2015b).

Although some studies suggest child maltreatment may be declining (Sedlak et al., 2010) and dropping faster for child sexual abuse (Finkelhor & Jones, 2006), physical abuse and neglect are still common. Rates of child maltreatment fatalities, for example, have remained relatively stable. About 2,000 children are killed by child maltreatment each year, by federal count (Children's Bureau, 2025a), although considerable evidence of an undercount by at least 50 percent has been available for decades (e.g., Jenny & Isaac, 2006) and counts are still not suitably corrected. We also have plentiful evidence that children who die from conditions such as traumatic head injuries, although possibly not counted as child maltreatment, have exceptionally high rates of prior involvement with child welfare (Rebbe et al., 2020).

There are also other indicators of continued and relatively common harsh parenting practices that may result in eventual maltreatment. For example, estimates from the Fragile Families and Child Well-Being Study indicate that 15 percent of 12-month-olds are spanked, with this share rising to 40 percent by 18 months and nearly 50 percent by 20 or more months (MacKenzie et al., 2011). Spanking is not considered child maltreatment in the USA (though it is illegal in 63 countries) even though spanking may be a prelude to physical abuse (measured by a maltreatment report) when it is initiated at a young age (Lee et al. 2014b). Prior work also found a relationship between maternal report of spanking and maternal report of physical abuse (Zolotor et al., 2008).

These high rates, and involvement with child welfare, might be indicative of non-normative family patterns that may be otherwise ignored by social

scientists and service providers alike. We know, from decades of child maltreatment incidence studies, that most child maltreatment is not reported to child welfare agencies. The NIS–4 (Sedlak et al., 2010) again verified earlier findings that child welfare staff investigated the maltreatment of only 32 percent of children who experienced Harm Standard maltreatment and of 43 percent of those whose maltreatment fit the Endangerment Standard. A significant societal indifference to child maltreatment remains despite a large assemblage of science indicating that maltreatment has a range of effects on children that are profoundly negative and typically long-lasting.

2.2 THE HARM AND TRAUMA OF MALTREATMENT

While child abuse and neglect may result in significant physical injury or death, there are many forms of harm or trauma that may result from maltreatment that have been linked to long-term negative consequences for development across all domains of functioning. We describe some of these outcomes briefly here and provide additional detail in Chapter 6. Maltreatment impacts on mental and behavioral health, juvenile and adult offending, and cognitive and academic functioning; relational problems and physical health effects have been documented in longitudinal observational studies (Widom, 2014), surveys (McMahon et al., 2015), linked administrative data (Jonson-Reid et al., 2012; Lawrence et al., 2023), and even genetic and neurological studies (Holochwost et al., 2021). Though the mechanisms by which harm occurs may differ for different forms of maltreatment, generally all major forms tracked across countries that have examined them (e.g., emotional maltreatment, neglect, physical abuse, or sexual abuse) have been linked to one or more impacts on development. For example, while neglect may not always result in physical harm to a child, the requirements for nurturing and interaction with a caregiver during the early years of brain development mean that it can have a profound and lasting impact (Dubowitz et al., 2022). Likewise, while sexual abuse may not result in observable physical harm, the emotional trauma has been linked to a number of mental and behavioral health concerns (Maalouf et al., 2020).

These harms are not without broader consequences. In addition to the potential intergenerational and familial impacts, studies in the USA (Peterson et al., 2018) and globally (e.g., Conti et al., 2021; Fang et al., 2015; Thielen et al., 2016) have found significant long-term costs to society related to the outcomes listed above and lost productivity across the lifespan measured in the multiple billions of dollars. The prevalence (Stoltenborgh et al., 2015), the harms, and the costs of maltreatment are relatively consistent across countries that have measured these conditions. In the interests of individual, community, and societal health and well-being, child maltreatment is an issue that demands a public response.

2.3 WHAT IS AND IS NOT CHILD MALTREATMENT?

The point at which parenting behavior crosses the line and is deemed maltreatment is not universally agreed upon. There are, of course, some overarching areas of agreement. The vast majority of adults across cultures would agree that children are sometimes abused or neglected by their parents or non-parental primary caregivers. The specific behaviors or conditions that should be considered maltreatment, however, are a matter of some debate. In the United States, the Child Abuse Prevention and Treatment Act (CAPTA Reauthorization Act, 2021) broadly acknowledges types of maltreatment, including:

- (1) physical abuse, generally involving non-accidental physical injury to the child and, in some states, substantial threat of injury; (2) neglect, including failure to provide necessary food, clothing, shelter, medical care, or supervision and, typically, for reasons other than economic inability to do so; (3) sexual abuse/exploitation; and (4) emotional abuse or mental injury.

States, however, determine their own definitions that may include additional forms of mistreatment or that may differ according to the specific behaviors or conditions included in the four major categories above (see <https://www.scapoliciesdatabase.com/> for state-by-state comparisons). Some simple examples might be illustrative. Not all states include emotional or psychological abuse as forms of maltreatment for the purpose of child welfare response. States vary widely in how various forms of substance abuse (e.g., parental use, sales, manufacture) are or are not considered to be forms of maltreatment. While some states provide detailed descriptions of maltreatment, other states are quite vague. This poses challenges to the child welfare workforce that can also lead to tension between what is considered an appropriate scale of intervention and what might be considered imposing unreasonable standards of parenting.

So, how do we know when child welfare should be called to intervene? In general, child maltreatment reports are more likely to be seen as appropriate (screened-in) when the reports are actionable (e.g., have sufficient identifying information), suggest clear and perhaps immediate risks to child safety, and are consistent with agency guidelines or state laws (e.g., psychological maltreatment reports may not be accepted when psychological maltreatment is not considered a form of abuse). Detecting child maltreatment is not always simple, however, and even pediatricians facing a child with a physical injury may have difficulty assessing whether maltreatment was the cause (Committee on Child Abuse and Neglect, 2015). Generally, we rely on an individual's reasonable suspicion as sufficient justification to generate a report and then rely on various screening processes completed by child welfare investigators to determine if it is necessary to intervene. Additionally, child maltreatment reports

generally must include a caregiver as the alleged perpetrator. For example, if a stranger abuses a child, the incident is considered assault and it is handled by the criminal justice system. Child welfare intervenes when the maltreatment concern involves a caregiver with care, custody, or control of the child (see Table 2.1).

Important considerations in what might and might not be considered maltreatment include the following.

Table 2.1 Critical debates: The role of the state in conceptualizing maltreatment

Argument	Counterargument
The state has a legitimate and necessary role in setting the boundaries of adequate parenting to protect children and defining what constitutes child abuse or neglect, including identifying when parenting falls below a minimum sufficient level of care that justifies state intervention in family life.	The state's authority to define adequate parenting and determine what constitutes maltreatment should be narrowly constrained to serious indications of harm to children. Broader definitions are indicators of state overreach and cause unnecessary harm.

2.3.1 ACES Are Not Actionable Child Maltreatment

The research linking adverse childhood experiences (ACES) to numerous untoward health and behavioral health outcomes has led some to call for the use of ACES as a universal screen for children (Loveday et al., 2022). A list of ten ACES was developed through a study conducted by the Centers for Disease Control (CDC) and Kaiser Permanente in the 1990s to describe events that may be experienced as traumatic for children and that often have lasting effects. There are, however, a number of problems with using this type of screen as a means to detect maltreatment that is “actionable” by child welfare. While many scales that measure ACES include questions about child abuse and neglect, others do not (e.g., the CDC’s National Child Health Study). ACES questions typically ask individuals to respond to single items measuring lifetime occurrence of violence or other adversities such as poverty. Items are not weighted for severity nor are they designed to assess present risk of harm. In some cases, even ACES questions specific to what we would consider maltreatment leave it unclear as to whether abuse happened. For example, the question assessing for physical abuse is: “Not including spanking on your bottom, at any time in your life did a grown-up in your life hit, beat, kick, or

physically hurt you in any way?” (Finkelhor et al., 2015a). A response of “yes” could relate to a parent but could also be any other adult. There is also no indication if the harm is current or perhaps related to an adult that is no longer in the child’s life. Put simply, ACES measures do not measure child maltreatment as it is framed in US laws or child welfare agency guidelines.

2.3.2 Poverty Is Not Maltreatment

The level of clarity about what constitutes adequate parenting is often rife with controversy when it comes to differentiating between child neglect and poverty. While poverty is statistically associated with all forms of maltreatment, it has a particularly strong relationship with neglect (Drake et al., 2022b). Neglect can take many forms (e.g., medical neglect, lack of supervision, etc.) but physical neglect (e.g., absence of food, housing, hygiene, etc.) causes the most confusion. Some states specifically conceptualize neglect as occurring above and beyond concerns of poverty, while in other states the definitions and thresholds for neglect are not so clear (Rebbe, 2018). A number of studies, both in the USA and globally, have found that children suspected of neglect have worse outcomes across multiple domains of development than those exposed to poverty alone (Font & Maguire-Jack, 2020; Pasian et al., 2020). Analyzing a representative sample of neglect investigations in California, Palmer et al. (2022) found that the vast majority of families had multiple concerning needs (e.g., mental health, substance abuse, intimate partner violence [IPV]), suggesting that income was not the sole or even primary concern. The vast majority of child maltreatment fatality cases are also associated with child neglect (Children’s Bureau, 2024b). Thus, while it may sometimes be difficult to discern the difference in the public discourse, case data and outcomes suggest that neglect is quite distinct from poverty. In other words, while poverty may contribute to the risk of maltreatment, being raised in a family with limited means is not maltreatment. Despite the many stresses that poverty places on a family, many families still find it possible to provide a safe, secure, and nurturing environment for their children.

Of course, given the fact that poverty increases the risk of maltreatment, some regions have begun to implement approaches to enhance economic support for families as early as a child’s birth (see *Glimmers of Change 2.1*). These glimmers of change may reduce the need for child welfare for families now already entrenched in multiple barriers to healthy functioning.

GLIMMERS OF CHANGE 2.1

BORN SUPPORTED: FLINT'S "RX KIDS" PROGRAM DELIVERS CASH AND CARE FOR EVERY INFANT'S FIRST YEAR

To better support families with newborns, a new program launched in 2024 in Flint, Michigan, provides direct cash payments to all families with infants in the city.¹ The "Rx Kids" program offers a one-time payment of \$1,500 after 20 weeks of pregnancy, followed by \$500 monthly during a child's first year of life, for a total of \$7,500 per child. Flint, one of the poorest cities in the United States, faces a child poverty rate nearing 70 percent—five times the national average. The Rx Kids initiative aims to help lift families out of poverty and improve maternal and infant health outcomes during the prenatal and first months of life. This developmental period, which is critical for a child's lifelong health and development, is also when many families face serious material and financial hardships. Funded through a public–private partnership, the Rx Kids initiative has secured resources to operate for at least three years, with a five-year goal in sight. One of the program's leaders described it as "a new vision of how we fundamentally should be caring for each other." Flint's mayor, Sheldon Neely, noted that the city "is leading the way on a transformational model of care for families that I hope will spread across our nation. Rx Kids will support mothers and children in Flint when they are most vulnerable." While Flint was the first city in the United States to launch a universal, unconditional maternal and infant cash assistance program, other localities soon followed suit. Following its early success, Rx Kids has since expanded to other Michigan cities and may eventually become a statewide program and national model.²

¹ O'Neill, C. (2024). New and expecting moms in Flint can now sign up for Rx Kids cash prescriptions. City of Flint. <https://www.cityofflint.com/new-and-expecting-moms-in-flint-can-now-sign-up-for-rx-kids-cash-prescriptions/>

² AidKit (2025). Rx Kids: A citywide cash prescription program for moms and babies. <https://www.aidkit.com/publication/rx-kids-a-citywide-cash-prescription-program-for-moms-and-babies>

2.3.3 Parenting Practices and Harm

Maltreatment can result in numerous harms, both physical and psychological, but not everything that some adults may deem harmful parenting is maltreatment. Further, parenting norms may change over time or across countries, which then results in altering what is considered maltreatment that requires a child welfare response. Corporal punishment, while a matter of some debate, is not considered maltreatment in the USA unless the actions cause physical harm (Coleman et al., 2010). When corporal punishment causes serious harm, the consequences can be severe and even fatal (Jonson-Reid & Drake, 2018). Acceptance of corporal punishment as normative, however, is not universal among countries with formal child welfare policies. Although it is legal for a parent to hit a child, it is not legal for an adult to hit another adult. Nevertheless, IPV is common in most countries. In some states, exposure to IPV is considered a form of maltreatment; in other states or jurisdictions, the child's safety must be compromised during IPV encounters for such instances to be considered maltreatment. The topic is controversial as some argue that a parent should not be held responsible for "failure to protect" if the parent is also a victim. Several states have since rescinded making reports when a child is observed witnessing IPV. Similarly, some years ago, health professionals questioned whether childhood obesity should be considered a form of neglect given its significant health effects (Jones et al., 2013), but the issue was not taken up by legislative bodies.

The main point is that child maltreatment is a social construct that is defined differently by different social groups, within different contexts, and is likely to shift over time. Agreement about the far ends of the continuum of harm can be expected, but as circumstances reveal new science and greater ambiguities, norms about the limits of "safe-enough" parenting become less clear. A concerned and informed citizenry should adjust laws when they overreach their original intent or overextend the capacity of child welfare to effectively respond.

2.4 MALTREATMENT DETECTION

Once standards for determining when parenting becomes abuse and neglect are put in place, there must be a means to implement and enforce those standards. While criminal acts such as homicide, trafficking, or sexual abuse by a stranger may trigger a police response, the primary arbiter of whether or not adequate standards for safety have been violated remains child welfare. As noted in the Preface, the process of responding to initial reports and determining whether child welfare should intervene in some form is sometimes called child protective services (CPS). Generally, this involves a state or county

system for receiving phone allegations (in the form of a child abuse “hotline”) and then some form of local staffing that can be sent to assess or investigate the situation and make recommendations about the appropriate response. Decisions can include whether to substantiate (i.e., verify) maltreatment and whether or not to offer services at home or—in a small proportion of cases—to place children into out-of-home care. The latter decision must include a judge or magistrate’s final approval.

In the USA, signals of concern regarding possible abuse or neglect come from professionals or the general community. Child welfare does not generate its own referrals. Research indicates that about 30 percent of calls concerning maltreatment come from non-professionals which may include neighbors, anonymous reporters, other family members, or even self-referrals (Children’s Bureau, 2024b). Indeed, community surveys indicate that many community members have become aware of a child that they considered abused and the most common means of intervention was to make a report to child protection (Bensley et al., 2004). The remaining calls come from professionals who encounter children in the course of their work. For example, a teacher may report suspected maltreatment after a child discloses information about abuse or a police officer may make a referral when they respond to an adult crime such as IPV and there are concerns about the safety of the children in the home.

Approximately 4.3 million calls were made involving about 7.6 million children in the United States in 2022 (Children’s Bureau, 2024b). This number raises some unease. Some have raised concerns that the current process results in oversurveillance, particularly of low-income groups and families of color. On the other hand, a recent Harris Poll indicated that the general public would rather err on the side of investigating even when risk is unclear (61 percent) while still being concerned about possible biases (Geen & Cooper, 2023). While it seems intuitive that families who have more frequent contact with professionals might be more likely to be reported, research does not suggest this happens at a sufficiently large scale to drive differences in who is reported and who is not (Chaffin & Bard, 2006; Drake et al., 2017). Further, while some malicious or mistaken reports occur, estimates of malicious reports are quite low (Saini et al., 2020). Finally, two other issues also suggest that most reports are not simply the result of oversurveillance. Self-report data show similarly high (30–40 percent) prevalence rates, suggesting that maltreatment is not a rare event (Finkelhor et al., 2015b). Further, longitudinal studies of children with reports of maltreatment indicate worse outcomes compared with similarly poor children across a number of domains (Jonson-Reid et al., 2009).

Of note, when COVID disrupted schooling due to stay-at-home orders, some hailed the decline in child maltreatment reports as a positive indicator that reduced reporting could offer benefits to families without impacting

child safety (Roberts, 2022a). However, subsequent research indicated such changes were very specific nationally to school-aged children (Children's Bureau, 2024b), who are at lower risk from serious harm developmentally than young children (Commission to Eliminate Child Abuse and Neglect Fatalities, 2016). Later studies of hospital services indicated an increased prevalence of emergency care cases (Rapp et al., 2021). Further studies of parent reports of conflict and stress suggest that for families hit particularly hard by economic concerns during COVID, maltreatment risk may have increased (Rodriguez et al., 2020). Other work suggests an increase in neglect for children who stayed home from school (Bullinger et al., 2021). Thus, COVID may have showcased our deficits in detecting harm when community sentinels are unavailable.

2.4.1 Who Reports Maltreatment?

So how do community sentinels know they are responsible to call, and when do they decide to call? States vary in who they expect to report a *reasonable suspicion* or *reasonable cause to suspect* maltreatment. About 30 percent of states require all adults to report. Other states either broadly define professionals as mandated reporters or include a list of health, human services, child development, and education professionals; a few require clergy to report (Child Welfare Information Gateway, 2024).

There has been ongoing debate regarding the relative utility of mandatory reporting, with some (e.g., Merkel-Holguin et al., 2022) arguing that forced reporting may disrupt community services engagement. Others argue that required referrals are necessary to maximize the likelihood that maltreatment is not missed and that information needed by child welfare to assess future maltreatment is preserved (Mathews & Bross, 2008). Not all Western approaches to child protection employ mandatory reporting, however, in part because of the aforementioned concern that these reports may interrupt a positive relationship with other professional providers that may be of greater service to the child and family (Berrick et al., 2023a). The debate about the value of mandated reporting has grown pronounced in the USA, though strong data to support either side of the mandatory/voluntary debate is currently unavailable. Some narrowing of who needs to report under what circumstances may lie ahead.

Mandated reporters in the USA typically receive some limited training related to abuse and neglect (Gandarilla Ocampo et al., 2024) but the duration, quality, and content of such training vary (Baker et al., 2021). An analysis of data from the National Child Abuse and Neglect Data System that took state-level mandated reporting criteria into account in studying report outcomes shows that when mandated reporting training is implemented, Black and Hispanic children have higher odds of being substantiated than in states

without such training (Williams et al., 2025). If this reflects a higher level of risk, it may suggest a positive finding. Yet, there could be elements of oversensitivity to cultural or racial differences in these findings. These results and other research (Humphreys et al., 2021) indicate that trainings should cover information on the potential for reporter bias in addition to information on how the child protection system works and the policies governing mandated reporting. Whether this information is provided across states is unclear.

In US states where all adults are mandated reporters it is unclear how this is communicated to non-professionals. Community or family members who report their concerns may do so based on their own standards of acceptable parenting or their definition of what is harmful. We expect that few would know that reporting only requires a “reasonable suspicion.” Presumably these reports are based on their understanding of adequate parenting and/or immediate safety or harm concerns. It then falls on the professional who answers the hotline call to determine if the referral meets the standard for a response.

While some maltreatment is either self-disclosed or inherent in a given situation (a child found wandering the street while the caregiver is intoxicated with no other provisions for care), in other cases a child may be too young or developmentally unable to communicate what is occurring. A recent review of qualitative studies of mandated reporters indicated that less overt forms of maltreatment were particularly difficult to assess (McTavish et al., 2021). Some settings have found value in integrating checklists for screeners, but the effectiveness of such tools is largely understudied (Loveday et al., 2022).

One of the common complaints about reporting to child protection is the confidentiality of the entire process. Community members (e.g., teachers) who make referrals about children typically do not hear about what happens next, whether the family was provided services, or whether efforts were made to keep the child safe. Confidentiality restrictions are put in place to protect the family’s privacy and the reporter’s identity, but without the transparency that often accompanies public services, this may add to public uncertainty about the value of reporting. Child welfare can, however, report back aggregate response rates in regard to how calls are processed. An exception to confidentiality occurs if a parent is aware that they are being reported because the referring individual (e.g., school social workers, police, day care, or medical personnel) makes the call with the family present. Confidentiality concerns also limit public transparency when serious allegations are made against the child welfare agency. Typically, agencies are unable to reveal information in order to clarify the record. Others wonder if records of reports should be retained at all beyond the conclusion of the initial response because of concerns regarding how these data may be used for future employment in registries or potentially negatively influencing future report outcomes (see Table 2.2).

Table 2.2 *Critical debates: Child maltreatment records and registries*

Argument	Counterargument
The state has a legitimate interest in retaining and using maltreatment report information to inform future response; this includes retaining certain cases in “child abuse registries” for child safety and background checks.	Child maltreatment records should not be retained following conclusion of a CPS response—including internal evaluation. Maltreatment reports alone should not be used to limit future employment opportunities; doing so could create inequities that impact caregivers’ economic well-being.

2.4.2 **Special Cases in Child Protection**

In some instances, families (or at least children) may come into contact with child welfare unrelated to concerns about current abuse or neglect. For example, Safe Haven laws allow a parent in the United States to leave an infant in the care of certain professionals without engaging child welfare. Such laws generally allow the parent or caregiver to remain anonymous and shielded from prosecution for child abandonment or neglect in exchange for relinquishing custody of the infant to a safe haven (Child Welfare Information Gateway, 2021b). In other cases, a child may be orphaned without available family. Older children may also be voluntarily relinquished to the family or juvenile court in some states, usually due to significant mental health needs, resulting in the child entering foster care.

Some referrals concern future risk of harm. For example, when a child is killed by parents, a report is usually filed with child welfare by criminal justice authorities. Such reports are not based on risk of harm to the deceased victim, but they can help identify siblings who remain at risk or flag potential risk to related children. A few states require all births to be matched against child welfare records that indicate previous child maltreatment deaths, child homicides, and previous terminations of parental rights so that child welfare can be notified that an assessment is needed to determine the safety of the newborn (Shaw et al., 2013).

In some cases, children’s needs may not fall under the jurisdiction of child welfare but may be of sufficient concern that the state offers a response. For example, infant exposure to substance abuse in utero may not be considered maltreatment but is nonetheless concerning. In these instances, state agencies are required to make a plan with the parent for the child’s safe care. In Kentucky, for example, these efforts are led by the Department of Mental Health (<https://www.casey.org/infant-plans-of-safe-care/>). In other cases, child welfare may take the lead role. There is little available data on how these programs are monitored and how effective they are in preventing future involvement with

child welfare (Font et al., 2025). An example of such a model is highlighted in Glimmers of Change 2.2.

GLIMMERS OF CHANGE 2.2

PREVENTION IN ACTION: MINNESOTA'S JCAT MODEL REDEFINES SUPPORT FOR AT-RISK YOUTH AND FAMILIES

The Juvenile Community Action Team (JCAT) was established in 2022 in response to a growing number of complex child welfare cases in Stearns County, Minnesota.³ Partnering with schools, law enforcement, health care and mental health providers, probation officers, and social services agencies, this innovative program takes a proactive, collaborative approach to supporting high-acuity youth and families at risk of child welfare or criminal justice system involvement. JCAT intervenes early, working directly with families to prevent crises before they occur and empowering service recipients to make informed decisions about their own needs. Participants receive access to counseling, food assistance, childcare, and/or medical care. For some rural families, JCAT even provides in-home programming that includes mental health intervention. This early, multi-system engagement not only strengthens family outcomes but also fosters a greater sense of belonging and stability for those involved. Since its inception, JCAT has significantly reduced the number of children entering out-of-home care and helped lower Stearn County's placement budget by roughly \$400,000. Prior to JCAT, some young people were placed in hospitals, jails, or county buildings for extended periods due to a lack of placement options. Today, more families receive timely, coordinated support that prevents such outcomes. Stearns County's Human Services Department has earned national recognition for JCAT's innovative, community-centered model.⁴ County leaders credit JCAT's success to the program's emphasis on collaboration with partner agencies and its focus on early identification and intervention.

³ Moran, M. (2024, July 10). Child welfare program asks families: "What do you need?" before their breaking point. National Association of Counties. <https://www.naco.org/news/child-welfare-program-asks-families-what-do-you-need-their-breaking-point>

⁴ Lewerenz, J. (2024, August 25). Stearns County's approach to child welfare recognized with national award. KNSI Radio. <https://knsiradio.com/2024/08/25/stearns-countys-approach-to-child-welfare-recognized-with-national-award/>

2.4.3 Underreported Child Maltreatment

Numerous studies suggest underreporting or under-recognition of child maltreatment (Sedlak et al., 2010) despite the large numbers of children reported each year. Child maltreatment can go undetected or unreported for a number of reasons. Maltreatment may be known to or visible to a very small number of persons. For example, events may be known only to the perpetrator of maltreatment of a very young nonverbal child. Some children may not even understand that they are being maltreated, as they consider the abuse to be normative. Maltreatment may be more or less serious, and less serious maltreatment may be recognized only by some people. Identifying maltreatment among very young children can be very difficult and consequential, as most fatalities occur among children under two years of age (Children's Bureau, 2024b). These children, who are at the highest fatality risk, are also the least frequently publicly observed, further reducing the chance that maltreatment might be noted. In health care, Child Abuse Pediatrics was established as a board certification for pediatricians in order to increase precision in determining maltreatment among very young children, though few medical professionals pursue the specialization; fewer than 500 pediatricians were Board Certified in Child Abuse Pediatrics in 2023 (Slingsby et al., 2024).

2.5 SCREENING

The proportion of child maltreatment reports that are screened out (not pursued beyond the receipt of a hotline call) has risen to more than half of all calls (Children's Bureau, 2024b). There are many reasons why child maltreatment calls may be screened out, and the proportion screened out varies radically across states, with some states screening in over 90 percent of calls and some screening in less than 20 percent (Children's Bureau, 2025a). There is relatively scant research on screening processes with some states using a structured decision-making approach, a few jurisdictions using a form of predictive risk modeling (described in more detail below) and others using a range of other strategies (Allegheny County, n.d.).

Child welfare agencies have a formal list of criteria for screening out referrals, anchored in policy, though the policies may vary in language and process for implementation. For example:

- **Insufficient evidence:** There is not enough information to support an investigation, such as: "A mother was panhandling with children and it was very cold and they are sometimes in front of the gas station where

there is a lot of traffic but they are not there now. I know they will be back tomorrow night, though.”

- **Inaccurate or false information:** The information in the report is judged to be inaccurate or false. This may be more common when there are multiple reports that have previously been unfounded, e.g., allegations that arise during child custody proceedings.
- **Does not meet the legal definition:** The information in the report does not meet the state’s legal definition of child abuse or neglect, e.g., a child whose parents are homeless in a state where homelessness is not considered maltreatment.
- **Non-caregiver perpetrator:** The alleged perpetrator was not in a caregiver role when the abuse or neglect occurred. So, if a romantic partner of a parent sexually assaults a child but was not a caregiving figure in the child’s life, this might lead to cross-reporting to the police when there is a reasonable suspicion of illegal sexual contact with a minor.
- **Out-of-state jurisdiction:** The child resides in another state or country, so the local child welfare agency has no jurisdiction.

Some argue that the sheer number of reports that are screened out from further response is indicative of a problem in detection. Whether or not a referral fits a state’s definition of maltreatment or is ultimately screened in, some have argued that reporting is a key aspect of upholding children’s rights and moving toward intervention (Wekerle, 2013). Research indicates that even screened-out cases may be opportunities for prevention (Simon et al., 2022). This continues to be debated across the country (see Table 2.3).

In some areas, an innovation called “warmlines” is developing to attempt to divert cases from the need for formal contact by addressing material need. While we have argued earlier that poverty is not maltreatment, a substantial body of literature points to a causal linkage between poverty as a significant risk factor in the development of maltreatment (Drake et al., 2021). It is possible that early intervention to address material needs and poverty may have

Table 2.3 Critical debates: Responding to screened-out hotline calls

Argument	Counterargument
As signals of potential concern, screened-out hotline calls with sufficient information should be offered a minimal referral response, if desired, including referrals to indicated community resources.	Screened-out calls do not warrant further action by child welfare (only recognition of the caller’s interest in being helpful and suggestions about other resources that might be available).

significant benefits in reducing risk of maltreatment. An example of one such warmline approach is highlighted in Glimmers of Change 2.3.

GLIMMERS OF CHANGE 2.3

WASHINGTON, DC, EXPANDS 211 LINE TO KEEP FAMILIES FED, HOUSED, AND TOGETHER

Washington DC’s “211 Warmline” is a collaborative initiative led by the city’s Child and Family Services Agency (CFSA) in partnership with other public agencies. The initiative is designed to create a unified social service network, supporting city residents with centralized access to resources and referrals.⁵ In March 2024, the 211 Warmline in Washington, DC, announced the expansion of its service to better support households and families. The helpline functions to connect people with sources of food assistance, housing support, and other resources to meet basic human needs. The overall goal of the helpline is to assist families who are teetering on the edge, providing support with bill payments and putting food on their tables. With new funding, the 211 Warmline represents an important part of CFSA’s “Keeping DC Families Together” initiative, which aims to connect families with needed resources “at the earliest signal of need” and avoid unnecessary child welfare involvement.⁶

Other warmlines have developed that include parental support advice (Young et al., 2016), but it is not clear how or if this aids in diverting families from the need for child welfare.

In a few states, child welfare may coordinate with community-based agencies to offer preventive services if a referral is screened out. In these cases, families receive some navigation and case management services (e.g., Parent Support Outreach Program in Minnesota) (Millett, 2019). Every sizable county in Minnesota has a parent support outreach program—each varying a bit with the intent to best fit community needs (<https://helpmeconnect.web.health.state.mn.us/HelpMeConnect/Search/PregnantandExpectantFamilies/EducationandSupport/ParentSupportOutreachProgram>). A similar program,

⁵ District of Columbia (2024). About 211. <https://211warmline.dc.gov/page/about-211-Warmline>

⁶ Segreaves, M. (2024, March 18). DC’s 211 help line receives new funding to connect families with food, housing, support. NBC Washington. <https://www.nbcwashington.com/news/local/211-help-line-connects-dc-residents-with-food-housing-family-support/3569739/>

called the Community Response Program, also exists in some Wisconsin counties (Slack et al., 2022). Such programs, however, are not widespread in the USA.

2.5.1 Difficulties in Assessing Risk

Once the determination is made to screen in a referral, calls are triaged at the hotline with a response time based on the level of concern. So, for example, a child in the hospital with considerable injury may get a response within 24 hours while a child with less significant concerns may get a response within 3 to 10 days according to state policy. Child welfare may respond directly or refer the call to a community-based agency after an assessment. The latter is typically referred to as Differential or Alternative Response (DR/AR). Nearly half of states have a formal DR/AR approach. Usually, child welfare refers calls that they deem “low risk” to DR/AR to receive an assessment of need and a range of supportive services. The original child maltreatment referral is not substantiated. Research suggests that child neglect reports and low-risk physical abuse concerns are most frequently sent to DR/AR, while sexual abuse, significant injuries, and medium- to high-risk calls are managed directly by child welfare (Hughes & Rycus, 2013). Research on DR/AR suggests that parents are satisfied with the service, but there are few differences in longer-term outcomes (Hollinshead, 2012), though a recent study indicated that states with DR/AR had lower rates of foster care entry (Johnson-Motoyama et al., 2023). Critics of this body of research, however, cite low response rates to surveys, possibly skewing parent satisfaction data. The available data does show low substantiation rates in communities with the DR/AR option. Reduced foster care entry could also be a byproduct of the often short-term nature of DR contacts and lack of decisions that would lead to placements (Piper et al., 2020). At the same time, if the most serious cases are effectively steered toward a formal investigation, rather than DR/AR, most of the children who would benefit from foster care would be thoroughly assessed for that placement.

If a case is screened in to an investigation (or “assessment”) response, a child welfare professional must make a determination about the safety of the child. Similar to practices regarding screen-out criteria, child welfare agencies typically have a list of outcomes that can result from an investigation:

- **Unfounded:** These decisions might be based on mistaken concerns or malicious concerns that were not initially screened out. Some states do not use the term “unfounded” and call all cases that do not evince evidence of child maltreatment “unsubstantiated.”

- **Unsubstantiated:** The child welfare professional was unable to determine both harm (or risk of harm) and evidence that the caregiver is the source of the concern (Drake, 1996a). Research suggests that unsubstantiated and substantiated reports have similar long-term outcomes (Kohl et al., 2009). One could investigate a child fatality case, for example, and be unable to find sufficient evidence of cause, leaving the case unsubstantiated. In some states (e.g., Missouri), unsubstantiated cases can be offered preventive services.
- **Substantiated:** A child welfare professional determines that the harm or risk of harm is sufficient to meet agency or legal guidelines. In some states (e.g., California), services are only provided following substantiation. In other states like Maryland services are provided from the time of investigation to try to strengthen confidence that substantiation is not necessary (Wilson et al., 2025). Substantiation is always, as far as we know, a prerequisite for invoking family court involvement and mandated services (Drake et al., 2003). At the federal level, substantiation status is what is used to name a child a “victim” in national data collection (Children’s Bureau, 2024b), despite concerns that a child could be the victim of maltreatment and not be substantiated.

Investigations occur on the basis of the screening and the CPS investigator is empowered to proceed with attempting to contact a family, usually without having to engage a court process or secure a warrant. In this way, CPS differs from law enforcement that may be required to have some sort of judicial authorization to attempt to enter someone’s home—except in cases of immediate emergencies (see Table 2.4).

Child welfare professionals assess children’s risk and safety using a wide range of strategies both across US states and across countries. In some Western European countries, risk may be associated with parent characteristics such as low income, intellectual disability, or mental health. In the USA, states have generally shifted their approach to consider risk in the context of parental

Table 2.4 *Critical debates: The role of the courts in CPS investigations*

Argument	Counterargument
When responding to reports of suspected maltreatment, CPS investigators should be allowed to enter homes without prior court involvement, as delays could endanger children and undermine the protective function of the child welfare system.	CPS agencies or investigators should be required to obtain judicial authorization—such as a warrant or court order—before entering a home, except in emergencies. This protects constitutional rights to privacy and guards against unjustified government intrusion.

behaviors rather than characteristics. First, behaviors (unlike characteristics) can be modified, thus suggesting opportunities for change and improvement in safe parenting practices. Second, some parents may have characteristics that pose risk (e.g., a mental health diagnosis), but behaviors toward their child that are generally safe. In such instances, engagement with child welfare services would not be necessary.

Nevertheless, decisions about risk and/or safety, particularly when visible serious harm as indicated by hospitalization due to injury is absent, are tremendously challenging. While related, safety assessments and risk assessments are not the same. Safety assessments involve understanding current harm to a child, while risk assessments undertake the difficult task of anticipating future risks. Broadly speaking, risk assessments have, in the past 50 years, moved from a near-sole reliance upon worker judgment to the use of consensus-based risk assessment tools and structured clinical judgment tools, to the development and use of actuarial tools, and more recently to the use of machine learning algorithms, such as predictive risk modeling (Vaithianathan et al., 2023). Consensus-based tools are designed by including questions about risk factors as they are understood by experts or in the broader field. Actuarial tools are designed mathematically, with items being included based on empirically established relationships to subsequent child maltreatment. In general, actuarial tools outperform consensus-based or structured clinical judgment tools (Van der Put et al., 2017).

Risk assessment tools may be deployed in various ways but are commonly used at the hotline level as an aid in determining if a case should be screened in and what priority it should be assigned. Risk factors for child maltreatment often co-occur, particularly among very high-risk families with young children (Vial et al., 2020). A range of caregiver and family risk factors have been identified, such as stress and parental reactivity (Stith et al., 2009). Economic, community, societal, and environmental risk factors (e.g., poverty) have also been found to be strongly correlated with maltreatment. Risk assessment tools are not typically used as stand-alone decision-making instruments, but rather as a source of information for a trained child welfare professional or supervisor which adds to that individual's professional judgment.

More recently, machine-learning risk assessment tools have been used in several nations (Rosholt et al., 2024; Vaithianathan et al., 2023) showing even higher levels of predictive accuracy. These instruments work quite differently. Rather than being a list of questions, predictive risk models (PRM) use large amounts of available data, such as the data in prior hotline calls, combined with other CWS data or even data from other service systems. (These systems do not, however, use data from criminal justice systems or other systems that are distant from CWS and have a well-recognized history of biased charging.) The use of PRM is not without controversy largely over concerns about the

possible misuse of data, but some researchers argue the benefits far outweigh the risks as it more accurately targets services to children with the greatest risk (Vaithianathan et al., 2023). Guidelines for appropriate use include checking regularly for potential biases, particularly when systems are seeking to make better use of available data (Drake et al., 2020).

2.6 EFFECTS OF CPS INVESTIGATIONS

Child welfare professionals attempt to work alongside parents to support them in a journey to healing; their goal is to ensure a safe home environment for children. But child welfare staff cannot determine children's safety without interrupting a family's privacy, knocking on the door, and asking questions that may be experienced as intrusive. In this respect, child welfare investigators have immense power and responsibility; their interpretation of what they see in a home, or what they hear from children or parents can determine what they recommend in regard to closing the case with no response, voluntary services offerings, reports to courts in more serious cases, or even involvement of law enforcement. Parents know that these recommendations can have profound implications for their freedom to care for their children, and, ultimately, for their ability to raise their children in their home.

Because of the fear associated with these interactions, some argue that CPS investigations are traumatic by design (Merritt, 2021). When child welfare professionals use their power inappropriately, misunderstand or misconstrue information, take information out of context, or engage with parents in ways that are demeaning, shaming, or adversarial, parents can experience these interactions as morally injurious because they distort a well-intentioned service design into a corruption that harms families (Haight et al., 2017b). Moreover, many parents involved with child welfare services were themselves maltreated as children and some have symptoms of complex trauma that were never fully resolved. When this fragility is not met with a trauma-informed response by child welfare professionals, parents' emotions of insecurity, fear, and mistrust are likely amplified, underscoring the importance of training and supporting highly effective child welfare professionals at all stages of the screening and services process. On the other hand, a positive interaction with the initial investigation—including skilled and respectful professional staff and attention to their other immediate needs—may result in positive perceptions and outcomes (Tilbury & Ramsay, 2018).

The debate about whether or how services should be provided once an investigation occurs reflects the tension between the desire to provide care for families that will help avoid deeper child welfare involvement and the desire to minimize state intrusion into the family (see Table 2.5).

Table 2.5 *Critical debates: Child welfare services – powers and purpose*

Argument	Counterargument
To expand its preventive effects, child welfare should be able to provide indicated services for all cases accepted for further assessment or investigation.	Child welfare involvement should be limited to immediate safety concerns for the child(ren). Any intervention related to improving family functioning (separate from assessing for and intervening related to child safety) should be completed by a different and voluntary organization.

2.7 ENGAGING PARENTS

While parents’ initial contact with child welfare may be involuntary and unwanted, a typical goal is to engage parents in voluntary services. Parent engagement in child welfare services has been the subject of significant research (Furrer et al., 2023). Nonetheless, models for assuring success are still elusive. Thus, approaches to engagement vary with no clear model consistently employed at the early stages of system contact.

Related to this is the more recent interest in better engagement of fathers in child welfare cases (Garcia et al., 2024b). This may be a resource when the father may or may not live with the child and is not the alleged perpetrator of maltreatment (see Glimmers of Change 2.4).

GLIMMERS OF CHANGE 2.4

LEVELING UP FATHERHOOD: FLORIDA ADVOCACY CENTER LAUNCHES MENTORSHIP PROGRAM TO SUPPORT DADS AND KIDS

In October 2023, the Children’s Advocacy Center of Southwest Florida (CAC) was awarded state funding for its “Level Up Dads” program, a mentoring initiative designed to empower fathers to become more actively involved in their children’s lives. The program pairs fathers and father figures with trained mentors, known as “Dadvocates,” who provide guidance and encouragement to help strengthen parent–child relationships. The initiative was developed in response to data highlighting the impacts of absent or disengaged father figures on child outcomes, as well as consistent encounters with child welfare involved fathers who expressed a desire to be more present but needed support, direction, and confidence to do so. The Level Up Dads program runs on a 12-month rotating schedule, covering a range of educational topics (e.g., financial

literacy, co-parenting and healthy relationships, legal rights and responsibilities) and hosting cost-free activities for participating fathers and their children.⁷

2.7.1 In-Home Voluntary Services

In many cases, even children who have been found to be at serious risk can remain at home when parents change behaviors or circumstances that previously posed risks to their child. This may simply mean developing a plan for safer care, or in other cases parents may be offered case management services designed to prevent maltreatment recurrence. In the USA, relatively few cases that come to the attention of child welfare are offered such services. Because there is great variation in how states define whether or not a family receives services post-response, it is difficult to offer a generalizable number but generally rates of services are less than 20 percent for unsubstantiated cases and 56 percent for substantiated cases nationally (Children's Bureau, 2025a). To place this in context, nationally only about 15 percent of reports were substantiated in 2023. Thus, most reports are not followed by any receipt of services.

Whether services are voluntary or mandatory depends on many factors, though some argue that the offer of child welfare services can never be truly voluntary since a parent's refusal may result in the imposition of mandatory services if there is concern about risk to the child (Drake et al., 2003). There is variation in approach to in-home services but in general these are low intensity forms of case management that may or may not follow a particular practice model (Landsman & D'Aunno, 2023). Case management involves assessing a family's needs and referring to non-child-welfare, community-based services to meet those needs. One of the challenges to effectively resolving a family's needs, therefore, is the existence and accessibility of services in a given region (Jonson-Reid et al., 2017a). Many low-income families also live in under-resourced communities that may have fewer services available. Taken together families living in low resource communities may have higher rates of maltreatment recurrence (Jonson-Reid et al., 2013) and are likely to have fewer services (Smith & Pressley, 2019) to support their progress toward safe parenting. There are few data sources available that allow for investigation of exactly what services families engage with and how these are related to an accurate assessment of need. At the national level, this is further complicated by the indicator of low intensity in-home services combining with high intensity

⁷ Children's Advocacy Center of Southwest Florida (2025). Level Up! Dads. <https://www.cac-swfl.org/level-up-dads/>

mandated services (next section). This makes understanding their effectiveness very difficult (Jonson-Reid et al., 2017a).

2.7.2 Mandatory Services

In serious cases, services may be court mandated even if children remain in the home. The Family First Prevention Services Act reorganized funding and to some extent guided efforts toward families at imminent risk of foster care placement (Testa & Kelly, 2020), which is the typical population offered more intensive child welfare intervention called intensive in-home services or family preservation services. These intensive services often include a 24/7 case management response (though intensity varies by region) and they are time-limited (Lietz, 2009). Early research found that these services, when provided alone, were ineffective, in part due to lack of a logical relationship to the problems at hand (Staudt & Drake, 2002). That research suggested that very brief intensive services are more consistent with crisis intervention, while families with court-mandated family preservation services are more likely to have persistent and multiple problems at the time of case opening. On the other hand, more recent research on specific models indicates a more positive impact on prevention of placement (Huhr & Wulczyn, 2022) as well as parental perception of services (Lietz, 2009). Others argue that it is misguided to focus on these most serious cases as compared to investing more in upstream early intervention and prevention (Testa & Kelly, 2020). The highest level of mandatory intervention is, of course, placement of a child into foster care which is covered in detail in Chapter 3.

2.8 CHILD MALTREATMENT REPORTING RECURRENCE

Research on recurrent or chronic maltreatment indicates that whether measured by official reports or not, longer term outcomes are worse for children when maltreatment continues (e.g., Jaffee & Maikovich-Fong, 2011; Jonson-Reid et al., 2012). Recurrence is often thought of as a re-report to child welfare. However, when considering issues like emotional maltreatment or neglect, recurrence may be more appropriately thought of as an ongoing condition experienced by the child. Preventing either ongoing or recurring maltreatment is accomplished by removing the risks or barriers to family functioning.

In the United States the federal metric for recurrence only extends for 6 months, but when longitudinal data have been employed to measure recurrence, rates tend to hover around 30 percent within a 24–36 month window, and increase to over 60 percent when children are followed beyond 5 years (Kim & Maguire-Jack, 2021). Cumulative prevalence of recurrent reports

indicates that by age 12, one in seven children will have at least two reports (Kim & Drake, 2019). Studies find nearly equal rates of recurrence (though some find slightly higher and others slightly lower) whether or not cases are substantiated, despite the fact that federal language equates substantiation with actual victimization (White et al., 2015). The few studies available of screened-out cases also suggest substantial risk of recurrence (Simon et al., 2022). Recurrence rates in self-report studies of maltreatment also indicate a significant likelihood of repeat instances or chronic conditions (Finkelhor et al., 2007).

While the success of child welfare intervention is measured, in part, by its capacity to prevent recurrence, the constraints on the system are such that only some families will receive preventive intervention following an investigation or assessment (Children’s Bureau, 2025a). Summarizing what predicts recurrence is challenging given the vast variation in how people conceptualize both what is considered an initial report and what counts as recurrence. For example, while neglect generally has a higher report rate, a recent scoping review (Jonson-Reid et al., 2019) found great variation in whether studies followed only initially substantiated cases versus all reports and whether recurrence included only substantiated reports or all reports. Only studies from a single state had controlled for whether services were received after the initial report. Further, in many cases, even receipt of higher-end child welfare services is more likely after repeated reports, which in turn may complicate the success of the services if the conditions of a family worsen over time. Another difficulty is that most promising practices for reducing recurrence are particular evidence-based programs or other participation in services ancillary to child welfare (Carnochan et al., 2013; Morello et al., 2022). The availability and access to these programs varies as do the populations with whom these approaches have been tested.

What the result of child welfare intervention should be remains a topic of debate, from shorter term goals like rapid recurrence to some of the longer term goals discussed further in Chapter 6 (see Table 2.6).

Table 2.6 *Critical debates: Outcomes of child welfare services*

Argument	Counterargument
Child maltreatment investigations, voluntary service referrals, and/or in-home service engagement should produce strong, lasting changes in child and family well-being or safety.	Modest improvements that may be time-limited should be the expectation for child welfare involvement unless accompanied by sustained support and follow-up services.

2.9 SUMMARY: BALANCING OVER- AND UNDER-INTERVENING TO SECURE CHILD SAFETY

The reader will have observed many dilemmas associated with the identification and response to child maltreatment by the public, mandated reporters, and child welfare personnel. Maltreatment is common, but with regard to defining, detecting, and responding initially to maltreatment there is no commonly accepted norm across states or countries. The USA has selected a policy approach that engages a large number of people to make child abuse reports and, therefore, risks over-intervening. Yet, because members of the public and some mandated reporters are not well trained, or are ambivalent about referring others to child welfare, or simply are not aware of maltreatment in a given situation, we risk under-intervening. We have yet to see an example in the USA or globally where a formal response to maltreatment has developed that does not wrestle with the same issues of defining when parent behavior is considered harmful, how to identify cases, and how to appropriately intervene. Nor have we found an entirely voluntary non-governmental response that is comprehensive and makes the often hard decisions to protect children from harm.

As most children are not removed from their homes or seriously harmed after an initial report, the need to prevent recurrence, or a continuing pattern of harmful behavior, is high. Yet the skills required of child welfare professionals are nuanced, and the services required to address family difficulties may not always be available or effective. We revisit some of these issues like workforce preparation in later chapters. The “front end” of child welfare, described in these pages, continues to evolve in the USA and elsewhere as states try to determine the best strategies for identifying and responding to children in need.

3. Foster care and beyond: Pathways, practices, and permanency

While the priority of child welfare is to keep families together, placement into out-of-home care may be necessary if children cannot be cared for safely at home. This may occur following the provision of in-home services or, in some cases, placement into care may happen urgently if a plan for safe care cannot be immediately secured. In many US states, older children who may not be maltreated but instead have serious emotional or behavioral problems may be served by child welfare services (CWS) in residential or treatment foster care.

Out-of-home care has long been central to CWS, evolving from early systems like indentured servitude and orphanages to modern foster and residential care. Historically prompted by societal vulnerabilities such as maternal mortality and disease, today's out-of-home placements are largely due to parental behavioral health issues—substance use, mental illness, and intimate partner violence—which significantly contribute to child maltreatment (Skinner et al., 2021) as well as housing instability and homelessness, further elevating the risk of child welfare involvement (Bai et al., 2020).

Some child welfare literature refers to all out-of-home settings as “foster care” because care was, historically, provided by couples or individuals who were unrelated to the child needing a safe home. This usage now seems particularly archaic, as many more children are, cumulatively, placed into kinship care, treatment foster care, guardianship, adoption, residential care, or supervised independent living programs than are in “non-kinship foster care.” This chapter addresses activities related to caring for children in out-of-home care settings, including efforts to return them home safely, and to find longstanding and supportive family relationships.

3.1 REMOVING CHILDREN FROM HOME

All Western models of child welfare offer out-of-home care as a means to care for children whose parents are not present (e.g., in the case of abandonment) or able (e.g., in the case of abuse or neglect) to care for them. In the USA, if a child is determined unsafe and/or at risk of serious harm, child welfare

professionals may recommend removal of the child from the parent's care. One or more members of law enforcement may be present as child welfare professionals do not have the authority to take a child into custody. According to the most recent federal data, about 187,000 children entered out-of-home care in 2022 (Children's Bureau, 2024e). For many, their stay in care was very brief; relatively few children—about 6 percent of all children with a child abuse report—are removed from home for more than a week (Children's Bureau, 2024e).

Some children stay in out-of-home care for a few hours—just long enough for child welfare professionals to conduct a preliminary investigation and determine if there are relatives or other family members the child can stay with. In a few jurisdictions children may go to a “receiving center” where they can sleep, eat, change clothes, and play while the child welfare professional makes more lasting arrangements. Younger children are often placed in emergency foster homes, designated as such (and compensated) by child welfare agencies to prioritize having a bed available at every hour. Other jurisdictions may have an “emergency shelter” where an older child can stay for a few days or weeks while determinations are made about whether they can safely return home and where else they might best reside.

Within a few hours or days (depending on the day of week when a removal occurs), child welfare professionals must interact with the courts to legally justify their recommendation for the child's separation. In the USA, a single judge, magistrate, or referee leads the process with several attorneys present representing the CWS, the parents, and, sometimes, the child. In other countries, a panel of judges and experts hears a case (i.e., Norway), or a collection of panel and community members (i.e., Scotland's Children's Hearings: <https://www.chscotland.gov.uk/>; Scottish Children's Reporter Administration, 2023). Tribal leaders make placement decisions in the case of Native American children in federally recognized tribes in the USA (see a review of the Indian Child Welfare Act of 1978 in Chapter 4) and among First Nations children in Canada (Act Respecting First Nations, Inuit and Metis Children of 2020: https://laws-lois.justice.gc.ca/eng/annualstatutes/2019_24/). Depending on age and maturity, some children may be invited to contribute to the placement decision. Interacting with the courts is a key function of child welfare systems that we largely do not address in this volume. Though generally under-researched, these court interactions play important parts in both the initial placement decision and the decision about exits from care (see Table 3.1).

Table 3.1 *Critical debates: Social and relational factors in placement decisions*

Argument	Counterargument
Foster care placement decisions should account for the broader social context—such as neighborhood quality, school performance, and upward mobility rates. Prioritizing placements that give children access to safer communities and better long-term opportunities can promote equity and disrupt cycles of poverty. In some cases, this may mean placing children with non-relatives in higher-opportunity environments.	Placement decisions should prioritize relational continuity over social context. Child welfare should emphasize stability and emotional security by placing children with relatives or familiar caregivers, even if they live in lower-opportunity areas. Disrupting these connections to pursue potentially higher social mobility may neglect children’s immediate emotional needs and cultural identity, and could lead to greater instability in the long term.

3.1.1 **The Experience of Family Separation**

If a child is separated to out-of-home care, these experiences may be viewed as frightening and traumatic both to the parent and to the child. Depending on age and circumstance, children may experience a range of negative emotions. Fear, feelings of abandonment, anger, guilt, helplessness, and confusion are common reactions. Some children will experience relief because they have wished for their degrading circumstances to end. Indeed, CWS staff contend with parents and children who have experienced a history of trauma exposures, ranging from physical and sexual abuse, to neglect and interpersonal violence, before they intervene (Grasso et al., 2021; Suomi et al., 2024). Thus, the extent to which these reactions are due solely to removal and separation is impossible to ascertain. For some children this time away from their parents is not for the first time—they may have boarded with parental friends or family members or, even, strangers.

The likelihood of trauma resulting from separating children from their family (and quite possibly their siblings if a foster home is unable to care for sibling groups) must be weighed against the potential trauma of leaving children in high-risk or unsafe home environments (Lewis et al., 2022). While a good deal of research has focused largely on parental separation, children often experience loss associated with sibling separations. About three out of four children in foster care have at least one sibling who is also in care, and most of these children (65 percent) will eventually be placed in different settings (Boys & Girls Aid, 2025). Several studies point to the positive effects of placing siblings in the same foster home, including but not limited to easing common negative reactions to removal, maintaining familial bonds (Stevenson Wojciak et al.,

2024), and higher rates of reunification or adoption (Akin, 2011). Still, there are cases in which sibling separation is inevitable. Some children may need individualized attention and care to address unmet behavioral or developmental needs, foster parents may not be licensed to care for large sibling groups or certain age groups, and space and sleeping arrangements may be limited. There are also circumstances where separation is best because the dynamics between siblings are harmful at the time. (This does not mean that siblings should not have contact with each other so those dynamics can change.) Thus, CWS professionals must contend with any number of these scenarios when making a placement decision.

Although some children will welcome the chance to leave a terrifying and sometimes cruel environment, children are, nevertheless, likely to experience loss because of removal. They lose much that they are familiar with and much that has been of comfort to them. Skilled child welfare professionals recognize and endeavor to address these losses both initially during the placement process and throughout a child's duration in care (Lewis et al., 2022). The desire of children to spend time with their siblings may be long-lasting; as a response, child welfare professionals are developing a wide array of strategies to keep siblings connected—for example, summer camp programs for siblings (McCarthy et al., 2020), or foster care “villages” (as described in *Glimmers of Change* 3.1).

GLIMMERS OF CHANGE 3.1

A SAFE HAVEN FOR SIBLINGS IN CALIFORNIA FOSTER CARE

The foster care nonprofit Together California is leading the construction of a foster care village in Palmdale, CA, near Los Angeles.¹ This project seeks to keep siblings together in foster care to cultivate supportive environments while mitigating trauma. The village costs an estimated \$22 million and includes 12 homes; a 7,000-square-foot community center; garden, recreational, and sports areas; and two studio apartments that will provide transitional housing for older youth or temporary housing for birth parents working toward family reunification.² The project is

¹ Gardner, C. (2024, February 8). Christian Bale breaks ground on 16-year passion project: 12 new homes for foster children. *The Hollywood Reporter*. <https://www.hollywoodreporter.com/lifestyle/lifestyle-news/christian-bale-foster-children-village-together-california-1235819256/>

² Together California (2025). Creating an innovative model of foster care. <https://togethercalifornia.org/our-village/>

slated to be completed in 2025. Actor and developer Christian Bale hopes that this village may serve as a prototype for future projects, encouraging Californians to join in addressing the challenges that vulnerable youth face.

3.2 PLACEMENT TYPES

Increasingly in the USA and many other countries, kinship care is prioritized as a placement of choice when children must be cared for outside of their home. In some states, the definition of kinship may be limited to relations by blood or marriage. Generally, however, definitions of kinship are expanding with the goal of ensuring that the child's transition be eased by the familiarity of a known adult. In the state of Maryland, for example, the definition of kin includes the following:

An individual who is related to the child through blood or marriage, adoption, tribal law or custom, or cultural custom or practice; or an individual who is unrelated to the child but has a strong familial or significant bond with the child, or is a person identified by the child's parent.

In many states, kin are assessed for their safety and appropriateness as caregivers, they receive modest training and information about out-of-home care requirements, and they are then licensed as foster parents and paid a stipend. About one-third of children living in out-of-home care in the USA reside in kinship foster care (Children's Bureau, 2024e). But in other states, children may not be formally placed in care via the courts, but placements with kin may be arranged informally. This is sometimes known as "hidden foster care" or "shadow foster care"; more positively, it may be referred to as "informal kinship diversion" (Gupta-Kagan, 2019). Views about kinship diversion are highly contested. To some, this may be seen as an abuse of power because the birth family has no right of action to stop the practice or to easily regain their child's custody. Alternatively, kinship diversion is seen as a least intrusive intervention since it avoids government involvement altogether. Of course, large numbers of children in the USA live in a substitute home without a birth parent and are not involved with CWS. More than 2 million children live in privately arranged kinship care, many with grandparents (Annie E. Casey Foundation, 2024a). Because these scenarios exist outside of formal child welfare processes, however, we do not cover this further in this book.

If appropriate kin cannot be identified, child welfare professionals are required to identify an out-of-home setting that is the "least restrictive (most family-like) and most appropriate setting available" (Adoption Assistance and

Child Welfare Act [AACWA], 1980). In the USA, somewhat less than half of all children (44 percent) reside in non-relative foster care, sometimes referred to as *resource homes* (Children's Bureau, 2024e). These caregivers are typically strangers to the child; they are assessed for care through a "home study," participate in training, are licensed, and are paid a stipend for what is considered a voluntary service.

For children with a higher level of need due to health or behavioral health concerns, treatment foster care (TFC) (also called "family-focused foster care") may be available. These caregivers receive a higher foster care subsidy, additional training, and more social work support. The Family Focused Treatment Association, an organization that has supported the use of TFC for decades, asserts that one in ten children in foster care is in TFC. Although designed for children with significant behavioral disorders, some children placed in TFC do not manifest these difficulties because they may be siblings of other children placed in TFC or because a TFC home may be the only available placement for a child of a certain age or gender in a community. TFC has relatively tight clinical guidelines and endeavors to occupy a role as a "clinically effective and cost-effective alternative to residential treatment facilities that combines the treatment technologies typically associated with more restrictive settings with a nurturing and individualized family environment" (Family Focused Treatment Association, n.d.).

3.2.1 Initial Calls and Introductions

For children placed with non-relatives, some best practices are designed to ease the transition to out-of-home care, for the child and for the birth parent. For example, best practice suggests a phone call between the foster parent and birth parent soon after placement. This gives the birth parent a chance to talk with their child, and an opportunity for the foster parent to provide information about the child's well-being, creating the potential for a relationship of mutual care for the child. Whether or not this initial call is made, the next step in the foster care placement is, ideally, a face-to-face icebreaker meeting soon after placement (Biehle & Goodman, 2012). This meeting involves the foster and birth parent and the child(ren) at the outset of placement and whenever a child is moved to a new placement. The main purposes of the icebreaker are to share important information about a child and to build a relationship between the child's birth parents and the new caregivers. Icebreakers open the door for communication. The meetings allow birth and foster parents to exchange information about the child: What foods does he like? What helps her fall asleep? Does he like pets? What helps her get to school in the morning? Some foster parents may want the child welfare professional to attend

the initial meeting—perhaps held at the CWS agency—although experienced foster parents may select a convenient “neutral” site instead.

3.2.2 Family Meetings

Many states now require that *family team decision-making* or *family group conferencing* (there are many alternative names for this decades-old practice that began in New Zealand) are conducted at the point of removing a child or during the early days of their stay in out-of-home care or at the point of reunification. Some states require that these meetings occur every six months if a child is in out-of-home care. Evidence is accumulating that these meetings contribute to more engaged social support networks (Corwin et al., 2020) and the achievement of permanency (Ahn et al., 2023). At the same time, these meetings may be more likely to result in referrals to a full array of services (Ahn et al., 2022). Some evidence also suggests that reunification of children from group care is enhanced by having family meetings (Lee et al., 2013).

While they may offer benefits, these meetings are somewhat difficult and time-consuming to arrange and therefore somewhat costly—especially because they typically require a facilitator who is specially trained (and who may be privately contracted in order to give a sense of greater objectivity). Generally, although these meetings are required, they may take several weeks to organize so they are not typically used to prevent removal.

3.2.3 Ensuring Quality Care

About 6 percent of all children in the USA will spend some time in out-of-home care before their eighteenth birthday (Wildeman & Emanuel, 2014). For those who must be separated from parents, the goal is to find alternative caregivers who will offer safe, adequate care. Caregivers, whether kin or resource parents, typically undergo some background checks and basic training; some may participate in a more extensive home study process to consider their readiness (e.g., Consortium for Children, 2025; Crea et al., 2009).

Generally, the child welfare agency is responsible for training and preparing foster parents who can provide safe parenting, engage in positive relationships with birth parents who are working on reunification, and demonstrate “prudent parenting” which will lead to normalizing experiences for children without significant risk to the child or agency.

Recruitment, retention, and quality care are all continuing challenges in the USA and many other countries. According to some sources, the number of available non-relative foster homes (including regular and treatment foster care providers) has declined across the USA (see “Who Cares”: <https://www.fostercarecapacity.com/>). In 2019, there were over 219,000 foster homes licensed

across the states; by 2021, that number had declined by about 15 percent. There are various reasons for the change including the high cost of housing, inadequate care subsidies, and longstanding concerns about inadequate service availability for children (Leffler & Ahn, 2022).

Although foster parents rarely harm children they are caring for, they also may not fully engage with the significant role of caring for children who have unfamiliar and challenging patterns of behavior. One model for improving the experience of foster parenting for children, birth parents, and foster parents is the Quality Parenting Initiative (Quality Parenting Initiative, n.d.; Lewis et al., 2022), which is based on a core idea that “consistent excellent parenting and meaningful relationships are the most important services we can provide to children and youth in foster care” (Quality Parenting Initiative, n.d.). The idea is simple but is nonetheless difficult to enact given the paucity of applicants to become foster parents and the resource constraints agencies face in supporting strong caregivers.

3.3 SERVING PARENTS OF CHILDREN IN OUT-OF-HOME CARE

While children are cared for in settings away from their parents, child welfare agencies are responsible for offering services, coordinating care, and supporting families to understand and use the services to which they are eligible, all with the goal of helping parents resolve their unsafe parenting behaviors and promoting reunification. There are few evidence-based practices available that have demonstrated effectiveness in achieving changes in parenting. Much of the general literature on interventions with children and families suggests that there are a few common elements that help explain positive mental health outcomes (Barth, 2007; Barth et al., 2012). These elements may also be relevant for CWS to parents who have children in out-of-home care. A study of the common elements of successful parental engagement in children’s mental health services provides some key markers: that is, apt assessment, accessibility promotion, psychoeducation about services, homework assignment, and appointment reminders (Lindsey et al., 2014). We also know from CWS research that parents and staff endorse similar skills, characteristics, and behaviors from child welfare professionals: honesty and openness, nonjudgmental attitude, respect, and communication (Dunkerly et al., 2023). Rousson et al. (2025) obtained information from more than 100 parents, service providers, Court Appointed Special Advocate volunteers, child welfare researchers, and racial equity experts to capture some of the ways that efforts to assist parents have been delivered and how that might change for the better. Providing for self-identified needs such as accessing housing, financial assistance, or childcare may increase engagement and build relationships wherein parents

are more open to ask for or receive help regarding parenting skills should they be needed or helpful. Staff capacity to build relationships and engage parents also depends on individual practices supported through effective supervision and the time and priority to deliver meaningful interventions. Systems-wide approaches include child welfare agencies regarding supervised visitation as an opportunity for practice engagement, and supporting individual staff to prioritize relationship-building to engage and support families. Importantly, trial home visiting is one of the most overlooked elements of effective reunification services (Ahn et al., 2025; Shaw, 2021).

Another ostensible form of “trial home visit” is “shared family care” (Barth & Price, 1999; Barth et al., 2023). Shared family care involves placing a parent and child, together, into out-of-home care—whether foster care, group care, or residential care. Practiced around the world the concept aligns with the principles of family preservation (keeping relationships between parents and children strong) and out-of-home care (providing safety for the child while the parents reduce their risk of harming their child). Sometimes, one child (often a younger child) goes into care with the parent even though older children may only be visitors to the home. Optimally designed programs also provide after-care to maintain the connection to the host family as parents make their transition to independent parenting. (Another innovation to extend the capacity of traditional foster care is the Mockingbird Foster Care model—see *Glimmers of Change* 3.2.)

GLIMMERS OF CHANGE 3.2

BEDFORD BOROUGH LAUNCHES UK’S NEWEST MOCKINGBIRD FOSTER CARE CONSTELLATION

In March 2024, Bedford Borough Council in Bedfordshire, England, launched its first Mockingbird Constellation, a pioneering model of foster care that mirrors the structure of an extended family.³ Originally developed by the Mockingbird Society in Seattle and delivered in the UK by The Fostering Network under license, the Mockingbird Family Model™ is an evidence-supported approach to foster care that strengthens relationships and builds community among foster families. At its core are “Constellations”—networks of 6 to 10 foster families supported by a central hub home carer and liaison worker. These constellations

³ Central Bedfordshire Council (2024, November 26). Mockingbird pilot to strengthen foster care community and support. https://www.centralbedfordshire.gov.uk/news/article/1257/mockingbird_pilot_to_strengthen_foster_care_community_and_support/

provide peer support, guidance, social activities, and respite care, creating a stable, nurturing environment that helps prevent placement breakdowns and promotes permanence for children and young people. The model emphasizes child-centered practice and offers flexibility to support a wide range of care experiences, including kinship care, special guardianship, adoption, and residential transitions.

The Fostering Network collects monthly monitoring and evaluation data from all active Constellation sites in the UK. According to The Fostering Network's latest available report, the Mockingbird Family Model is associated with increased retention of foster carers and fewer placements in residential care. Further, Mockingbird resulted in estimated cumulative savings of £6.4 million from 2018 to 2023.⁴ England's Department for Education found the program to be a cost-effective and sustainable approach to foster care, offering greater capacity to support children and young people compared with other care models currently in use. The Mockingbird care model is now implemented across the UK and internationally, including in the USA, Canada, Japan, Australia, New Zealand, and the Netherlands.

3.3.1 Spotlight on Congregate Care

Children and youth with acute behavioral health needs may be placed in residential or group home care. Group care is seen, in most states and even internationally, as a "last resort" placement setting, rather than a preferred starting point (Whittaker et al., 2022), yet its use persists. Federal legislation to curtail funding for group homes may push states to identify other care settings for children and youth (Family First Prevention Services Act, 2018); some evidence suggests that group care utilization is, in fact, declining. But about 10 percent of all children in out-of-home care are served in group (4 percent) or institutional (5 percent) care (Children's Bureau, 2024e) and on balance, some children are more likely to be served in group care than others, including boys, older youth, and African American youth (Wulczyn et al., 2015). We discuss congregate care in more detail in Chapter 5 as the use of congregate care is typically limited by custom and law to older children.

⁴ The Fostering Network (2025). *Mockingbird Family Model™: The Mockingbird impact report 2024*. <https://www.thefosteringnetwork.org.uk/media/5qihhelw/mockingbird-impact-report-2024.pdf>

3.4 PERMANENCY IN CHILD WELFARE

The USA has a long tradition of pursuing *permanency* for children who have experienced a family separation. The idea of *permanency* was embedded in one of the early federal laws governing child welfare (AACWA, 1980), and the concept has been adopted in many countries. Permanency refers to a “permanent, stable living situation, ideally one in which family connections are preserved” (Child Welfare Information Gateway, n.d.). The primary goal is to provide children with a sense of security and belonging, essential for their emotional and psychological development.

3.4.1 Ensuring Lasting and Protective Relationships

The challenge of permanency planning is not simply to find a child a placement, but to ensure that children and youth have lifelong connections with people who will continue to offer positive relationships and support. Children and youth in foster care have often lived through multiple traumas and disruptive events by the time they begin their stay in out-of-home care. This can include maltreatment and, for older children, multiple placements, lack of continuity in education, and an array of losses of relationships (e.g., friends, family, pets, and/or siblings; Salazar et al., 2013) (see Table 3.2).

Establishing lasting and protective relationships with caring adults is important for all children but it may be especially challenging for older youth who may exhibit exaggerated emotional and behavioral difficulties. For these youth, permanency is important as they navigate the complexities of their post-CWS lives (Okpych & Courtney, 2023). These relationships provide emotional support, stability, and guidance, which are essential for their development and well-being (Greeson, 2013; Greeson & Bowen, 2008). Enduring relationships

Table 3.2 *Critical debates: Permanency planning: family ties vs. familial bonds*

Argument	Counterargument
Permanency planning should prioritize adults who have well-established, trusting relationships with children—such as foster parents—even if they are not biologically related. A stable emotional bond between caregiver and child may offer greater continuity, emotional security, and developmental benefit than connections based solely on legal or blood ties.	Permanency planning should prioritize biological or legal relatives—even if the child is unfamiliar with those individuals—on the grounds that kinship placements uphold cultural, familial, and legal principles of family preservation.

with caring adults, especially those who are not caregivers, can positively impact outcomes for youth in foster care, and help them transition successfully into adulthood (Ahrens et al., 2011; Jones, 2014).

One of the primary benefits of lasting relationships with adults is the provision of emotional support (Greeson et al., 2010). These relationships may offer a safe space for youth to express their feelings and receive validation and understanding. Having a stable, caring adult in their lives can help mitigate these effects by providing a sense of security and belonging (Ahrens et al., 2011). Supportive relationships with adults can reduce the risk of negative outcomes (e.g., depression and anxiety) among youth with adverse childhood experiences, including child maltreatment (VanBronkhorst et al., 2023).

Protective relationships with caring adults can act as a buffer to help children and youth who would otherwise engage in high-risk behaviors. Former foster youth are at a higher risk for substance abuse, criminal activity, and other harmful behaviors due to their exposure to adverse experiences (Dorsey et al., 2012; Salazar et al., 2013). Caring adults who maintain protective relationships with these youth can monitor their activities, set boundaries, assist with the provision of concrete needs, offer caring interactions, and provide positive role models.

In short, lasting, protective relationships with caring adults are valuable for all children. Legal permanency—a stable, lasting relationship secured by law—is expected to have a powerful impact on a child's well-being, influencing various aspects of their emotional, psychological, and social development. Research evidence confirms these benefits:

- **Emotional stability:** Achieving legal permanency provides children with a stable and secure environment, which is crucial for their emotional well-being. Children who have a permanent home are less likely to experience the anxiety and uncertainty that comes with frequent moves and changes in caregivers (Maguire et al., 2024). This stability helps them form secure attachments and develop trust in their caregivers.
- **Psychological health:** Children who achieve legal permanency tend to have better psychological outcomes. They are less likely to suffer from mental health issues such as depression and anxiety compared with those who remain in temporary foster care (Salazar et al., 2013). The sense of belonging and permanence contributes to higher self-esteem and a more positive self-identity.
- **Educational achievement:** Stability in living arrangements is linked to better educational outcomes. Children in permanent homes are more likely to attend school regularly and perform better academically (Fantuzzo et

al., 2012). Consistent support and encouragement from permanent caregivers play a significant role in children's educational success.

- **Social development:** Legal permanency allows children to build and maintain long-term relationships with caregivers, peers, and community members. These stable relationships are essential for developing social skills and a sense of community (Geiger & Schelbe, 2021). Children with permanent homes are more likely to participate in extracurricular activities and form lasting friendships.
- **Long-term well-being:** The benefits of legal permanency extend into adulthood. Children who grow up in permanent homes are more likely to have stable employment, healthier relationships, and a lower likelihood of engaging in criminal activities (AEI-Brookings Working Group on Childhood in the United States, 2022). The foundation of stability and support children receive in their formative years sets them up for a more successful and fulfilling life.

Although the concept of permanency is taking hold in other nations, the emphasis on permanency may be different. For example, Germany prioritizes family unity and provides extensive support services to address issues within the home. The termination of parental rights is rare and typically considered only when all other interventions have failed (Haug & Höynck, 2016). A study comparing CWS in the United States and Sweden highlights differences as well. The Swedish system lacks the permanency planning characteristic of the US system, which often leads to termination of parental rights and adoption. Instead, Sweden prioritizes supportive interventions aimed at family reunification and long-term foster care without severing parental rights (Barth, 1992). This family-centered approach reflects Sweden's commitment to upholding family integrity and providing comprehensive support services to address issues within the home, thereby minimizing the need for drastic measures like termination of parental rights.

3.4.2 Spotlight on Reunification

In most instances, parents can and should provide legal and emotional permanency for their children. Child welfare professionals therefore seek to reunify children with their birth parents as soon as it is safe to do so. Most children who enter foster care, therefore, will not remain there for very long (Wulczyn, 2020). In Wulczyn's life course analysis, which included more than 16,000 children admitted to foster care before their first birthday, only 41 children spent their entire childhood in care. To illustrate further with older children,

only 3.6 percent of children who were 10 years old when they entered foster care were still in placement by the time they reached age 18.

Reunification is, across all age groups, by far the most common reason to leave care. Yet the extent to which reunification is the greatest source of exits varies by place (some agencies have a stronger reunification culture than others), by age, and by many other factors that need to be better understood. About 30 percent of children who come into care will return home although the likelihood of a return dims the longer children remain in care and becomes negligible once a child is in care for three years or longer (Wulczyn, 2020). Children and youth who are placed into group care have the fastest reunification rates. Reunification rates are comparable across racial and ethnic groups during the first six months as about 20 percent of children will be reunified within six months. Black children, however, have a sharper rate of decline in reunification after the first six months and typically remain in care longer than other children.

Another helpful way to look at exits from care is to consider typical patterns of care experiences by age (Jones et al., 2024). In general, children who are young at entry and leave foster care before turning 3 are frequently adopted and have little ongoing system contact. School-age children typically enter care between ages 5 and 10, stay in care for the shortest amount of time and usually exit to reunification. Late-entry children typically enter care between ages 9 and 11, have substantial CWS history at the time of their initial entry, and remain in care into mid-adolescence.

Re-entry to out-of-home care following reunification is common—about 20 percent of children who are reunified will re-enter care within two years (Children's Bureau, 2020b; Wulczyn et al., 2020). About half of them will have a child abuse report within the next five years (Jones & Jonson-Reid, 2025), suggesting how perilous their developmental circumstances have remained. Older children are the most likely to re-enter care after they are reunified and are the most likely to exit to emancipation (also referred to as aging-out) at age 18. Older children are also the most likely to come back into care without a new child abuse report (about one-fourth of the time) (Barth et al., 2025). Instead, a substantial proportion (28.5 percent) of those do not involve a new child abuse report (28.5 percent) instead resulting from parental incapacity (e.g., parental death, abandonment, or inability to cope). When re-entry involves a child abuse report about one-third of children initially removed for a single type of child maltreatment return to care for multiple reasons (see Table 3.3).

The courts typically authorize time and support services be offered to parents to help them reunify safely with their children. Federal law allows parents access to 12 months of services with options to extend the offer of services for an additional 6 months, if needed. Although a substantial proportion of children ultimately reunify, we know very little about the services that facilitate

Table 3.3 *Critical debates: Family reunification for all?*

Argument	Counterargument
Child welfare has a responsibility to support family unity through reasonable efforts, regardless of a parent’s history or the severity of current allegations. Denying reunification services prematurely risks further harm to children by permanently severing family ties without giving parents a meaningful chance to change.	In cases involving egregious abuse, chronic neglect, or a long history of failed services, reunification is neither safe nor appropriate. In such cases, pursuing permanency without delay best serves the child’s interests. Bypassing reunification services recognizes that not all parents are willing or able to make needed changes, thus protecting children from further harm.

reunification. There are relatively few “evidence-based practices” available to aid child welfare professionals in their efforts to reunify families. Nevertheless, some programs show promise—particularly home-based programs that include modeling, role play, coaching, feedback, and homework—all experiential strategies that allow parents to practice new approaches to parenting their children (Barth & Liggett-Creel, 2014; Luu et al., 2025). Parents need to demonstrate to the court the changed circumstances of their home and parenting to ensure the child’s safe return. If parents cannot or will not make the changes required, the court may terminate the offer of services and explore alternative opportunities for permanency so that the child can secure a lasting and safe family (see Table 3.4).

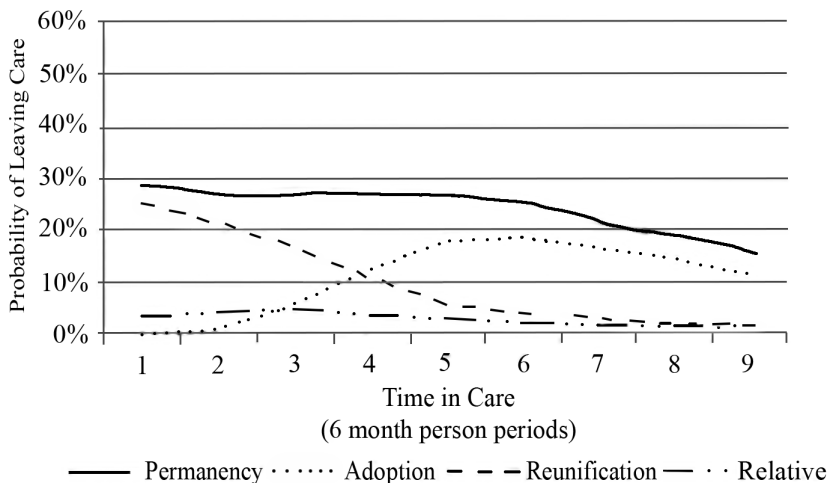
Table 3.4 *Critical debates: Timeline for reunification efforts*

Argument	Counterargument
Reunification efforts should be time-limited to avoid prolonged stays in foster care. Lengthy timelines for reunification can leave children in limbo and delay their opportunity to form stable, permanent attachments. CWS should prioritize timely permanency, setting firm limits to ensure that children’s developmental needs are not compromised while adults work toward change.	Parents should be given as much time as necessary to make meaningful changes. Building parenting capacity, healing from trauma, and behavioral change take time—often more than the standard service timelines allow. Rushing reunification decisions risks severing family bonds prematurely and ignores the structural barriers many parents face. Extending the reunification timeline supports deeper, more sustainable family restoration, even if it means children remain in care longer.

3.4.3 Spotlight on Adoption

When reunification is not possible, adoption may be a viable option for achieving permanency. Adoption provides children with an alternative permanent family and legal recognition of their new familial relationships. This process involves terminating the birth parents' rights and transferring them to the adoptive parents. Adoption of children from foster care is unusually common in the United States, compared with many other countries, especially among children who come into foster care at a very young age.

Most children who are in foster care for at least seven days will, eventually, leave foster care to return home (Children's Bureau, 2024e) (see Figure 3.1). When adoption is pursued, courts must have a finding that efforts to reunify children are no longer reasonable. Foster parents frequently adopt the children in their care, but sometimes there are close or distant relatives or other parental figures who may have a claim on adopting a child that prevails over that of the foster parent. The significance of the child's relationship to the custodial foster parent is also considered. One of the contested ideas in child welfare is the prominence that should be given to adults who have an ongoing relationship with the child (e.g., a foster caregiver) compared with the importance of connecting children to members of their extended family, whether or not those



Source: Wulczyn (2020).

Figure 3.1 Probability of leaving placement by time and reason for exit

adults are known or familiar to the child. Adoption is considered preferable to guardianship by the law, but agencies and courts may determine that guardianship is preferable to adoption, especially if children are placed with a relative.

Adoption is far more common for newborns and infants who enter foster care than other children. Newborns (placed before 31 days old) and infants (placed between 31 and 365 days old) make up about one-fourth of all children who enter foster care (Wulczyn, 2020). At its peak, 40 percent of adoptions will be for children who entered care as newborns or infants (Wulczyn, 2020). Because there are multiple legal safeguards in place to protect parents' rights, finalizing an adoption typically takes some time. Wulczyn shows the peak age of adoption is around 6 years old, even though the children lived in the adoptive parents' home in a "foster-to-adopt" status for an average of about four years.

Adoption, like all other child welfare "programs" is provided by the states and counties (the USA has more than 3,000 counties) and there is great state variation. Some states (and local jurisdictions) are quick to use provisions in federal law to terminate parental rights for very young children whose parents have already had adverse encounters with CWS and some are not (Berrick et al., 2008). Best practice is considered to be expediting reunification and adoption for very young children and some jurisdictions have policies that make decisions about termination of parental rights at six months after removal. This puts a very high burden on parents and agencies to expedite treatment and improvement—especially for parents who are using substances in dangerous ways. Agencies and courts take a longer time making decisions to terminate parental rights for older children because their options for finding an adoptive family (or their interest in being in an adoptive family) may be small. Federal law does give priority to trying to get older children adopted, which includes offering financial supports. The size of adoption subsidies can be adjusted to accommodate the higher costs of raising older children. Also, the Federal Adoption and Legal Guardianship Incentive Program (Children's Bureau, 2020a, 2024a) gives additional support to states that increase their share of adoptions or guardianships for children who are 7 years or older.

3.4.3.1 Practices regarding termination of parental rights (TPR)

To transfer the parental rights from a birth parent to an alternative caregiver, the legal rights of parenthood for the original parent must be terminated. The practice of TPR appears to be a somewhat uniquely common feature of child welfare agencies in North America. About 100,000 children in foster care in the USA have had their parents' rights and responsibilities terminated and await adoption. About 10 percent of children who age out of foster care will do so without parental ties to either a birth parent or an adoptive parent (Children's Bureau, 2024e).

Termination of parental rights occurs in two major ways. Children who are placed as infants into foster care after they are born to parents who are addicted to drugs or have significant mental health problems or who have previously had rights to a child terminated by the courts can be fast-tracked into a foster-adopt home that will, in great likelihood, proceed to adopt them. Federal law includes a set of five adverse case characteristics that are allowable for this “reunification bypass” mechanism which permits TPR without demonstrating that reunification services were offered. Some states have doubled or tripled that number of conditions. These conditions vary greatly by jurisdiction and, even, within jurisdictions—i.e., by judge (Berrick et al., 2008). Partly because of this policy and practice mechanism, as many as 40 percent of infants who come into foster care will leave by adoption (Wulczyn, 2020).

Many countries do not have policies to ever terminate parental rights, largely because of the view that it violates children’s right to have access to their parents as stipulated in the United Nations Convention on the Rights of the Child. In the UK, adoption is still possible although it is done without termination of parental rights. And in some countries, international adoption is allowed but adoption from foster care is very restricted or unlawful. We estimate that about 10 percent of children who emancipate from foster care will have had their parental rights terminated and never been adopted or had an adoption that was legally terminated (Mack & Barth, 2023). Some of these children renew or intensify their ties with their family of origin. Nearly half of US states have now developed processes by which a parent can regain parental rights after a request by the child, approval by the agency, and court agreement (National Conference of State Legislatures, 2019) (see Table 3.5).

Table 3.5 Critical debates: Conceptualizing TPR – family separation or family security?

Argument	Counterargument
TPR is sometimes necessary to protect children from harm and secure a path to legal permanency through adoption. For some children, TPR can open the door to a safer, more stable home. In these cases, ending parental rights is essential to safeguard a child’s future.	TPR can represent a profound loss and should be used, for older children, only in the most extreme cases, if at all. By severing children from their cultural, familial, and community connections, TPR often erases identity and heritage, disregards the potential for family rehabilitation, and prioritizes legal finality over relationships. Alternative models—such as guardianship or open adoption—may better protect children’s rights to both safety and family.

3.4.3.2 After adoption

Post-adoption services have long been part of the adoption discussion but are, in fact, relatively rare and modest. Several models that involved intensive in-home counseling were originally tried but were not successful or lasting as they did not seem to fit the needs of adoptive families. Much of the work has involved referring families to adoption-competent mental health service providers (Atkinson & Riley, 2018) and adjusting adoption subsidies to help families pay for other services that they hope will settle family conflicts. Illinois has developed a cadre of educational consultants for adoptive families because of their findings from a statewide survey that this was a high priority concern. Illinois' "Path Beyond Adoption" program includes free access to adoption advocates who can help families identify and claim the specialized services needed by their child. They recently tested, and found helpful, a program that involves an annual assessment of adoptive families' experiences and a graded system of responses (White et al., 2021b).

Although youth who are adopted often struggle with behavioral and educational issues that are more intense than those of other children, the outcomes of adoption remain robust. Adoption offers children the opportunity to form lasting bonds with their new families and provides them with the stability and security they need to thrive although this does not readily translate to better academic or relational outcomes (Domanico et al., 2025; Zill & Bramlett, 2014). Most adoptive caregivers describe positive child adjustment but not a few caregivers indicate family struggles, such as caregiver strain, child behavior difficulties, and lack of access to adoption-competent services (White et al., 2021a).

3.4.4 Spotlight on Legal Guardianship

Guardianship is another pathway to legal permanency, particularly for older children who may not wish to be adopted but still need a stable and supportive home environment. Guardianship grants legal responsibility for the child to a caregiver, who may be a relative or a close family friend (Gupta-Kagan, 2015). This arrangement allows children to maintain connections with their biological families while providing them with the stability and support they need (Katz, 2013). Guardianship can be a flexible and effective solution for achieving permanency, especially for children who have strong ties to their extended families. Most guardians are family members but some guardians are fictive kin or persons previously known to the child.

Guardianship is an option that gives caregivers independence from agency supervision but includes an ongoing stipend for the child's care. Child welfare professionals do not include guardians on their caseloads so practice in support of guardianship is not well understood. We have evidence that non-kinship

guardianship has a higher disruption rate than kinship guardianship although stability is also mediated by lower caregiver strain, younger children, and fewer child behavior problems (White et al., 2021a). We also believe, from our professional experience, that guardians may be less likely to provide support after a child reaches the age of majority and subsidies for the child cease. State benefits to children under guardianship are also curtailed at age 18. Compared with children who age out of foster care, children in guardianship do not have ready access to scholarship and housing programs after age 18.

3.4.5 Returns to Out-of-Home Care

Children who return home from out-of-home care have a high likelihood of re-entering care. This varies across the USA from about 10 percent to about 30 percent, depending on the child's age and other factors (Wulczyn et al., 2020). We know little about the services or supports that can help parents following reunification to reduce the likelihood of re-entry to care. Some evidence suggests that offering parents trial home-visits with their children prior to reunification—an effort to ease the transition home—may have a positive effect (Shaw, 2021). We do now understand that child maltreatment after reunification occurs in about 50 percent of cases (Jones & Jonson-Reid, 2025) but we do not know about the severity of this maltreatment. Re-entry into foster care is a predictable outcome when social workers and judges take a chance on families and place children back into homes where there is a strong reason to believe they will be safe but where there is also some doubt that they will be able to remain at home. We would not want a CWS that had no re-entries into care—because we would expect that more children might have succeeded if given a chance. What we can expect is that no children who are reunified will be seriously hurt during their reunification experience.

3.4.6 Other Paths to Exit Out-of-Home Care

Reunification, adoption, and guardianship are the most common transitions out of care, but children exit the child welfare system via other paths as well. They can, generally, leave by running away, they can be transferred to other agencies (e.g., psychiatric placement or juvenile justice assignment), they can leave care to live with a non-custodial parent, or they can emancipate (i.e., age out of care). We will examine some of these issues in subsequent chapters.

3.5 SUMMARY: FROM PLACEMENT TO PERMANENCE—A JOURNEY STILL IN PROGRESS

A relatively small proportion of all children referred to CWS ever spend time in out-of-home care, but for those who do, their placement experience is likely to be consequential. States have endeavored to prioritize placement settings that are familiar to the child, that have home-like characteristics, and that provide maximum freedom for the child to continue to experience a “normal” childhood. But realizing these aims is difficult. We now know that even children who are adopted—the largest and most powerful intervention we have—may not stay in their adoptions until majority and may be alienated from their adoptive families. Further, although privileged with families that are more organized and resourceful than their first families, they may still suffer behavioral health challenges via adoption.

CWS agencies have evolved from frequently using out-of-home care as their primary service to rarely using out-of-home care. When out-of-home care is used, a much greater proportion of children go to kinship care than to group care—a reversal of historic trends. We see similar trends in other countries although the proportions of children going into group care are far higher than in the USA and those going to live in kinship care are lower. Understanding the best use of out-of-home care will continue to evolve as outcome research becomes clearer and, more profoundly, as the phenomena of reproduction, family life, housing, and employment change.

4. Child welfare and the challenge of difference: Universalism, accommodation, and reform

Understanding child welfare services (CWS) requires grappling with issues arising from historic and current discrimination, disenfranchisement, and unequal access to resources and opportunities for minority families. In nations across the world (where data collection strategies are sufficient to identify the characteristics of families served by child welfare), minoritized groups are typically over-represented in the child welfare system (Berrick et al., 2023a). Some countries, including the USA, Canada, Australia, and New Zealand, focus considerable attention through research, advocacy, policy, and practice to understand and address disproportionate representation. These issues may be less salient in other countries but we expect that every nation has one or more groups that are disproportionately (compared with their representation in the overall population) involved in CWS or its equivalent.

In this chapter, we endeavor to address some of the competing ideas that shape policy and practice for minoritized groups. In particular, we consider efforts to make special accommodations for some groups while adhering to universal standards for others. Although most minoritized groups have long histories of exclusion and oppression, we do not focus on these historical factors here. Each group within each country is deserving of its own chapter or book detailing these injustices as these contexts are likely implicated in disproportionate representation in child welfare and create a sense of urgency to address through contemporary reforms.

4.1 DISPROPORTIONALITY TODAY

Concerns about groups with disproportionate representation in child welfare compared with their representation in the population dominate research, advocacy, practice, and policy circles in the USA, and typically eclipse concerns about disparities in resources and community supports that are associated with these numbers. Chapter 2 details some of the stark data that drive these concerns. To summarize, almost one in two Black children in the USA will be

investigated by CWS by the time they turn 18; for Native Americans, comparable rates are about one in four, whereas for White children the rate is approximately two in five (Kim et al., 2017). Similarly, whereas about 6 percent of all children in the USA will experience foster care for at least some days during their childhood, the same is true for 11 percent of Black children and slightly over 15 percent of Native American children (Putnam-Hornstein et al., 2021; Wildeman & Emanuel, 2014). These disproportionalities are concerning and merit significant attention to address their root causes. (We use the term “disproportionality” to mean differences in rates of an event between races or cultures. “Disproportionality” as typically used in CWS means that there are proportionately more children from a group involved in CWS than are in the general population whatever the cause of that difference. We use the variously defined term “disparity” to connote inequity, racial bias, or unfairness.)

Contemporary discussions about racial disproportionality suggest different mechanisms at play, with some arguing that the cause of these differences is rooted primarily in racial bias among mandated reporters, child welfare professionals, legal professionals, judicial officers, and other allied professionals. Others argue that there are social determinants of family life that impose especially heavy burdens on very low-income communities, putting some children at higher risk of maltreatment than others (Drake et al., 2023). We have labeled these two paths the “bias model” and the “risk model.”

We tested the fit of the bias vs. risk models empirically in Drake et al. (2023). This was fundamentally an examination of the difference between known *reported* disproportionality and estimated *actual* disproportionality, which had been put forward as evidence of over-reporting, over-screening, and/or over-substantiating (i.e., opening a formal service case) for Black children. In that study, we tested the competing models using data drawn from national child welfare and public health sources. We compared racial disproportionality ratios in official child welfare victimization rates to rates of key public health outcomes not subject to the same potential biases (e.g., infant mortality). Racial differences in official child welfare victimization rates were generally consistent with known differences for other child outcomes. This of course does not imply that there are not systemic biases that led to the difference in risk to begin with (Feely & Bosk, 2021), nor does it negate the need to address the underlying causes that create this difference in risk. In the current context, however, Black children appear to be under-represented in child welfare, compared with the risks they otherwise encounter during childhood.

We also found evidence supporting the presence of the Hispanic Paradox, suggesting that even though Hispanic children are exposed to more risks than White children, reports to child abuse and neglect hotlines and harm are equivalent between groups. This so-called Hispanic Paradox has also been identified as operative in first-generation immigrant families (Millet, 2016;

Montoya-Williams et al., 2021). The weight of the evidence from this and other studies generally suggests that the “risk model” likely explains the primary mechanism at play in the racial disproportionalities seen in child welfare, though it does not discount the possibility that racial bias may also be a factor that could benefit from reform.

As readers have no doubt surmised, child welfare is a complicated field, yet proponents of the “racial bias” model have also argued that over-representation among Black children occurs at every stage in the child welfare system (Cénat et al., 2021). While this may have been true historically, the evidence suggests a more nuanced story today. Smith and colleagues (2018), for example, found that Black children are actually under-reported for maltreatment in the rural South. Recent evidence also shows that Black children have a lower rate of entry into foster care, except for certain smaller regional areas (Wulczyn et al., 2023). The fastest growing group of children entering out-of-home care in the USA is in rural and semi-rural areas, from largely White communities (Wulczyn, 2020).

Finally, because proponents of the “racial bias” model view the intrusion of child welfare into family life as unjustified (because the intrusion was ostensibly due to bias rather than harm to the child), they also suggest that CWS harms Black children and that outcomes following child welfare exposure are necessarily poor. We have elsewhere addressed this question (Barth et al., 2020a) and have found little evidence that disproportionate minority contact with CWS or the services that minority children experience results in negative outcomes. First, child welfare contact is a highly heterogeneous phenomenon, with the vast majority of children experiencing only a child maltreatment referral and sometimes an in-home investigation. Many fewer children experience a stay in foster care—an experience with the potential to have a significant impact on a child’s outcomes, and many children who leave foster care return to vulnerable families who may not be able to provide the protection children need to grow and thrive.

On balance, as we review in more detail in Chapter 6, findings from a range of studies suggest the protective effect of involvement with CWS in areas such as infant death, adolescent pregnancy and parenting, and access to mental health, health, and educational services, with no discernible negative effects for Black children (Swanson & Font, 2025). Some studies show reduced employment and earnings for Black children who leave foster care, but whether these differences are greater than they would have been if children remained in their home of origin is unclear (see Kennedy et al., 2022b). Although the weight of the evidence leans toward the “risk model” in explaining a good deal of child welfare disproportionality, the “bias model” has traction among many child welfare advocates. Proponents of the “bias model” have offered a range of solutions designed to interrupt racially biased decision-making at each decision point

in the child welfare system. For example, some jurisdictions have included material on racism for mandated reporters; other jurisdictions have provided anti-racism training, or training in cultural competence (e.g., Pierce & Pierce, 1996) for child welfare staff. Recent evidence suggests, however, that present child welfare training regarding diversity is not, in the USA at least, a productive response (Reddy et al., 2022). Other related efforts have included focused recruitment efforts to employ a diverse child welfare workforce, accomplished partly by graduate education stipend programs (which reduce the cost of social work education) or recruitment from within the agency to reach staff in non-professional positions who wish to become child welfare professionals.

Additional strategies to reduce implicit bias center on reducing the information available to child welfare staff during the decision-making process so that attention is focused solely on the alleged harm to the child; the characteristics of the family are not taken into account. These “blind reviews” erase family identifiers relating to race, home address (because of residential racial segregation), and other factors that might be implicated in decisions. Although initial findings from a pilot in New York state could be loosely described as promising (Pryce et al., 2018), rigorous research conducted thereafter found no effect on reducing racial disproportionality (Baron et al., 2023).

We do not suggest that practitioners never act on racial or cultural biases. Child welfare staff and decision-makers are vulnerable to allowing false assumptions to limit their ability to engage with clients or help make the best decisions with them. These biases are often made more manifest during higher education and training but may remain or new ones may arise. Therefore, efforts to enhance the cultural humility of child welfare and allied professionals is a critical aspect of competent child welfare practice and is widely pursued as an organizational goal in many US child welfare agencies.

4.2 HOW TO ADDRESS DISPROPORTIONALITY: CULTURAL ACCOMMODATION VS. UNIVERSALISM?

Regardless of the root causes, variability in the racial, cultural, or ethnic composition of the child welfare population requires a considered response. Depending on the country context—and even within countries, depending on the racial group under consideration—some states have adopted policies that make cultural accommodations, whereas others have taken a universal approach.

Countries that have taken a universal approach may recognize the disproportionate involvement of certain racial or cultural groups in child welfare but largely apply similar standards of practice and policy to all families. For example, Norway does not collect data on the racial or ethnic background of

the children served in child welfare due to concerns about stigma and privacy. However, data showing the geographic density of families served by child welfare show large proportions of families served in areas with a high density of the Sami population (a group indigenous to Norway). State officials therefore assume the Sami population is over-represented in child welfare. Although the Samis enjoy special rights to language accommodation in public services, there are no unique features of child welfare practice that might apply (Expert Committee, 2023). Instead, Norway ensures high standards of care and a range of children's rights and attempts to apply these to all children universally (Berrick, Skivenes, & Roscoe, 2023b).

Other countries that have employed a universal approach include New Zealand where it was widely recognized that the Māori Indigenous population was (and is) over-represented in child welfare. Working with Māori leaders, a new form of practice was developed—Family Group Conferencing—which allows family and community members a larger role in determining the services and supports families might need to keep their children safe. Rather than develop a separate approach to Māori families, New Zealand incorporated Family Group Conferencing into national law for all child welfare involved families in 1989 (Cashmore & Taylor, 2023).

Countries that have crafted accommodations for group differences vary in policy and practice. For example, in Colombia, Indigenous children who are identified as in need of public CWS are not served by the state; instead, they are referred to the local Indigenous community and there are no data on whether or how those children are served (Torrado & Strauch, 2023). In Ecuador, Indigenous children are provided public CWS, but services must first be vetted by elders from the Indigenous community to determine whether they are appropriate to the Indigenous family's needs (Borja et al., 2023). And in Lebanon, separate laws and practices are devised for the country's Christian population and for the Islamic population (Rizk, 2023).

Accommodations are largely developed to respond to the unique needs, cultural preferences, or normative behaviors of a cultural, linguistic, or religious group. This could mean, for example, different thresholds for determining when harm to a child has occurred. For example, female genital mutilation (FGM) is frowned upon in Ghana, but it is widely accepted within some cultural enclaves. Although the state child welfare agency provides health information about the hazards of FGM, CWS does not typically get involved with families that engage in FGM, in part due to resource constraints, but also out of respect for the cultural values of the local community (Dako-Gyeke et al., 2023).

4.3 IMPLICIT BIAS TRAINING AND MANDATORY REPORTING OF NEGLECT

One of the most contested issues in American CWS, as described in Chapter 2, is how to differentiate extreme poverty from neglect. This discussion applies to all families but has most specifically been called out by those who believe that mandated reporting is inherently racist (Merritt et al., 2025). These critiques of mandated reporting and mandated reporter training may be trickling into community practice, shifting the way suspected child maltreatment and risk are discussed with the public. Our concern, of course, is that the revised messaging may unwittingly leave children—particularly children of color—underserved.

We have included, below, a rather lengthy case study of a mandated training program in Washington, DC. Marie Cohen (2025) has precisely described the conundrum of American child welfare agencies regarding race and mandatory reporting. States from New York to Washington have updated their training for mandatory reporters to include implicit bias or highlight the distinction between neglect and poverty in an effort to reduce racial disparities in child welfare involvement. The basic conflict is this: the core training instructs mandatory reporters to report any suspicion of abuse or neglect but the implicit bias argument urges mandatory reporters to doubt their instincts and reconsider their duty to report. Cohen underwent the mandated reporting training in Washington, DC. The importance of this training is underscored by Washington DC’s law—similar to that in other jurisdictions—that forbids a court from finding maltreatment when the deprivation of food, clothing, shelter, or medical care is due to the parent’s lack of financial means. Her portrayal of efforts to help mandated reporters distinguish between being poor and being neglected is instructive about the scope of this challenge (see Case Study 4.1).

CASE STUDY 4.1

A FUNDAMENTAL CONFLICT: ADDRESSING IMPLICIT BIAS IN MANDATORY REPORTER TRAINING

Marie Cohen describes a vignette presented during a mandated reporting training session, used to illustrate a family in “need” rather than a case constituting “neglect” of a child.¹ The child in this vignette—whom we

¹ See <https://childwelfaremonitor.org/2025/03/16/a-fundamental-conflict-addressing-implicit-bias-in-mandatory-reporter-training/>

will call “Ember”—is 4 years old. Ember came into the Family Center with a strong odor, and her fingernails were long and dirty. There was sticky residue on her chest, with a blackened area on the skin beneath her shirt. Ember often comes to the childcare center unbathed and wearing an old, soiled diaper. She’d been wearing shoes that were too small, but her dad got her new shoes after this issue was brought to his attention.

Ember does not talk or engage with staff or peers at the Family Center. Her mother has been observed yelling at her, and all Ember does is cry. Ember covers her eyes but does not ask for anything. The caller is aware that Ember’s family was recently evicted after the mother lost her full-time job. The family is currently relying on income from the father’s part-time job, and they are moving between the homes of friends and family to avoid entering a shelter. The caller believes that Ember’s family sometimes sleep in their car. The training uses this scenario to argue that this is a case of family “need”—not “neglect”—and therefore does not require a child abuse report. In essence, the claim is that there is no reasonable suspicion of child abuse.

The concerns in this case are multiple. Ember is not experiencing typical development, the mother is displaying signs of potential emotional maltreatment, and the hygiene concerns are repeated and serious. The vignette does not tell the trainees if the childcare center has offered the family support or resources to address hygiene or diaper needs. If the childcare center has offered such assistance, this suggests a family who is unable to accept help, even in the face of serious consequences for their child. Presenting this as a clear example where no report is required denies the complexities involved in understanding when behaviors cross over to neglect. Ember and her family need resources that likely go well beyond what a childcare center can provide. All children and families deserve careful consideration of how best to both preserve the family and provide a safe environment for the child. In Ember’s case, reporting before the situation reaches a crisis point may prevent deeper child welfare involvement and reduce the risk of adverse health consequences.

When a report is made, CWS has access to additional information about prior reports and their outcomes, and the number, type, and spacing of reports—e.g., are reports becoming more frequent, and are there reports for different reasons? Reports that are accepted and followed by home visits by caseworkers provide yet another level of information. As CWS becomes more sophisticated, we expect and hope it will expand the use of predictive risk modeling to understand which children are at the gravest risk and need additional attention. Child abuse reports are a critically important starting point for identifying

greater concerns. Such a restricted view of what is mandated to be reported will leave children, irrespective of their racial/ethnic background, in peril. We argue that while we should always be cognizant of our biases, the CWS has a moral and ethical obligation to protect children from harm.

4.4 CULTURE, ADAPTATION, AND IMPLEMENTATION SCIENCE

The USA has adopted several approaches to cultural accommodation from adjustments to local practice, to changes in federal law. First, child welfare professionals engage in training to grow their cultural competency skills and to consider cultural adaptations to evidence-based practice that reflect the needs of the cultural groups with whom they may work. The guidelines for the Family First Prevention Services Clearinghouse indicate that adaptations of evidence-based programs are encouraged, especially for American Indian families. The Prevention Services Clearinghouse provides flexibility for cultural adaptation, particularly for tribal communities, to ensure that evidence-based programs are relevant and effective in diverse cultural contexts. Here are some key points from their guidelines (Wilson et al., 2019). They provide direction for flexibility as long as adaptations maintain the core elements of the program and achieve desired outcomes. The three forms of adaptations they approve are:

1. **Cultural relevance:** Programs can be adapted to align with the cultural values, traditions, and practices of the community being served, especially for tribal communities.
2. **Consultation and coordination:** State agencies are encouraged to collaborate with tribal communities to identify the most helpful services and make adaptations that are culturally responsive.
3. **Flexibility in implementation:** Tribal Title IV-E agencies are allowed to adapt prevention services and programs to better fit their unique cultural and contextual needs.

When children who are involved with CWS—either because they remain in the home while receiving CWS oversight or are placed in out-of-home care—CWS relies heavily on existing external systems and supports to deliver services to children and families. These services typically include, as needed, parenting classes, substance abuse treatment, interpersonal violence interventions, family therapy, or behavioral health services.

CWS professionals are “gateway providers,” meaning they are responsible for identifying risks or concerns, determining the most appropriate services

to mitigate them, and referring their clients to those services (Stiffman et al., 2004). They may be picking services from an available list of fundable options or endeavoring to secure new services that may fit the needs of their clients better than *services as usual*.

Yet, the child welfare field (along with mental health and intimate partner violence) has not resolved precisely which services are effective—either before or after cultural adaptation—and how to best align them with the needs, preferences, and cultural values of racially diverse families served by CWS. Increasingly, race in the USA is not an indicator or reflection of “culture.” Assuming how our clients may identify or what elements of culture they value is multiply determined, partly due to the increased reporting of mixed identities and the influence of intersectionality (or how multiple identities overlap in various contexts), and will offer different opportunities and expectations for engagement and treatment planning.

Thus, generalist practice skills, prioritizing ecologically guided assessment that includes gathering information from families about their cultural values, goals, and hoped-for outcome, are considered the best option. Many states and jurisdictions have approached case planning using a common assessment form—the CANS (Child and Adolescent Needs and Strengths) (Lyons, 2009). The CANS was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans, including the application of evidence-based practices. The assumption of the CANS is that its flexibility and engagement of parents and children can be used to guide culturally adapted assessment, intervention planning, and evaluation efforts. The CANS should, in concept, be aligned with an often cited (but not clearly operationalized) *cultural humility* approach (Ortega & Faller, 2011), which is grounded in stepping into clients’ worldviews without any preconceived notions about their circumstances, lived experiences, or values. To date, there is almost no evaluation of the implementation of the CANS—although the developers indicate it is well received by parents and child welfare professionals.

Even after adhering to ecological assessment and cultural humility, a big hurdle remains. CWS professionals must be aware of available services—and trust that clinicians delivering those services adhere to principles of cultural humility, too. Myths about evidence-based treatments prevail. CWS staff often internalize common myths—that evidence-based practices (e.g., Parent-Child Interaction Therapy, The Positive Parenting Program or Triple P, Multi-Systemic Therapy, and Trauma-Focused Cognitive Behavior Therapy) are too rigid, inflexible in their delivery, and do not account for individual, cultural, or contextual variations. However, when implemented to fidelity, they are indeed effective across racially diverse populations (Garcia & Corcoran, 2023).

Simply put, implementation science grapples with the fundamental question of what it will take to ensure that clients—regardless of race or ethnicity—acquire access to, engage in, and complete treatments as intended. This requires assessing whether (1) the organization is prepared to deliver the treatment, (2) clients have “buy-in” or acceptability, (3) clinicians are trained and supported by transformational leaders, and (4) external entities, such as funding, advocacy, and optimal intra-organizational networks, exist (Aarons et al., 2011). While CWS professionals do not typically implement evidence-based treatments, they play a fundamental role in the implementation process as gateway providers. Ideally, staff assess, to the best of their ability, whether the external agencies or providers they refer their clients to are prepared to implement treatments to mitigate client risk and concerns. For a more comprehensive list of determinants of implementation, we invite readers to review the Consolidated Framework for Implementation Research (Damschroder et al., 2022).

Engaging families from diverse racial and ethnic backgrounds is often challenging, and efforts to adapt engagement strategies are necessary. Research on the implementation of Triple P in child welfare agencies concluded that the intervention manual itself did not require adaptation (Garcia et al., 2019). Rather, the examples of contemporary family hardships and the representation of Black families in storytelling needed to be better integrated. In other words, the core ingredients and tenets of the intervention remained intact while the group facilitator opened the door for caregivers to apply the core concepts to their own strengths and challenges, offering a balance between fidelity and acceptability. Likewise, child welfare can play a critical role by learning about the available evidence-based practices in the community and assessing whether they might be a good fit to reduce risk or harm among the children and families they serve. This requires engaging in cultural humility to ensure all children and families benefit from the best available treatments and services regardless of race/ethnicity, religion, and culture.

4.5 INDIAN CHILD WELFARE ACT (USA)

As noted earlier, the USA and many other countries have histories of horrific treatment of Indigenous populations over time that contribute to ongoing disparate access to resources and disproportionate child welfare involvement today (Haight et al., 2018). Beyond individual accommodations in practice, the USA has gone further by developing specialized policy based on tribal membership for Native American and Alaskan Native children. Additional and quite unique processes are required when child welfare professionals consider a foster care placement or adoption for tribal children. These are outlined in the Indian Child Welfare Act (ICWA) of 1978 (Pub. L. 95–608, 92 Stat. 3069),

a law passed in response to the long and tragic history of US government relations with tribal nations. The law applies only to children who are in or who are eligible for membership in federally recognized tribes. As such, the Act is widely viewed as an agreement between sovereign nations, as federally recognized tribes have a unique, semi-autonomous status in the USA.

To summarize briefly, several considerations must be taken into account when handling an ICWA case, including :

1. Provision of active efforts to the family to try to prevent separation.
2. A higher standard of proof—clear and convincing evidence (rather than a preponderance of the evidence)—and expert witness testimony to justify family separation.
3. Notification to the child's tribe and other potentially relevant tribes as well as efforts to work actively to engage the child's tribe and parents in proceedings when foster care is needed.
4. Efforts to identify a foster care placement that fits one of the following criteria, in preferential order:
 - a. a member of the Indian child's extended family;
 - b. a foster home licensed or approved by the Indian child's tribe;
 - c. an Indian foster home from another tribe, licensed or approved by a non-Indian authority; or
 - d. an institution approved by the Indian child's tribe.

Larger tribal nations have their own child welfare systems (e.g., Oneida nation in Wisconsin, Sioux in South Dakota); in most cases, however, ICWA is implemented in conjunction with state child welfare agencies. Implementation of ICWA has been uneven (Bussey & Lucero, 2013) and has undergone a series of court challenges. Nevertheless, the law remains with several states developing state-level legislation that mirrors the federal law as a means of securing these special rights for tribal children (Drapeaux, 2024). Many tribes are also developing innovative approaches to serving children and families (see *Glimmers of Change* 4.1).

GLIMMERS OF CHANGE 4.1

ROOTED IN CULTURE, RAISED IN COMMUNITY: A NEW VISION FOR INDIGENOUS FOSTER CARE ON THE CHEYENNE RIVER RESERVATION

The Simply Smiles Children's Village (SSCV) is home to a program designed to improve outcomes and reduce trauma for Indigenous children in foster care. Located on the Cheyenne River Reservation, South

Dakota, SSCV aims to improve Indigenous foster care by keeping children in their tribal community. By ensuring that Indigenous children who have experienced home removal can remain with the kin and community of their Lakota culture, SSCV's facilities, programming, and placement options help to fulfill the spirit of the Indian Child Welfare Act. Trained professionals care for children in a village setting that provides cultural programming and mental health services. The program's foster parents receive 70 more hours of training than the state requires, including education about Lakota culture. The program also offers telehealth therapy, evaluations, and medication management to foster parents, children, and birth parents.²

In practice, tribes tend to be responsive to the interests of parents and youth about where they will live and how much control the tribes will have over their lives. In some high profile cases in which American Indian parents have not wanted their child to remain on the reservation and have placed them for adoption to non-tribal families, arrangements have been made to have children spend some time of the year on tribal lands (with kin) to gain cultural awareness. Whereas the law is now quite clear that tribal interests are paramount, many opportunities remain to better recognize those tribal rights and to ensure that parents and children have a say about their futures.

In some cases, tribal courts in partnership with local tribes have developed model services that reflect "active efforts" toward placement prevention or reunification (see Glimmers of Change 4.2).

GLIMMERS OF CHANGE 4.2

JUSTICE WITH ROOTS: MONTANA'S ICWA FAMILY RECOVERY COURT REUNITES NATIVE FAMILIES WITH CULTURE AND CARE

The ICWA Family Recovery Court in Yellowstone County, Montana, is a groundbreaking treatment court designed specifically to serve Native American families involved in child welfare cases governed by the federal Indian Child Welfare Act. This court was created in response to the stark over-representation of Native children in Montana's foster care system—where they account for more than a third of foster care cases despite representing less than 10 percent of all children in the state. The

² Simply Smiles Inc. (2025). *Reservation children's village*. <https://www.simplysmiles.org/crst-childrens-village>

ICWA Family Recovery Court combines judicial oversight with intensive treatment, culturally responsive supports, and community collaboration to help parents, often navigating substance use and trauma, safely reunite with their children.³

Launched in 2019 with federal grant support, Yellowstone County's ICWA Family Recovery Court follows a structured, multi-phase model that emphasizes accountability, peer support, and long-term recovery. Participants engage with a team of professionals including treatment providers, ICWA advocates, and tribal representatives who work together to prioritize family preservation and culturally appropriate placements. Early outcomes are promising: most current participants have already reunified with their children or are progressing toward it. The court exemplifies what ICWA's "active efforts" look like in practice—intensive, coordinated support aimed at keeping Native families together. In doing so, this court not only improves individual outcomes but also offers a replicable model for addressing systemic disparities in Indigenous child welfare.⁴

Of note, other countries with colonial, genocidal histories related to Indigenous populations have undergone similar transitions to recognize Indigenous rights. For example, while Canada does not have a direct equivalent to the USA's ICWA, the Canadian government enacted "An Act respecting First Nations, Inuit and Métis children, youth and families" (Bill C-92) in 2020, which affirms Indigenous rights to lead their own child and family services and aims to keep Indigenous children connected to their families, communities, and culture (Müller, 2024). Similarly, when aboriginal or Torres Strait Islander children are identified as "at risk" in Australia, Care Circles are used as an alternative to the court process to mediate family difficulties and to identify appropriate services and supports; placement with relatives is also prioritized in legislation (Cashmore & Taylor, 2023).

³ Silvers, M. (2024, February 16). Reunifying Native families after foster care: How a Billings court is putting the Indian Child Welfare Act into action. *Montana Free Press*. <https://montanafreepress.org/2024/02/16/how-a-montana-court-is-putting-the-indian-child-welfare-act-into-action/>

⁴ McDonnell, A. (2023, February 16). New Yellowstone County treatment court to graduate first class, mother shares story of recovery. *KTVQ Billings*. <https://www.ktvq.com/new-yellowstone-county-treatment-court-to-graduate-first-class-mother-shares-story-of-recovery>

4.6 UNIVERSALISM IN THE USA

Although federal policy recognizes the unique circumstances and needs of tribal children, these cultural accommodations were established due to the unique legal status of tribes in USA governance. African American families also have a long, torturous history in the USA with many parallels to Native American tribes, and Black children have been over-represented in child welfare systems for decades. In fact, as early as 1972, some argued in favor of establishing a separate child welfare system for Black families (Billingsley & Giovannoni, 1972). But in contrast to policies based on tribal sovereignty, race and ethnic minority status are considered a “suspect classification” for policymaking in the United States. This means that the government must meet a higher standard (called *strict scrutiny*) of review when making laws based on race; efforts to develop specialized laws to accommodate the unique needs of Black families have therefore typically stalled.

As an example, until the 1970s, child welfare practitioners routinely attempted to match children needing care to caregivers of the same race or ethnicity. Following a brief period when transracial placements were encouraged, practice reverted to same race matching for another two decades. The practice, however, led to concerns that Black children were less likely to attain their permanency goals as they waited longer in foster care for a same-race placement (Bass, 1997), and significant evidence showed poor outcomes associated with long stays in care (Fanshel, 1977). As one of many examples, in a famous case in Maryland, a Latine foster family that had been recognized as “Foster Family of the Year” by a local agency was denied the right to adopt Black children whom they had also fostered (see Table 4.1).

Table 4.1 *Critical debates: Universal standards vs. cultural responsiveness*

Argument	Counterargument
Child welfare should apply universal standards of safety and care to all children, regardless of racial, cultural, or ethnic background. Child safety and well-being must be assessed using consistent, objective benchmarks. Standards ensure fairness, avoid potential bias in how cultural practices are interpreted, and uphold the principle that all children deserve equal protection under the law.	Child welfare should make deliberate accommodations for minoritized groups to ensure culturally responsive assessments and services. Applying “universal” standards often ignores historical and systemic inequities, resulting in biased assessments and disproportionate system involvement for families of color.

Questions about these cultural accommodations led to the development of the Multi-Ethnic Placement Act (MEPA) in 1994 and the Interethnic Adoption Provisions Act (a slight modification of MEPA) in 1996. The laws encourage states to recruit foster and adoptive parents who reflect the demographics of the children needing care. However, child welfare agencies are also strictly limited from solely or largely using race as a determinant for making foster care or adoptive placements. The result is a law imposing a universal standard rather than a cultural accommodation. The laws, however, have few accountability measures, and some data suggest that race-matching continues, though in a different form. For example, because of universal, preferential policies supporting kinship placements, the proportion of children residing in kinship care has increased from about 21 percent in 2007 to 35 percent in 2021 (Annie E. Casey Foundation, 2024b). Many of these are, of course, same-race placements. Relatedly, 36 percent of children adopted from foster care were adopted by kin (Office of the Assistant Secretary for Planning and Evaluation, 2020). The growth of kinship-care adoptions and guardianships has given child welfare staff more flexibility in placing children in homes that they feel can comfortably support a child's race, religion, or culture.

Other state-based policies that encourage placement in children's neighborhoods of origin have the effect of privileging the likelihood of a same-race placement, given the racial geography of American communities (Berrick, 2006). Moreover, practice has evolved so that the parent(s) from whom a child is removed may also be asked if there is someone they know whom they feel comfortable being the foster parent. Because of considerable segregation in social connections and friendships in the USA (Plummer et al., 2016), there is an increased likelihood, given friendship patterns, that these selected non-relatives will also be from the same race or ethnicity.

In general, the data show that same-race adoptions are prevalent for White children in the USA and that while transracial adoptions are a minority of all adoptions, they are a rapidly growing trend (Office of the Assistant Secretary for Planning and Evaluation, 2020). Many factors are considered when assessing a foster or adoptive placement, and some states are developing training modules to enhance caregivers' understanding of culture and the unique cultural needs children may bring to care (see Table 4.2).

Table 4.2 *Critical debates: Cultural and racial matching in permanency planning*

Argument	Counterargument
Cultural or racial matching, except where indicated by law due to separate sovereign status, should not be a determining factor in placement decisions and may, in some cases, be inappropriate. Matching raises concerns about limiting the pool of available, loving caregivers and may limit our ability to respond to the developmental needs of the child.	Cultural and racial matching between children and caregivers is a priority in permanency planning, especially for children from historically marginalized communities. Support of cultural identity and pairing children with caregivers best equipped to navigate and affirm their cultural experiences is worth delays to permanency and should be prioritized over the other needs of the child.

4.7 SUMMARY: FOCUSING CWS ON CULTURAL RESPONSIVENESS AND EFFECTIVENESS

Addressing racial disproportionality requires thoughtful attention to the factors that drive contact with the child welfare system, factors that may reduce opportunities for permanency, and factors that may contribute to disparate outcomes. We address poverty alleviation in another chapter and will not dwell on it here, but if disparities in risk and resources are the primary root cause of differential involvement in child welfare, then addressing those root causes would seem a prudent approach. Some have suggested that risk assessment be amended to include attention to structural risk (Feely & Bosk, 2021). While we applaud the ways this acknowledges root causes, we worry about child welfare having the resources to address all the needs that families often present. Addressing the need for a more comprehensive social safety net and family support system may be more effective. While child abuse and neglect still exist in countries with more extensive social safety nets (e.g., Sweden), rates of maltreatment appear to be lower overall (Kvist et al., 2020). Presumably, addressing the structural issues that families of color most strongly feel should disproportionately impact their representation (Feely & Bosk, 2021).

Finally, we echo the importance of a cultural humility approach to work with children at all levels of CWS practice and planning (Ortega et al., 2025). Even though most descriptive and intervention research focuses primarily on cultural humility and adaptations for adults and other contexts when working with youth (e.g., Anderson et al., 2024), the culture of childhood also needs our attention. A general review of the evidence underscores the importance of building a therapeutic alliance with children and youth, prioritizing their presenting concerns and goals, and creating a safe space so that the work is

pertinent to their uniquely varied concerns. This application of cultural humility to traumatized children and youth is based on giving priority to their safety and to building trust that their interests are at the heart of the CWS.

CWS should refocus efforts on developing and testing effective practices for families who engage with their services. We know from parents that they have a higher regard for the way that child welfare staff interacted with them—and generally feel that staff listened to them and were responsive—than for the services they were referred to use by those staff (Chapman et al., 2003; Barth & Xu, 2025). We believe in generous cultural adaptation of tested models of service and that these adjustments will lead to greater progress than whole-sale reinvention of service models. Addressing cultural context and including providers with awareness and knowledge of the client's culture are common elements of adaptation. There is room for much innovation but also reason to trust that most well-tested service approaches will be reasonably robust across populations (Huey et al., 2014; Park et al., 2023).

5. Adolescents in child welfare: Distinctive pathways, services, and outcomes

With Antonio Dill-Word¹

Child welfare services (CWS) look very different for older children. The reasons youth come to the attention of CWS, the length and structure of services, and transitions they make are profoundly different than for younger children. Adolescents may be especially challenging to serve because of their variable needs and because their needs are least likely to fit the standard CWS timelines and procedures. And while child welfare outcomes for males and females are not that different among younger children, outcomes vary for adolescents by gender. Understanding how adolescents become involved with CWS; the services and supports they need to grow, thrive, achieve permanence, and transition to adulthood; and how outcomes differ by gender reveals a set of needs and experiences that are markedly distinct from those of younger children. Policy and programmatic responses to serve adolescent populations are rapidly transforming.

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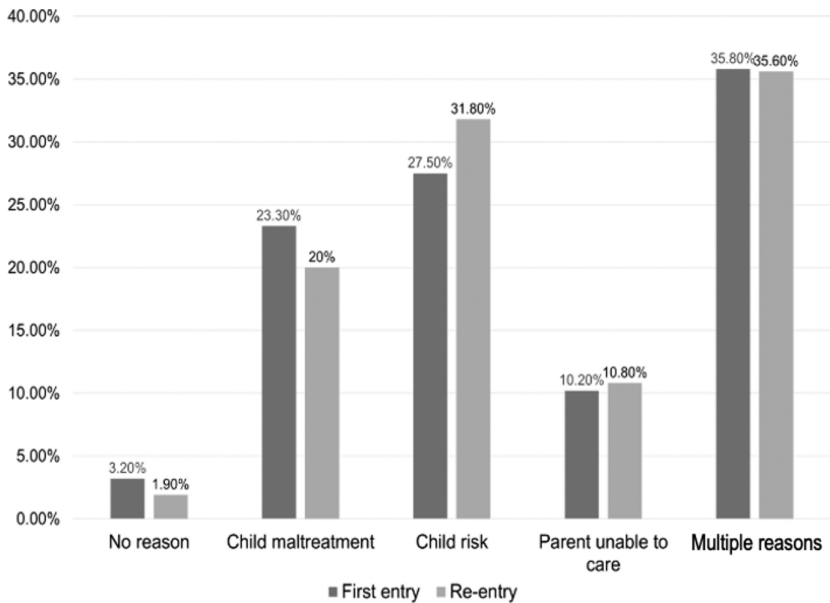
5.1 PATHWAYS INTO FOSTER CARE: UNDERSTANDING ADOLESCENT ENTRY AND EXPERIENCE

Of the more than 500,000 children identified as “victims” of maltreatment in 2023, about 16 percent were aged 13 or older (Children’s Bureau, 2025a). While most children in foster care enter at a young age, nearly 25 percent of children entering foster care include these older youth (Children’s Bureau, 2024d). Compared with their younger counterparts, older youth are more likely to become involved with CWS due to a complex interplay of longstanding adversity, mental health crises, family conflict, or behavioral concerns rather than acute incidents of abuse or neglect (Administration for Children and Families, 2021; Children’s Bureau, 2021b; Zima et al., 2000). Many come from homes marked by instability, caregiver burnout, or persistent intergenerational challenges such as substance use or untreated trauma. They are also more likely to have been involved with other public systems—such as education, behavioral health, or the juvenile legal system—prior to their child welfare involvement (Burns et al., 2004). About one-third of these youth will re-enter out-of-home care, after going home, for reasons other than maltreatment (see Figure 5.1). Although we do not have detailed information, we know that this often includes re-placements after contact with psychiatric services (related to self-harm) and juvenile services.

Older youth in care face elevated rates of psychiatric diagnoses, including anxiety, depression, PTSD, and behavioral disorders—often at two to four times the rate found in the general adolescent population (Havlicek et al., 2013). These youth are also more likely to experience multiple system contacts, such as prior hospitalizations or out-of-home placements through mental health systems, which can prompt child protective services involvement when family supports have been exhausted.

Their educational trajectories are similarly impacted. Adolescents in care tend to have lower school attendance, and higher rates of grade retention, suspensions, and dropout compared with peers in the general population (Pears et al., 2012). These challenges are exacerbated by placement disruptions, changing schools, and lack of academic support—all of which contribute to compounding educational delays.

A particularly vulnerable subset of older youth are “transition-age youth”—those nearing adulthood and preparing to exit CWS-supervised out-of-home care. These young people face critical decisions about whether to remain in care (up to age 21 in most states), return to family, or live independently. For many, the process of developing autonomy begins by age 14 and can last for years. This period is often marked by instability, and transition-age youth are



Source: Unpublished data from Adoption and Foster Care Analysis and Reporting Sytem (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) configured into Report and Placement Integrated Data System (RAPIDS).

Figure 5.1 Reasons adolescents re-enter out-of-home care

at heightened risk for running away, becoming parents at a young age, or entering group care due to behavioral needs. Alarminglly, they also report high rates of suicidal ideation and attempts (Katz et al., 2024).

Another area of concern is *crossover* youth—those involved in both child welfare and the juvenile legal system (especially those who cross over from child welfare to juvenile services, although the flow goes both ways). Studies show that 45–70 percent of youth (depending on jurisdiction) have contact with both (Herz et al., 2019, 2025). These youth typically experience higher rates of trauma and instability than those involved in a single system. Their involvement with the legal system may begin with minor infractions—such as theft or property damage—but often escalates due to cumulative challenges and limited support. In some cases, behaviors that lead to juvenile legal system involvement occur in congregate care settings or as a response to system-driven adversity.

Among crossover youth, person offenses—including assault and intimate partner violence—are not uncommon. These often stem from incidents within group homes, foster placements, or schools, further entrenching youth in services that are often ill-equipped to provide long-term support or developmentally appropriate intervention (Herz et al., 2019, 2025).

Importantly, the burden of CWS involvement is not distributed evenly. Black and Indigenous youth are disproportionately represented in the foster care population, due in part to structural inequities in housing, income, and access to preventive services. This disproportionality reflects broader patterns of systemic exclusion rather than differences in maltreatment prevalence (Font et al., 2012; Putnam-Hornstein et al., 2013b).

Increasing attention has been paid to the structural and relational challenges facing youth who age out of foster care. Programs such as the John H. Chafee Foster Care Program for Successful Transition to Adulthood and extended foster care (EFC)—both of which are discussed in more detail below—were designed to support the transition to adulthood. However, persistent barriers, including limited access, lack of sustained engagement, and systemic inequities, constrain their effectiveness. Many transition-age youth navigate these pivotal years without stable, supportive adult relationships, while also contending with fragmented service delivery systems and limited awareness of available resources. Although participation in EFC is associated with improved outcomes in areas such as housing stability and postsecondary education, engagement remains uneven and shaped by factors including race, geography, and prior CWS involvement.

In response, the field is increasingly embracing a paradigm shift: one that centers relational permanence, community integration, and youth voice in the design and delivery of services. Social work's emphasis on person-in-environment and trauma-informed care offers a critical foundation for reimagining transition planning as a relational, developmentally appropriate, and culturally responsive process. Promising models—such as LifeSet, the Achieving Independence Center in Philadelphia, PA, and campus-based support programs at colleges and universities—illustrate the potential of wraparound services that are grounded in trust, continuity, and meaningful connection. These approaches reflect a move away from transactional models toward relationally anchored systems of support (see Glimmers of Change 5.1).

GLIMMERS OF CHANGE 5.1

KANSAS GIVES FOSTER YOUTH A SAY IN FAMILY AND FUTURE WITH NEW SOUL PERMANENCY OPTION

In April 2024, the US state of Kansas enacted groundbreaking legislation introducing a new permanency option for older youth transitioning out of foster care. Alongside existing paths like reunification, adoption, or guardianship, the Support, Opportunity, Unity, and Legal (SOUL) program enables youth aged 16 and older to establish legal caregiving relationships with supportive adults, known as “SOUL Family Legal Permanency custodians.” As the first state to add SOUL as a legal alternative to traditional permanency options for adolescents in foster care, Kansas’s pioneering move marks a significant shift toward youth-centered legal frameworks in child welfare.²

Under the SOUL Family Legal Permanency model, courts formally acknowledge the caregiving relationship, granting custodians the authority to make day-to-day decisions about the youth’s care, akin to parental responsibilities, while preserving the youth’s connections to their birth family.³ This arrangement mirrors many aspects of a parent–child bond without requiring termination of ties to the youth’s birth family. The SOUL model empowers youth to define their own support networks and maintain relationships essential to healing and interdependence. Prioritizing youth voice and flexibility, the program allows youth to sustain meaningful ties with their biological families and remain eligible for vital supports including Medicaid, education funding, and independent living services. By empowering youth to define their own family structures and fostering lifelong connections, the SOUL permanency option offers a more personalized and stable foundation for the transition to adulthood.

Nonetheless, there remains a pressing need for rigorous empirical inquiry to assess the effectiveness of these models. While practice-based evidence and

² Smith, M. (2025, March 20). Children’s Alliance of Kansas to support SOUL family foster care program with advisory group. *Kansas Reflector*. <https://kansas-reflector.com/2025/03/20/childrens-alliance-of-kansas-to-support-soul-family-foster-care-program-with-advisory-group/>

³ Kansas Department for Children and Families (n.d.). SOUL family legal permanency. <https://www.dcf.ks.gov/services/PPS/Pages/SOUL.aspx>

preliminary outcomes are encouraging, the field requires longitudinal, mixed-methods research to identify what works, for whom, and in what contexts. For social work scholars and practitioners alike, the challenge is no longer limited to preparing youth to exit foster care, but to ensure that they transition into adulthood with the enduring support, relational stability, and community connections necessary for long-term well-being.

5.1.1 Independent Living Services

Transition-age young people in foster care comprise a sizable and marginalized population with significant support needs in the face of multiple, complex barriers to success in adulthood. Recognizing this population’s unique needs, child welfare agencies deliver an array of services before and during the transition to adulthood. These are called independent living (IL) services and begin around age 14 and can continue—in most large states—until age 21. These services are typically funded entirely or mostly by the federal government, with state child welfare agencies coordinating and implementing interventions on the ground. The US federal government allocates approximately \$186 million annually through the John H. Chafee Foster Care Program for Successful Transition to Adulthood to support older youth in foster care. This funding is administered by the US Department of Health and Human Services’ Administration for Children and Families and is designed to help youth transition successfully to independent adulthood (US Government Accountability Office, 2024) (see Table 5.1).

In addition, the Chafee Education and Training Voucher (ETV) program receives a separate annual appropriation of about \$43 million, providing eligible youth with up to \$5,000 per year for post-secondary education and training

Table 5.1 Critical debates: Support for transition-age youth

Argument	Counterargument
Transition-age youth emancipating from foster care should receive additional services and supports as compared to other disadvantaged groups. Youth aging out of care face unique challenges due to a lack of stable family connections. Given its role as legal guardian, the state has moral and practical responsibilities to provide extended support to help youth achieve stability in adulthood.	Services and supports should be distributed based on need, not system involvement. Many youth who have exited the foster care system through reunification or adoption—and other vulnerable youth not involved with foster care at all—face equally significant barriers. Prioritizing one group based on custody status risks creating inequities in service access for similarly disadvantaged young people who may also lack consistent support networks.

expenses (Administration for Children and Families, 2024). Despite the availability of these funds, utilization remains inconsistent across states. In fiscal year 2022, 12 states returned unspent Chafee funds, and 28 states returned unspent ETV funds, resulting in nearly \$8.9 million in unused allocations (US Government Accountability Office, 2024).

IL programs aim to help foster youth develop skills in key functional and developmental domains including daily living, education, employment, health/hygiene, interpersonal relationships, and personal finances. The original approach to independent living programming was curriculum based and consisted of skill assessments and didactic skill-building classes, resume building, job readiness training, and other life skills training. Many of these programs were delivered by social service providers in community college settings or churches. Despite a four-decades-long history and widespread implementation, relatively few studies have conclusively demonstrated the effectiveness of IL programs and interventions (Courtney et al., 2017) (see Table 5.2).

Other innovations have evolved including educational support (tutoring to complete high school, enroll in college, or pursue vocational training), housing assistance (to help with rental applications, understanding tenant rights, and sometimes providing transitional housing), health/mental health services (to connect youth with medical providers and mental health professionals), and mentorship/supportive adult relationships and emotional support (to connect youth with mentors and supportive adults).

Programmatic innovations in the IL space are also on the rise. For example, the LifeSet Program developed by Youth Villages (2025) is an evidence- and community-based program that is highly intensive. LifeSet specialists meet at least once a week with the youth on their caseloads, and text, email, and call throughout the week. The program emphasizes 1:1 engagement between the

Table 5.2 *Critical debates: Chafee-funded services: should access be expanded to non-foster care populations?*

Argument	Counterargument
Chafee-funded services should be accessible to foster-care-involved youth only. Expanding access would dilute the already-limited resources available to youth aging out of foster care. The Chafee program was specifically created to fulfill the state’s responsibility to young people in its legal custody, and broadening eligibility could undermine the effectiveness of services for the intended population.	Chafee-funded services should be expanded to serve other vulnerable groups beyond older youth in foster care. Youth who have experienced homelessness and/or juvenile justice system involvement face many of the same challenges as foster youth. Expanding eligibility would help address critical gaps in care for similarly vulnerable populations.

young person and specialist and uses experiential learning as its primary pedagogy. LifeSet is one of the USA's first and largest evidence-based programs helping young people who age out of foster care in the USA. LifeSet is set apart from other approaches to independent living and life skills training by (1) use of a codified model, (2) provision of support, training, and continuous development of staff to ensure best practices are followed, (3) use of Guidetree, a workforce development and intervention training platform, (4) delivery of high-intensity engagement, (5) use of experiential learning, which accelerates goal completion, and (6) provision of opportunities for the young person to build skills, confidence, and a network of support.

Another innovation is integrated service models that combine key functional domains (i.e., education, employment, housing support) in a one-stop shop to provide a more holistic approach to helping youth transition out of foster care. The Achieving Independence Center (AIC) (Achieving Independence Center, n.d.) in Philadelphia, PA, USA, is a notable example of an integrated service model designed to support transition-age foster youth. While programs like AIC are becoming increasingly common across the country, there is currently no established scientific evidence base demonstrating their effectiveness. Nonetheless, AIC represents a promising practice in the field. It offers a centralized hub where youth aged 14 to 23 can access a range of coordinated services, including life skills classes, educational support, employment and housing assistance, and permanency planning. Each participant is matched with an AIC coach who provides individualized guidance in areas such as career development, college or vocational enrollment, high school or General Educational Development (GED) completion, and computer literacy. Though rigorous evaluations are still needed, the model reflects a growing trend toward holistic, youth-centered approaches to foster care transition planning.

Despite decades of investment in independent living services (ILS), evidence of what works remains limited. While many programs focus on practical skills like budgeting or job readiness, fewer emphasize the relational supports youth say they need most—like mentoring and emotional connection. Research continues to call for more holistic, youth-informed approaches and stronger evaluation of the social dimensions of ILS (Courtney et al., 2017; Doucet et al., 2022).

The lack of comprehensive data is partly due to the methodological challenges surrounding IL program evaluation research. For many of the available studies, generalizability of findings is constrained by small sample sizes and the use of non-probability sampling methods. Woodgate et al.'s (2017) scoping review of interventions for youth aging out of foster care noted that most studies primarily focused on education, employment, and housing outcomes, with limited attention to mentoring or physical and mental health outcomes. These limitations point to the need for longer-term longitudinal studies

that track outcomes beyond the immediate transition to adulthood. Holistic program designs that combine hard-skills training with supports for mental health, social capital, and relationship-building are increasingly recognized as essential (Doucet et al., 2022). Programs are also working to reach their target audiences more effectively and to enhance data collection systems that inform better policy decisions (see Table 5.3).

Table 5.3 *Critical debates: Transition to adulthood – skill-based interventions vs. relational and developmental supports*

Argument	Counterargument
Services for transition-age youth should prioritize technical skills like financial literacy, job readiness, and academic support. These interventions are practical, measurable, and aligned with workforce demands. While emotionally supportive approaches are well-intentioned, their scalability and impact are harder to quantify and sustain.	Services should center healing, relational continuity, and youth voice. Skill-based models risk ignoring the trauma, loss, and disconnection that many foster youth experience. Success depends not just on technical skills, but on the presence of stable, caring relationships and developmentally attuned support. Young people need both practical skills to navigate adulthood <i>and</i> strong, trusting relationships with caring adults who can walk alongside them. Lasting impact comes when we invest in both.

5.1.2 **Extended Foster Care**

For many decades, most states abruptly relinquished responsibility for the safety and well-being of foster youth in their custody when youth turned 18 years of age. This was reversed by the Fostering Connections to Success and Increasing Adoptions Act of 2008. This law allowed states to extend Title IV-E foster care, adoption assistance, and guardianship assistance payments to youth beyond age 18—up to age 21—provided they meet certain criteria (e.g., being in school, employed, in a training program, or unable to meet those requirements due to a disability). This legislation reflected a growing consensus that age 18 is too early for youth—especially those without strong family support—to be expected to navigate adulthood alone.

Most states have embraced this expansion of foster care services to older youth. Only three states have not extended foster care to 21 but there is much variation across states in implementation and eligibility requirements, what they offer, and for how long. Some states limit access to EFC to those who are enrolled in school or working. California, Illinois, and New York are among

a few states that offer more flexible criteria for EFC. Other states also provide EFC with some flexibility, focusing on broader criteria such as participation in programs that promote or remove barriers to employment, or engagement in activities that support their transition to independence (US Government Accountability Office, 2019). Extended care is voluntary with youth choosing whether to remain in care. Despite the benefits of extended care, some estimates indicate that only approximately 25 percent of youth who are offered an opportunity to remain in care do so (Annie E. Casey Foundation, 2018; Rosenberg & Abbott, 2019).

Research underscores the potential benefits of EFC for older foster youth. Rosenberg and Abbott's (2019) analysis of national survey data found that 19- and 21-year-olds in EFC, as compared with their peers who left foster care at earlier ages, were more likely to be employed and enrolled in school and were less likely to have a child or experience homelessness. Further, youth who remained in care beyond age 18 were more likely to receive—and benefit from—IL services. However, these findings likely reflect selection effects, as youth who choose to remain in care may already possess characteristics—such as stronger support systems, greater stability, or higher motivation—that independently contribute to more favorable outcomes (Berzin, 2008). Okpych et al.'s (2019) analysis of Midwest study data found that each year in EFC past age 18 increased the expected probability of college enrollment by 9 to 11 percentage points (see Table 5.4).

Research examining the young adult outcomes of a California sample (CalYOUTH) found that time in EFC significantly improved education and employment outcomes at ages 19 and 21 (Courtney & Okpych, 2017; Courtney et al., 2018; Okpych & Courtney, 2023). As compared with their peers who exit care at earlier ages, youth who remain in EFC are more likely to complete high

Table 5.4 Critical debates: EFC for transition-age youth

Argument	Counterargument
EFC is essential for supporting youth into adulthood. Housing, education, and health supports are vital during the transition to adulthood—especially for young people with histories of trauma, instability, and family disruption. These services provide a necessary safety net during a developmentally critical period, helping youth avoid homelessness, unemployment, and other adverse outcomes.	Foster care services for transition-age youth must be transformed, not just extended. In its current form, EFC is often fragmented, under-resourced, and inconsistently delivered. In some cases, EFC may reinforce system dependency rather than promote self-sufficiency and community connection. The goal should not merely be to extend services, but to transform them—centering relational permanency and community integration.

school and secure stable employment, which contributes to increased earnings and savings and greater overall financial stability. Participation in EFC also reduces the likelihood that youth will experience food insecurity, homelessness, and criminal legal system involvement (Courtney et al., 2021).

Although a growing body of evidence showcases the positive impacts of participation in EFC, additional research is needed to refine and optimize EFC policies and services. Understanding the unique needs of subgroups, such as young parents, and investigating the impact of state-level differences in eligibility requirements and service delivery are a top priority. Further, identifying barriers to EFC use could inform strategies to increase participation. These barriers may include lack of awareness about program availability, inconsistent communication from child welfare professionals, complex application processes, or logistical challenges such as housing instability and transportation. By systematically uncovering and addressing these obstacles through rigorous mixed-methods research, programs can be better designed to support equitable access and sustained engagement, ensuring that more eligible youth can benefit from the extended support EFC offers during their transition to adulthood (see *Glimmers of Change 5.2*).

GLIMMERS OF CHANGE 5.2

IDAHO EXTENDS FOSTER CARE BENEFITS FOR YOUNG ADULTS

In a transformative stride toward nurturing the futures of its most vulnerable youth, Idaho enacted legislation extending foster care benefits up to age 23. This initiative, effective from July 1, 2025, positions Idaho as the eighth US state to offer such extended support, aiming to bridge the critical gap between adolescence and independent adulthood.⁴ The extension allows young adults aging out of foster care at 18 to continue receiving vital case management services. Young adults may choose to remain with their foster families or opt for independent living, supported by direct financial assistance. The legislation also allows transition-age youth to participate in EFC even if they previously opted out of extended services and exited CWS at age 18, provided that they have not yet turned 21 years of age. This flexibility is designed to reduce homelessness and food insecurity while promoting educational attainment and financial stability among former foster youth. This legislative advancement

⁴ KBOI News (2025, April 1). Idaho extends foster care benefits to age 23, aims to reduce homelessness. <https://idahonews.com/news/local/idaho-extends-foster-care-benefits-to-age-23-aims-to-reduce-homelessness>

underscores Idaho's commitment to supporting young adults transitioning out of foster care, providing them with the resources and stability necessary to thrive. By extending care and support, the state acknowledges the importance of a gradual transition into adulthood, ensuring that these individuals are not left to navigate life's challenges alone.⁵

5.2 MENTAL HEALTH AND WELL-BEING

The mental health needs of older foster youth represent a vital area of attention in child welfare—for both those still in care and those who have transitioned out. Addressing these needs requires accessible, high-quality mental health services and sustained investments in programs that promote wellness, healing, and resilience.

As foster youth approach adulthood, they can benefit from timely access to mental health care and holistic support systems. According to Arnett (2023), strong social supports are essential during the transition from adolescence to early adulthood, providing emotional, practical, and identity-affirming assistance. These support systems foster stability and belonging, helping young people to build healthy coping strategies and flourish during this pivotal time (Greeno et al., 2019).

Research must continue to explore programs that promote flourishing and positive mental health outcomes, enabling practitioners and policymakers to understand what works, for whom, and in which contexts. Such insight is key to shaping responsive services that build upon the inherent strengths and aspirations of youth preparing for independence.

Although there has been historical over-reliance on psychotropic medications to address mental health issues among older youth receiving CWS, current efforts aim to promote more judicious, closely monitored use. Within a broader continuum of care, some promising approaches involve integrating pharmacotherapy with standard therapeutic practices, especially for adolescents managing substance use disorders (Fadus et al., 2019). While approved treatments for adolescents remain limited—buprenorphine being one of the few—exploring adaptations of such approaches offers potential for more comprehensive support tailored to individual needs.

⁵ Idaho Department of Health and Welfare (2025). About extended foster care (EFC). <https://healthandwelfare.idaho.gov/services-programs/children-families-older-adults/child-and-family-services-and-foster-care/about-extended-foster-care>

Several recent policy advances have improved mental health services access. Under the Patient Protection and Affordable Care Act (2010), Medicaid coverage is extended to age 26 for youth who have aged out of foster care, offering a crucial foundation for continuous mental health care. To make the most of this opportunity, providers strive to deliver developmentally appropriate, culturally responsive services that reflect the lived experiences and priorities of former foster youth.

The Fostering Connections to Success and Increasing Adoptions Act in the USA mandates the development of transition plans for youth aged 18 or older exiting foster care. These plans address mental health through several key strategies:

1. Access to mental health services: Transition plans connect youth with health care providers and mental health professionals, arranging for ongoing therapy, counseling, and psychiatric care as needed.
2. Health insurance enrollment: Ensuring youth are enrolled in Medicaid or other health insurance programs is critical, as this coverage helps them access necessary mental health services without financial barriers.
3. Personalized mental health plans: Transition plans often include personalized mental health plans that involve regular assessments, individualized therapy sessions, and support for managing existing mental health conditions.
4. Support networks: Transition plans encourage the development of peer support groups, mentorship programs, and connections with trusted adults who can provide emotional support and guidance.

Optimally, these personalized plans are created within 90 days before the youth's eighteenth birthday or planned discharge date. Service providers should work closely with youth to identify their goals and provide resources and support to achieve them, with regular check-ins and adjustments to the plan. Peer support networks are also crucial for providing emotional support and practical advice (Curry & Abrams, 2015). These networks help youth feel less isolated and more connected to the community by connecting them with individuals who have had similar experiences. By implementing these strategies, we can create a more supportive environment for youth aging out of foster care, helping them achieve better mental health outcomes and a smoother transition to adulthood.

Youth involved in both child welfare and mental health services face unique and compounded challenges. These individuals typically experience higher rates of trauma, instability, and unmet needs compared with their peers involved in only one set of services (Prince & Austin, 2005). The intersection

of these services often results in fragmented care, where the lack of coordination exacerbates the difficulties faced by these youth (Kern et al., 2024). The prevalence of youth involved in both areas is significant. Research indicates that a substantial proportion of children within CWS exhibit mental health needs. For example, Burns et al. (2004) found that nearly half of the children in foster care presented with clinically significant emotional or behavioral problems. Similarly, Keefe et al. (2021) found that 39 percent (n=496) of foster youth aged 15 to 18 were positively diagnosed with mental health conditions, compared with only 15 percent (n=5,584) of their non-foster counterparts. Regarding specific disorders, depression was the most prevalent among foster youth (25 percent), followed by bipolar disorder (13 percent) and ADD/ADHD (10 percent). In the non-foster youth sample, depression was also the most prevalent disorder (6 percent), followed by substance abuse (5 percent), anxiety (5 percent), and ADD/ADHD (5 percent).

Recent trends reflect an increasing recognition of the critical need for integrated care approaches to effectively address the complex, interwoven needs of youth dually involved in child welfare and mental health services. These young people frequently encounter cumulative adversities—such as early exposure to trauma, placement instability, and behavioral health challenges—that require coordinated, cross-services responses. In recent years, there has been a proliferation of initiatives aimed at enhancing collaboration between child welfare and mental health services. Notable examples include the widespread adoption of trauma-informed care frameworks, and the establishment of specialized programs that co-locate or embed mental health professionals within child welfare agencies to facilitate real-time consultation, assessment, and service provision.

Integrated care, in this context, refers to the systematic coordination of physical, behavioral, and social services across traditionally siloed systems, with the goal of delivering comprehensive, individualized care. This approach emphasizes shared case planning, joint service delivery, and the alignment of treatment goals across agencies. Importantly, integrated care initiatives also prioritize improved data interoperability and the development of shared outcome metrics, which are essential for monitoring service effectiveness and ensuring continuity of care across placements and providers. Such system-level coordination is particularly crucial for preventing service fragmentation and mitigating the risk of youth falling through the cracks during critical developmental transitions (Bai et al., 2009).

Despite these efforts, challenges remain. The variability in service provision across different jurisdictions and the lack of standardized protocols for identifying and managing youth with involvement in multiple services continue to hinder progress. Youth involved in both child welfare and mental health services face persistent challenges due in part to stigma and structural

fragmentation. Mental health stigma—both internalized and from providers—can deter youth from seeking services or fully engaging in treatment (Corrigan et al., 2014). Within the services themselves, poor interagency communication, conflicting eligibility criteria, and inconsistent care coordination often result in duplicated efforts or, worse, unmet needs (Bai et al., 2009). For example, child welfare professionals may lack access to mental health records, while therapists may be unaware of a youth's placement history or legal status, hindering comprehensive care planning. Effective support for dually involved youth requires sustained cross-services collaboration, implementation of trauma-informed practices across service settings, and the development of integrated care models tailored to adolescents with complex psychosocial needs. Targeted interventions—such as wraparound services and co-located care teams—have shown promise but remain unevenly implemented (Pullmann et al., 2010). Continued research is needed to identify scalable models and to inform policies that reduce service gaps and improve long-term mental health and developmental outcomes for this particularly vulnerable group.

5.3 PERMANENCY AND RELATIONSHIPS

The concept of permanency was discussed in detail in Chapter 3. Permanency is critical, regardless of the age of the child, but realizing permanency brings special challenges in cases involving older youth. Permanency outcomes for adolescents in foster care diverge sharply from those of younger children. While reunification or adoption is often attainable for young children, older youth are far more likely to age out of care without permanent family connections (Children's Bureau, 2024c; Courtney et al., 2011). As they approach adulthood, these youth frequently encounter placement disruptions and temporary or restrictive living arrangements that undermine continuity and belonging.

In response, child welfare policy and practice have increasingly emphasized kinship care and maintaining community and neighborhood connections for adolescents, recognizing the value of stability, cultural continuity, and identity preservation (Winokur et al., 2014; Child Welfare Information Gateway, 2022). Still, permanency planning is often shaped by systemic pressures—including limited resources and administrative mandates—which can hinder alignment with young people's long-term needs and aspirations (McCafferty et al., 2021).

Young people are now increasingly viewed as partners in shaping their futures rather than uncooperative in achieving idealized outcomes for them. Research shows that when youth are authentically engaged in permanency planning—invited to participate in decisions, articulate their preferences, and co-create solutions—they are more likely to feel empowered and invested in the outcomes (Salazar et al., 2020). Youth-centered approaches include collaborative decision-making, structured opportunities for feedback, and targeted

support to help youth build the skills they need to navigate complex service systems. Yet implementation remains uneven. For example, although California has adopted a formal process for youth-led transition planning, fewer than half of participants report meaningful leadership in the process (Park et al., 2020).

At the core of permanency, however, is not merely a placement or a plan—it is a relationship. Legal stability should be paired with a focus on relational permanence: support for enduring, caring connections that help young people feel safe, supported, and seen. These relationships may include relatives, foster parents, mentors, or social workers, and they play an essential role in buffering adversity and fostering resilience (Ahrens et al., 2011; Greeson et al., 2015). Adolescents, in particular, benefit from relationships that are emotionally consistent and developmentally attuned. Youth often seek different types of supportive roles: parent-like figures who provide nurturance, peer-like mentors who offer relatability and trust, or professionals who advocate with and for them (Khan & Ungar, 2024).

Research affirms that what makes the greatest difference in a young person's trajectory is not simply a program or policy, but the presence of people—caring adults who offer warmth, honesty, and dependable guidance (Greeson & Bowen, 2008; Munson et al., 2010; Varga & Zaff, 2017). These connections are not just protective; they are transformative. The standard of care in the United States reflects this understanding by prioritizing long-term relational permanency—ensuring that every youth exiting foster care is not only supported by a case plan but also anchored by relationships that endure (National Association of Social Workers, 2013).

Yet despite this compelling vision, the goal of ensuring relational permanency for all youth remains largely unrealized. There is no widely accepted model for how to consistently foster and sustain enduring relationships within or beyond CWS. Current efforts are often fragmented, varying by jurisdiction and dependent on individual practitioners. Systemic barriers—such as high caseloads, limited training, and lack of accountability structures—further hinder progress. A notable exception is the CARE (Caring Adults 'R' Everywhere) model, the only intervention known to the authors that offers structured, programmatic support for the development and longevity of natural mentoring relationships with supportive adults already known to the young person. By translating the ideal of relational permanency into a replicable practice framework, CARE represents a promising path forward (Greeson & Thompson, 2017; Greeson, 2019). Realizing this vision will require deeper investment in such models that center enduring human connection in permanency planning.

5.4 EDUCATIONAL ATTAINMENT

Educational attainment plays a critical role in determining long-term success, stability, and well-being, yet older foster youth face significant barriers in achieving their educational goals. These barriers include instability within the CWS and mental health issues stemming from trauma prior to and during placement in child welfare (Rosenberg & Abbott, 2019). This combination tends to create the perfect storm to inhibit success in school and limits the opportunities to flourish in adulthood. The lack of educational attainment of foster youth perpetuates the cycle of poverty and instability. Understanding the personal and systemic barriers that impede educational success for foster youth is paramount in addressing them and setting up young people with foster care experience for academic success and overall well-being.

Foster youth are no different than the average youth when it comes to educational aspirations and goals. However, in the USA they experience disproportionately low rates of high school and college completion (see Table 5.5).

Table 5.5 Completion and drop-out rates

	Foster youth	General population
High school completion ¹	50%	85%
College enrollment ²	20%	60%
College dropout ³	>90%	40%
College completion (4-year degree) ⁴	3–4%	60%

Sources: ¹Courtney et al., 2020; ²Gross et al., 2020; ³Taylor, 2024; ⁴Okypych & Courtney, 2023.

These studies highlight the significant educational challenges faced by foster youth, including lower high school graduation rates, lower college enrollment rates, higher college dropout rates, and lower college completion rates compared with their non-foster peers. The disparities are attributed to various factors such as lack of financial support, emotional and familial support, and academic preparedness. At present, there are no nationally representative datasets of youth in foster care in educational settings in the USA (Davis, 2006). In addition, no single federal dataset contains the data necessary to model longitudinal education outcomes for youth in foster care (see Table 5.6)

One significant barrier to educational achievement is the inherent instability within foster care. Studies show that the longer youth are in care, the

Table 5.6 Critical debates: Timeline for earning a high school degree

Argument	Counterargument
As long as they remain in care and are making academic progress, foster youth should be allowed to remain in high school longer than their peers. Many young people in foster care experience frequent school changes, trauma-related learning disruptions, and unstable living situations that delay academic achievement. Extending the timeline for high school completion would promote educational continuity, improve graduation rates, and provide needed structure and support during a critical developmental period.	Young people in foster care should be held to the same educational timelines and expectations as other students. Setting different standards for foster youth may inadvertently reinforce stigmatization or low expectations. All students—regardless of foster care status—should be supported to graduate on time, and the focus should be on improving early educational interventions rather than extending timelines.

more likely they are to switch homes, neighborhoods, and schools (Bederian-Gardner et al., 2018; Cunningham & Diversi, 2013). This instability often disrupts academic progress and requires youth to adjust to new teachers, curricula, and social environments, a process that can take four to six months with each transition (Bederian-Gardner et al., 2018). These frequent moves can also sever vital support systems within schools and communities, further compounding their challenges. Reducing the length of stay in care, particularly in residential care, may lead to fewer moves and consequently fewer school changes for youth. This remains to be determined.

With the perceived lack of social support and community, many foster youth do not have people they feel comfortable to turn to for assistance with understanding college applications, post-secondary processes, or support to manage the stress attributed to pursuing higher education. Educational success involves a collaborative effort among various individuals and entities to address the educational needs and aspirations of these youth. Foster parents or other caregivers play a crucial role in supporting the youth's daily educational activities, such as ensuring attendance, assisting with homework, and communicating with teachers but they often need support, too, to effectively contribute to the effort.

Many states have, therefore, implemented the use of educational liaisons to support foster youth; however, this support typically ends when the youth emancipates from care. States like Arizona and Pennsylvania have established roles for educational liaisons within their CWS. Educational liaisons may help foster youth navigate the college application process, secure financial aid, and access academic support services. They may also assist with the transition

from high school to college, ensuring students are aware of their rights and the resources available to them. Child welfare professionals may also provide guidance and support, helping foster youth understand their educational options and connecting them with resources. However, child welfare professionals are generally primarily concerned with foster youth obtaining their high school diploma or GED. Sometimes a young person has a mentor, other supportive adult, or tutor who can offer academic assistance, emotional support, and encouragement, helping them stay motivated and succeed in their studies. When available, high school counselors may also provide guidance on college and career planning. Access to resources for funding higher education is also a significant challenge. Federally funded programs, such as the Chafee ETV program, and state-funded initiatives like Virginia's Great Expectations, offer financial assistance, mentorship, and social support specifically for foster youth. However, youth and their caregivers are often unaware of these resources, which limits their utilization despite the programs' initial promising outcomes with increased graduation rates and estimated cost savings for the state (Moyer & Goldberg, 2020).

Programs that address the practical, psychological, and emotional needs of foster youth are critical to their educational success. Tailored interventions, such as trauma-informed care and targeted academic support, may help to create equitable opportunities for foster youth to thrive. Campus-based college support programs for youth with a history of foster care are also finding success in supporting these young people through their higher education journeys once on campus (Schelbe et al., 2024). Educating caregivers about college access resources for foster youth is crucial. The Foster Care to College (FC2C) initiative at the Field Center for Children's Policy, Practice, & Research at the University of Pennsylvania (n.d.) exemplifies efforts to educate key stakeholders on college access, enrollment, and completion. This effort supports colleges and universities across Pennsylvania in developing and operating campus-based support programs for students with foster care experience. They also convene stakeholder networking and work groups, conduct research, provide professional development and training on college access, and advocate for legislative and policy changes at both national and local levels. These types of comprehensive efforts may be what is needed to bridge the gap in educational attainment for foster youth, trying to ensure they have the support and resources needed to succeed academically and beyond (see *Glimmers of Change* 5.3).

GLIMMERS OF CHANGE 5.3

OPENING DOORS: KUTZTOWN UNIVERSITY'S PROFS PROGRAM TRANSFORMS FUTURES FOR YOUTH IN FOSTER CARE

In fall 2024, high school students from Philadelphia with foster care experience visited Kutztown University (KU) for a transformative campus tour. More than a visit, it was a glimpse into a future many had never imagined. Central to the day was an introduction to KU's visionary Providing Resources and Opportunities for Future Standouts (PROFS) program. PROFS is more than a support service—it's a lifeline. Created for students with foster care backgrounds, the program offers consistent mentorship, year-round on-campus housing (even during breaks), financial stipends to ease economic strain, and intentional community-building that fosters belonging, resilience, and healing. PROFS doesn't just help students stay in college—it helps them thrive.

The visit was organized through the Philadelphia Education Fund's Fostering College Readiness program, which empowers students in foster care to navigate the college journey with confidence and clarity. For many, the experience at Kutztown was eye-opening—offering not just information, but inspiration, and a renewed belief in what's possible.⁶

5.5 YOUTH ENGAGEMENT IN POLICY AND ADVOCACY

Foster care youth and those who have left care have played significant roles in shaping state and federal child welfare policy, particularly in the areas of transition planning, independent living, and aftercare programs/services. Some of these advances have occurred at the federal level (where many former foster youth have served as staff on congressional committees and in the White House), although many states now have youth councils and have relied on the ideas of former youth in foster care as they develop housing, tuition assistance, and employment preference and support programs. Former youth in foster care have spoken out about the myriad challenges they face as they transition to adulthood, including in key life domains such as housing, employment, and

⁶ Philadelphia Education Fund (2024, January 25). Fostering College Readiness students visit Kutztown. <https://philaedfund.org/fostering-college-readiness-students-visit-kutztown/>

health care. Their stories have helped to raise awareness and garner support for policy changes. As one example, former First Lady of the United States, Hillary Clinton, discussing IL programming and child welfare reforms, credited youth who shared their stories as having a major impact on efforts to advance the federal Foster Care Independence Act (FCIA) of 1999 (Clinton, 1999). Marking an important shift in the federal government's role in supporting foster youth, the FCIA doubled the annual federal expenditure on IL services and broadened services to prepare youth for adulthood (Okpych, 2015).

Independent living initiatives, the FCIA, and the Fostering Connections to Success and Increasing Adoptions Act represent a few examples of how current and former foster youth have leveraged their voices to influence national policy and guide service reforms. Many states and local jurisdictions are also shifting practice toward more youth-centered approaches, where the voices and experiences of foster youth are central to the design and implementation of services. This includes involving youth in decision-making processes and tailoring services to their individual needs (Cancel et al., 2022).

5.6 THE EVOLUTION OF GROUP CARE IN CHILD WELFARE

There have been many notable improvements in services delivery for youth, including youth voice in crafting service designs that are suitable for this age group. Some concerns remain, however. For example, a substantial proportion of adolescents involved in child welfare supervised out-of-home care will spend some time in group care settings, which are also referred to as institutional, residential, or congregate care. According to the Adoption and Foster Care Analysis and Reporting System (Administration for Children and Families, 2025), fewer than 1 percent of children under the age of 11 were residing in group or residential care as of September 2023. In contrast, approximately 30 percent of youth aged 11 to 17 were placed in such settings at the same time.

Although this percentage remains notable, it represents a significant decline from previous decades. Over the past 20 years, the use of residential care for children has undergone major changes both globally and within the United States. In the USA, the number of children placed in group homes or institutional settings has steadily declined since the early 2000s, in response to increasing efforts to prioritize family-based alternatives (Barth et al., 2008a; Lee et al., 2011) as well as increased financial pressure from state and federal governments to reduce reliance on congregate care. Between 2000 and 2021, group care placements in the US were reduced by half—from 18 percent to 9 percent—reflecting a growing policy and practice preference for family-like settings over institutional environments. While much of this reduction pertains

to younger children, trends indicate similar declines among adolescents as well.

This broader shift reflects not only reduced reliance on group care but also significant improvements in its design and implementation. Recent reforms have aimed to enhance children's psychological well-being in residential settings by integrating trauma-informed services, shortening the duration of stays (currently with a median length of 11 months), and actively engaging family members throughout the placement process (US Government Accountability Office, 2015).

5.6.1 Short-Term Residential Interventions

Group care is increasingly being reconceptualized as a smaller-scale, family-engaged, and time-limited intervention. A key development in this evolution is the rise of short-term residential interventions (STRIs), which are designed to offer intensive, temporary support for youth and families during periods of crisis. The primary objectives of STRIs are to promote family reunification, support successful community reintegration, and strengthen long-term stability. The foundational components of STRIs have been articulated by the Building Bridges Initiative (Blau et al., 2010; Building Bridges Initiative, n.d.), and include the following principles:

- **Family and youth engagement.** Effective STRIs prioritize meaningful engagement of families from the point of intake. Families are regarded as integral partners in the treatment process, and programs are expected to conduct sustained outreach—typically 7 to 10 contacts per week—to foster active involvement. Interventions such as Family Finding and Family Search are frequently utilized to identify and involve both nuclear and extended family members or other supportive adults, ensuring that youth maintain enduring relationships during and after placement.
- **Time-limited interventions.** STRIs emphasize the shortest possible length of stay necessary to stabilize youth and address the critical challenges impeding their ability to live safely in the community. Discharge planning begins at intake and remains a central focus throughout the intervention, with the aim of facilitating timely transitions to permanent family or community-based placements.
- **Data-driven practice.** Programs implementing STRIs rely on comprehensive data systems to monitor and evaluate treatment effectiveness. Metrics such as length of stay, rates of recidivism, and post-discharge outcomes are systematically tracked to inform program improvement and ensure accountability in service delivery.

- **Cultural and linguistic responsiveness.** STRIs are designed to be culturally competent and linguistically accessible. This includes the development of inclusive and welcoming environments—for example, renaming “visitation rooms” as “wellness rooms”—and the provision of interpretation services to meet the needs of diverse populations.
- **Community integration.** A defining feature of STRIs is their emphasis on continuity of care following discharge. Programs are expected to establish strong partnerships with community-based providers and natural support systems, such as schools, health care professionals, and local service organizations, to facilitate seamless reintegration and ongoing support for youth.
- **Continuous quality improvement.** STRIs operate under a framework of ongoing evaluation and adaptation. Programs regularly assess their practices against established performance benchmarks, incorporate stakeholder feedback, and implement iterative improvements to enhance youth and family outcomes.

In parallel with these residential care reforms, the field has seen promising advances in treatment foster care models (Chor & Oltmans, 2023) and expanded efforts to integrate families more fully into the residential care experience (Barth et al., 2023). Together, these developments signify a meaningful evolution in the provision of care for services-involved youth—one that is increasingly aligned with principles of relational permanence, community inclusion, and trauma-informed practice.

5.7 SHORTAGES IN OUT-OF-HOME CARE

As described in Chapter 3, the USA faces a shortage in the number of available foster homes for children and youth. Particularly acute is the need for caregivers who are willing and able to serve adolescents. At the same time, state and federal policy efforts to restrict funding for congregate care placements have squeezed the portfolio of available placement settings further still. As a result, children are increasingly sleeping in CWS offices or being temporarily housed in hotels. For example, in 2022, Texas reported over 1,000 children experienced at least one night in an unlicensed setting—such as an office, hotel, or church—due to the unavailability of appropriate placements (Sciaccia, 2023). Washington state saw a 177 percent increase in hotel and office stays between 2015 and 2022 (Washington State Office of the Family and Children’s Ombuds, 2022). California saw an increased use of “non-foster care placements” following implementation of its major policy reform to restrict the use of congregate care (Gomez, 2024). These figures highlight a growing reliance

on makeshift accommodations for vulnerable youth. Key policy responses include relaxing certain licensing restrictions to keep siblings together (New York State Office of Children and Family Services, 2010) and expanding foster parent support through evidence-based programs like Keeping Foster and Kin Parents Supported and Trained, which reduce disruptions and increase retention (Price et al., 2008).

The rise in “hoteling”—placing foster youth in hotels, offices, or other temporary spaces due to a lack of suitable placements—has emerged as a visible symptom of deeper, systemic dysfunctions within US CWS. Rather than reflecting isolated logistical issues, hoteling reveals cascading failures in placement infrastructure, mental health service delivery, and workforce capacity. LaBrenz et al. (2023) document how this practice has become increasingly normalized amid a growing crisis labeled “children without placement,” with child welfare professionals forced to supervise youth overnight in non-therapeutic, impermanent environments. These emergency arrangements are not only disruptive to youth development but also indicative of a placement service stretched beyond capacity. Gibbs and colleagues (Gibbs et al., 2025a) similarly trace hoteling to systemic treatment delays and resource mismatches, particularly for youth with acute behavioral health needs who are unable to access timely and appropriate care. The authors highlight how delays in mental health evaluations and shortages of residential beds funnel youth into makeshift accommodations like hotels and offices.

At the heart of this crisis is the contraction of residential care without a corresponding investment in therapeutic, community-based alternatives. Broce et al. (2024) argue that the well-intentioned movement away from congregate care—driven by concerns about institutional harms—has outpaced the development of new solutions, leaving high-needs youth functionally “undomiciled.” Without robust services to support children with complex needs, jurisdictions across the country are increasingly resorting to temporary lodging as a last resort. These trends suggest that hoteling is not merely a logistical workaround but a manifestation of structural disinvestment and policy misalignment in child welfare, requiring a strategic reinvestment in the continuum of care to restore both dignity and stability to youth in out-of-home placements.

5.8 SUMMARY: TRANSFORMING CARE THROUGH CONNECTION, EQUITY, AND VOICE

The experience of adolescence in the CWS is uniquely complex, shaped by intersecting trajectories of trauma, systemic inadequacies, and developmental transitions. Youth in care face distinct barriers that require services that are adaptive, evidence-informed, and centered on the lived realities of those they serve, anchored in relational continuity, cultural responsiveness, and a

commitment to equity. Policies and interventions that are designed to promote stability, connection, resilience, and belonging are critical to older youth and may promote positive developmental, educational, and employment outcomes.

As the field evolves, the role of social work is both clear and critical: to advance scholarship that bridges empirical rigor with the voices of youth, to advocate for service transformation grounded in justice and dignity, and to lead with a vision that places young people not at the margins but at the center of reform efforts. Research should continue to interrogate not only what works, but for whom, in what contexts, and why, and practitioners should be equipped to respond with flexibility, empathy, and fidelity to trauma-informed, developmentally attuned care.

6. Will the kids be alright? CWS and the unfinished work of protection and beyond

Understanding how children's long-term outcomes may be influenced by child welfare services (CWS) is difficult. The measurement challenges and debates about the role of child welfare identified in Chapter 2 leave room for controversy. This chapter will, among other things, attempt to clarify the extent to which the outcomes for maltreated children who have varying levels of child welfare contact are known and what, if any, outcomes can be attributed to CWS based on existing research. Rigorous research in this area is rare. The research we do have largely points to the conclusion that child maltreatment has a range of serious, negative effects on children that are both short- and long-term in duration (see Chapter 2). Involvement with child welfare is often accompanied by continued developmental challenges, often into adulthood. This limitation is not a condemnation of child welfare, as we explain below, but, given the limits of current research and limited capacity of child welfare to provide services, is as far as we feel empowered to go. We also introduce intervention research showing promise in promoting more positive outcomes. In all, while child welfare involvement can mitigate harms to children—at least in cases where services are provided—it has a long way to go before we can be assured that it has the capacity to improve the long-term prospects of children across domains of functioning.

6.1 DILEMMAS IN MEASURING CHILD OUTCOMES AFTER CHILD WELFARE

As outlined in previous chapters, children may have varying degrees of involvement with child welfare. A report may be closed without services, or a report may trigger an offer of voluntary services, mandated in-home services, or entry into foster care. Hypothetically, child welfare contact could (and should) result in ameliorative services that might decrease risk for maltreated children (Jonson-Reid et al., 2017b) and—optimally—increase children's well-being. Child welfare may result in better outcomes by connecting a child

and family with needed services like mental health care, by early intervention that prevents ongoing maltreatment, and by moving a child into a safer family environment that also provides more opportunities for positive development (Jonson-Reid, 2004). Unfortunately, relatively few studies have been able to evaluate child outcomes due to lack of available comparison groups, available measures of outcomes, or adequate controls for ancillary services (Barth et al., 2022).

The very reason for differing levels of child welfare contact can make understanding outcomes difficult. First, as outlined in earlier chapters, because most children with child welfare involvement have experienced some form of maltreatment alone or in combination with other adverse experiences (Children's Bureau, 2025a; Jonson-Reid et al., 2009; Leschied et al., 2005; Maxfield et al., 2023), maltreated children have increased risk of poor outcomes across domains of functioning whether or not they have child welfare contact. Further, most families who are the subject of an accepted maltreatment report receive little or no intervention. For example, a child who remains at home following a child maltreatment report with a referral to voluntary in-home services or without any support because the case was closed may still be experiencing significant risk of poor outcomes. If a community is relatively well provided with community-based services and schools that have high attendance and responsive staff, these children may find some buffering effects. Generally, access to services is worse in lower income communities, which may reduce the chances of effective initial contact and successful service outcomes (Lorthridge et al., 2012; Maguire-Jack & Negash, 2016). There may also be systemic barriers to accessing supports (e.g., transportation) that must be addressed to achieve goals as illustrated in the Albuquerque example in *Glimmers of Change* 6.1.

GLIMMERS OF CHANGE 6.1

ON THE ROAD TO STABILITY: ALBUQUERQUE PUBLIC SCHOOLS LAUNCH TRANSIT PROGRAM FOR VULNERABLE STUDENTS

In February 2024, Albuquerque Public Schools (APS) launched a comprehensive new transportation program aimed at improving school access for students facing housing instability or involvement in the child welfare system. The APS school board unanimously approved a four-year, \$1.2 million contract with First Student, a Cincinnati-based transportation company, to implement the initiative. The program expands transportation options beyond traditional school buses, including coordination with the local bus system, to ensure students can remain in their schools despite residential disruptions. Designed to promote stability

and educational continuity, the effort is part of a broader push to remove systemic barriers for some of the district's most vulnerable families.¹

It is also important to recall from earlier chapters that American CWS are largely limited to “case management,” which means that child welfare professionals are usually referring and authorizing the use of services provided by other organizations and service providers. Improved child outcomes require an accurate assessment of need, the availability of high quality services that match the assessment's findings, and utilization of those services by parents or children. Outcomes for a given case, even when the case is open for services, may be almost entirely dependent on the quality and availability of services within a community (Jonson-Reid et al., 2017b). Further, engagement in services is also a necessary prerequisite for positive outcomes and studies have identified a number of barriers to participation that may prevent a family from benefiting from those services (Garcia et al., 2018). Services must also be of sufficient quality and duration to address often longstanding social and familial issues. For example, we know one jurisdiction that suddenly, and without explanation, cut parent training from 10 weeks with ancillary text supports in between meetings, to just 4 weeks without texting between sessions. This was done even though there was no science to suggest that 4 weeks of parenting training would be enough to make a meaningful difference.

While deeper involvement with child welfare may open access to more services, such involvement usually follows greater concern for safety and often a number of prior maltreatment reports which may be indicative of longer exposure to risk or harm. Foster care is the highest level of intervention possible following a maltreatment report. It is perhaps not surprising that a recent systematic review that included studies from the USA, Sweden, and the UK (e.g., Lindner & Hanlon, 2024) concluded that children and youth with experiences in foster care have generally poorer educational, economic, housing, health, substance, and criminality outcomes than children in the general population. In other words, a child who is placed into foster care may have a longer or more serious exposure to maltreatment than a child who is the subject of a report that is closed without services. This may argue for tailoring expectations of foster care outcomes according to the age of the child at entry (see Table 6.1).

As the majority of children placed into foster care are also from low-income families, they may face the same lack of resources common in lower income communities that would support ameliorating harm. For example, a young

¹ Gonzales, G. (2023, August 24). APS board approves new transportation method for “at risk” students. KRQE News. <https://www.krqe.com/news/education/aps-board-approves-new-transportation-method-for-at-risk-students/>

Table 6.1 *Critical debates: Universal vs. age-specific outcome measures for children in out-of-home care*

Argument	Counterargument
Outcome measures should be consistent for all young people in out-of-home care, regardless of their age at entry. Uniform standards ensure fairness, comparability, and clarity in evaluating system performance. A shared measurement framework supports consistency in expectations and accountability across jurisdictions.	Because children enter out-of-home care at vastly different developmental stages and with different needs, risks, and timelines for intervention, outcome measures should vary based on age at care entry. Applying the same outcome standards across all age groups may obscure meaningful differences and unfairly disadvantage certain populations—such as older youth with shorter time horizons for permanency or developmental progress. Tailored metrics may offer a more accurate picture of system effectiveness.

child in foster care that needs mental health services will only receive them if they are available in the community. As discussed earlier, child welfare professionals largely perform a case management function.

6.1.1 Research Design Considerations in Measuring Child Welfare Outcomes

Such issues confound our ability to determine if outcomes can be attributed to CWS above and beyond prior adverse experiences (Jonson-Reid & Chiang, 2019; McTavish et al., 2022). While it is certainly not impossible to gain a better understanding of how or if child welfare impacts child outcomes, the complexity requires careful consideration in regard to the data available and sampling strategy. Figure 6.1 highlights the types of research designs that may help us understand whether or not varying levels of child welfare intervention may link to a given outcome with some degree of certainty. The gold standard of research to establish causality—random assignment—is extremely difficult to employ when child welfare must serve families according to the risk and safety of children.

The first column in Figure 6.1 identifies the type of child welfare contact one is attempting to examine. For example, in row 1, if one is interested in whether a report of maltreatment without services alters a child’s trajectory, the data must be organized at the individual level, be longitudinal, and ideally start at a first report since accumulated reports may have varying service dispositions. Often, the nature and intensity of services is obscured to researchers. For example, in US national maltreatment report data, in-home services are limited to an indicator that collapses rows 2 and 3 and provides

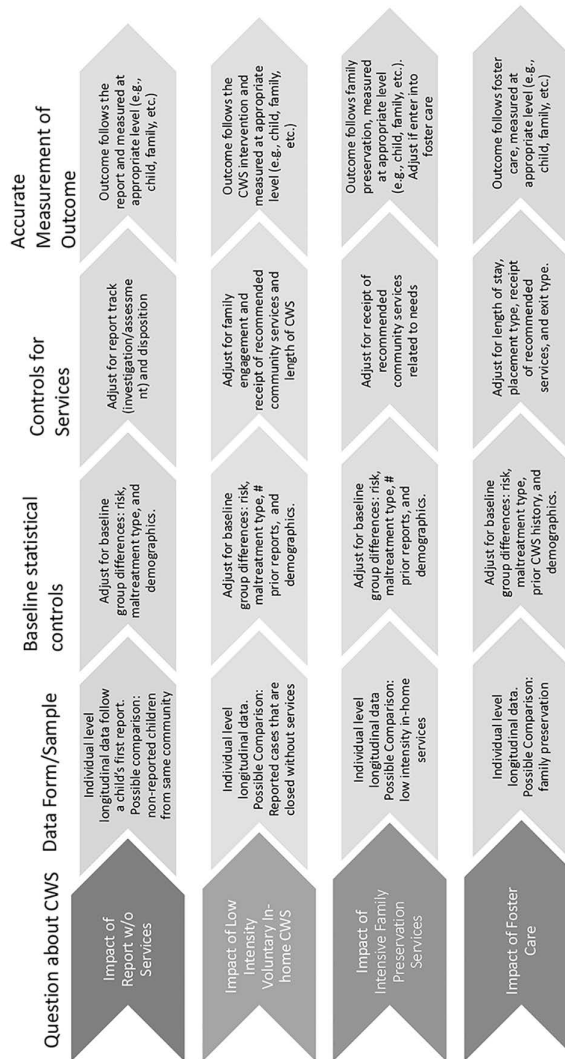


Figure 6.1 Framework for measuring outcomes of child welfare involvement

no information about the length of services (https://www.ndacan.acf.hhs.gov/datasets/pdfs_user_guides/ncands-child-file-codebook.pdf). In other cases, a child may experience all of these types of child welfare involvement. A longitudinal study following a child through their entire child welfare history over time needs to consider the ability to control for all four types of contacts represented in each row. Further, beyond accurate measurement of services and time ordering of outcomes, one has to consider the child's age and developmental capacity. For example, a three-year study of infants would require very different data collection considerations than a three-year study of children entering foster care after age 11. Linked data approaches also hold promise for expanding our understanding of outcomes following child welfare across a number of domains (see *Glimmers of Change* 6.2).

GLIMMERS OF CHANGE 6.2

LINKING LIVES, SHAPING FUTURES: HOW INTEGRATED DATA ARE TRANSFORMING CHILD WELFARE RESEARCH

Scandinavian countries have demonstrated the extraordinary research opportunities that arise from tracking children from birth. In Sweden, for example, every child is assigned a personal identification number, which is used by their families and government agencies when enrolling the child in programs ranging from youth soccer (“futbol”) to psychiatric care. These systems enable longitudinal analyses that span multiple generations, helping researchers identify patterns such as elevated risks of schizophrenia among children whose parents have been diagnosed with the disorder.²

In the United States, Dr Emily Putnam-Hornstein and her colleagues at the Children's Data Network (CDN) have conducted some of the most advanced work in this area by consistently linking birth records with child welfare service histories.³ This approach has made it possible to examine the long-term trajectories of children involved in the child welfare system as they enter adulthood and begin forming families of their own. CDN, developed in partnership with the California

² Lichtenstein, P., Björk, C., Hultman, C. M., Scolnick, E., Sklar, P., & Sullivan, P. F. (2006). Recurrence risks for schizophrenia in a Swedish national cohort. *Psychological Medicine*, 36(1), 1417–1425. <https://doi.org/10.1017/s0033291706008385>

³ Children's Data Network (n.d.). Research and publications. <https://datanet-work.org/research-and-publications/>

Child Welfare Indicators Project, is a data and research collaborative that links administrative records across agencies and cohorts to generate population-level insights into the service pathways and outcomes of children and youth in California. By configuring siloed public records longitudinally at the child level, CDN provides a robust foundation for actionable, cost-effective research that supports policy change and program improvement. Although an increasing number of US states now permit linkages between child welfare data and other systems such as education and employment, routine access to birth records for research purposes remains rare. Expanding secure, confidential linkages between child welfare records and birth and death records would significantly enhance our understanding of the outcomes associated with child welfare involvement. Such efforts, as demonstrated by CDN's work, also help identify how limited resources can be more effectively targeted and provide a population-based context for understanding the needs of maltreated children.

With the previous considerations in mind, the following sections summarize existing research on outcomes across child safety, cognitive/educational outcomes, behavioral/mental health, offending, intergenerational maltreatment, and economic functioning related to differing levels of child welfare contact, with attention to ways that imperfections in the comparison group or research design may limit our understanding. We recognize maltreatment is also associated with other health and relational outcomes but select these as areas where there has been greater attention to child welfare contact. In 1997, the Adoption and Safe Families Act introduced *child well-being* as an expected outcome, but the measurement and attainment of such a goal is far from settled (Jonson-Reid & Drake, 2016). In the sections that follow, we have identified multiple “hoped for” outcomes for CWS based on the American scholarship, at least, that looks for a range of outcomes beyond immediate safety and permanency and even beyond the specific domains mentioned in the 1997 legislation.

We caution, however, that child welfare is not a direct provider of services to children, and most contact with child welfare is neither deep nor long-lasting. Even among children placed in foster care, the median length of stay is 15 months (Children's Bureau, 2024e); some researchers estimate that children who experience foster care will spend on average about 10 percent of their childhood in care (Wulczyn, 2020). It may therefore be unrealistic to assume that health, education, and behavioral health outcomes—particularly long-term outcomes—will be substantially repaired by short-term services offered by outside service providers with varying degrees of availability and quality. Child welfare should be accountable for ensuring children's basic safety, at

least in the near term, but broader goals may be more difficult to achieve. Most importantly, contact with child welfare should not result in harms to children—a claim made by some critics. We address these questions below, suggesting that if harm were occurring, we would see worse outcomes for children with child welfare contact than for those who had exposure to similar conditions of maltreatment that were not addressed.

Two underlying principles are that every child should have the same chance to flourish in life, regardless of the harshness of their early circumstances and that the American public generally supports services that will endeavor to generate adults who are able to return the investment through their economic participation in society (Barth, 1999). We launch this effort with humility as we know that we do not have much of the rigorous research that is definitive and that we do not embrace the idea that child welfare is structured in such a way that it should be able to markedly change lifetime outcomes. How we should define the success of CWS remains a hotly debated topic (see Table 6.2).

Table 6.2 *Critical debates: Surviving or thriving? Defining success in child welfare*

Argument	Counterargument
Child welfare is responsible for ensuring that child and youth service recipients achieve outcomes comparable to those of average children in the general population. Interventions and services should aim to ensure equity in outcomes such as education, health, housing stability, and long-term well-being. Anything less reinforces inequality and reflects a failure to adequately protect and support vulnerable children.	Child welfare’s core responsibility is to minimally protect children from serious harm. Services and interventions should narrowly focus on safety, not broader improvements in life outcomes or opportunities. Stretching the scope of services may dilute child welfare’s primary function, invite government overreach into family life, and create unrealistic expectations for agencies ill-equipped to deliver full-scale social mobility.

6.2 LONG-TERM CHILD SAFETY

The fundamental goal of child welfare is to protect children from maltreatment and ensure their safety. There is some debate as to how long child welfare should be held responsible after an initial report has received a response. For example, the federal standard for an inappropriate outcome is a repeat maltreatment report within 12 months for those children who had a prior substantiated report. Using that benchmark, research indicates recurrent contact

with child welfare is common and may continue for many years post report (Jonson-Reid, Chung, et al., 2010).

6.2.1 Injury, Fatality, and Recurrence for Children Remaining in the Home

Some studies have examined longer term outcomes relating to death, intentional injury, and unintentional injury following a report of non-fatal maltreatment (Batra et al., 2022; Jonson-Reid et al., 2007, 2017a; Putnam-Hornstein et al., 2013a; Rebbe et al., 2020). Findings from these studies show that children who had histories of maltreatment were more likely than children from the general population and low-income children to suffer these later untoward outcomes. Due to data limitations and the rarity of events like child death, however, the study authors were unable to account for the impact of CWS following the prior contact.

While recurrent child welfare contact has received significant attention, the role of CWS contact in mitigating new referrals has not. Using linked administrative data across multiple years, a Missouri study found that participation in low intensity in-home child welfare case management services had a cumulative effect on reduced risk of recurrence among children with two or more reports within a seven-year follow-up period (Jonson-Reid et al., 2010).

6.2.2 Injury, Fatality, and Recurrence for Children Placed into Foster Care

A handful of studies have examined recurrent child welfare contact after children return home from foster care. Typically, services to families terminate at the point of reunification or shortly thereafter, and children may stay in care for a very short period, which may limit the time preventive services are in place. It is therefore not clear that the assumption that foster care will result in lasting effects following a return home for all families is reasonable. A recent study to examine children's safety following foster care examined a sample of over 200,000 school-age children in Michigan who were reported for maltreatment from 2008 to 2016. In terms of measuring child safety, the authors examined the likelihood of becoming a "confirmed victim of maltreatment" following foster care placement. Findings from that study showed a near 50 percent decline; these benefits were generally sustained over several years (Gross & Baron, 2022).

Certain characteristics of children in foster care or foster care experiences may also be associated with risk of a re-report after reunification or re-entry into foster care. An early study using Missouri foster care data followed children for 4.5 years post-reunification and found that children with short stays in

care (less than 3 months) had a higher rate of maltreatment reports after reunification while those placed with kin remained in care longer but had lower rates of recurrence (Jonson-Reid, 2003). A more recent study used national reporting data linked at the individual level and integrated with national foster care placement data and followed children up to 2,000 days after reunification from foster care (Jones & Jonson-Reid, 2025). This study found that a child who experienced multiple child maltreatment reports prior to entry into care was at greater risk of recurrence after exit. Multiple reports, of course, may be an indication of chronic maltreatment that is less responsive to protective services; the study findings may be reflective of a subgroup of parents and children with greater challenges prior to entry into foster care that persist after reunification. Additionally, a few studies have examined foster care re-entry after reunification, which is also likely a proxy for safety concerns following foster care. One study found that those cases that received in-home services prior to and after returning home had lower risk of re-entry (Lee et al., 2012).

We also have good reason to believe that the fatality rate for youth who are reunified from foster care, particularly those in communities with high rates of violence, may be greater than for those who remain in care (Barth & Blackwell, 1998). Recent national data in the USA indicates that when CWS is closely monitored (by consent decree or class action lawsuit) mortality risks are significantly reduced (Lee et al., 2024). Nonetheless, the all-cause mortality rate for children in foster care remains about 42 percent higher than it does for children in the general population across all races and age groups (Chaiyachati, 2020), though all studies comparing children in care to the general population suggest negative outcomes on a range of issues; children in foster care are a unique, highly vulnerable group.

6.2.3 Interventions to Prevent Recurrent Maltreatment and Fatality

Despite the interest in preventing fatalities and recurrent child welfare contact, the number of rigorous studies of interventions is small. One systematic review limited to eight studies found some promise for manualized parenting programs in reducing the recurrence of physical abuse (Morello et al., 2022). Another model, Safecare, was developed initially for families involved with child welfare due to child neglect. In highly controlled studies this manualized parental skills program has been found to reduce recurrent child welfare contact (Chaffin et al., 2012). A meta-analysis of home visitation programs included six studies and concluded that there was some promise in home visitation as an approach with young families to prevent recurrent maltreatment reports (Han & Oh, 2022).

Interventions specific to foster care and recurrent contact after exit have received less attention. One promising approach involving both parental

mental health services and an existing evidence-based parenting program for families with children under age 6 appeared to show promise in low rates of re-referral to the family court following exit compared with known national data but there was no matched control (Constantino et al., 2023). In regard to child fatality prevention, perhaps the most widely known approach is Birth Match (described in more detail in Chapter 9), which attempts to use prior sibling fatality or termination of parental rights as a risk indicator to trigger preventive services (Shaw et al., 2013), but outcome data are not available. Much more research is needed to understand which interventions show the most promise in promoting long-term safety for child-welfare-involved families. It is also particularly important to consider spillover effects in research related to recurrent non-fatal maltreatment given the common association between recurrence and worse outcomes in the following sections.

6.3 COGNITIVE AND EDUCATIONAL OUTCOMES

Decades of research, largely without exception, show that children reported to or served by child welfare have higher rates of developmental delay and lower academic achievement compared with those without child welfare contact. While children may be born with developmental risks, the consequences of early neglect or abuse may also cause or exacerbate such issues. A number of cross-sectional studies have found higher rates of developmental concerns among children with reports of maltreatment (e.g., Zimmer & Panko, 2006; Sullivan & Knutson, 2000). About half of children who enter foster care as infants and toddlers show developmental delays or low developmental scores (Scarborough et al., 2009). Developmental delays and/or impacts of trauma on academic participation may lead to poor educational outcomes even in the face of intervention. It is therefore critical to adjust for delays that exist prior to child welfare contact and understand how outcomes may be improved according to the type of existing baseline condition.

6.3.1 Developmental Outcomes for Children Remaining in the Home

Many of the children who come to the attention of child welfare can be identified as at risk of developmental delay by a good assessment—something that can be done by child welfare professionals, although they are not generally trained or supported with the time and tools to do so (McCrae et al., 2011). This lack of internal assessment often limits the information available to understand outcomes.

Little longitudinal work has been done to understand how initial case processing (e.g., screened-out or unfounded reports) may be associated with cognitive or academic outcomes. One longitudinal study followed low-income

children with a first report of maltreatment prior to age 11 compared with the same aged low-income children without child maltreatment reports, controlling for known medical conditions at birth that indicated developmental delay or heightened risk. Children with maltreatment reports had almost twice the risk of later special education participation (Jonson-Reid et al., 2004). This could be because there was some increased engagement in special education if child welfare helped to steer children to services they needed, but most of these admissions to special education occurred well after services were closed and years after the initial report. In other studies, children reported for maltreatment have been found to have lower academic achievement. Leiter and Johnsen (1994) published one of the first studies to document differences in outcomes across grades, attendance, and test scores in North Carolina. A later Michigan study following a school-based cohort found that children with child welfare contact had lower math and reading scores and higher participation in special education (Ryan et al., 2018). A Mississippi study also found that child welfare-involved children had higher rates of failed grades and absenteeism than youth without child welfare contact (Yoon et al., 2019). Similar findings have been reported in international research including a study conducted in Australia (Green et al., 2017). In all of these studies, the amount or duration of CWS was either negligible or absent, suggesting that the maltreatment report—regardless of whether the report is eventually substantiated—is an important indicator of compromised educational well-being for children.

Fewer studies have attempted to understand if developmental outcomes vary by type of maltreatment or case disposition following a report of maltreatment. Some studies compared substantiated and unsubstantiated reports of maltreatment and found no differences in developmental or academic outcomes (Leiter & Johnsen, 1994; Hussey et al., 2005; Jonson-Reid et al., 2004). Others have found a small, heightened risk for substantiated cases (Ryan et al., 2018), and still others have shown small improvements following a substantiated report—presumably because the child gained access to services (Leiter, 2007). Unfortunately, none of these studies had the ability to control for educational services provided and few had the ability to adjust for baseline risk of poor outcomes. It remains unclear, therefore, if differences found related to maltreatment reports without CWS are at all reflective of system contact as compared with developmental harm related to maltreatment and other comorbid family risks.

6.3.2 Developmental Outcomes for Children with In-Home or Out-of-Home Services

It is unclear if children have unique developmental outcomes after foster care compared with those receiving in-home services. As above, most studies

examining children's well-being following child welfare exposure cannot account for the maltreatment they likely sustained at home prior to child welfare contact or other pre-existing developmental concerns.

A Swedish study, for example, examined academic achievement for young adults who had different timing and levels of involvement with child welfare as children. All young adults with child welfare histories fared worse than the general population. Children experiencing child welfare contact prior to adolescence had better outcomes than those who had involvement during adolescence (Vinnerljung et al., 2005). The study findings from Sweden are notably similar to findings from other countries: children who come to the attention of child protection fare worse in a number of domains compared with children in the general population, regardless of the type of child welfare response they receive.

There are varied findings comparing children in foster care with those who remain at home. A US study found that children entering foster care had a higher risk of special education involvement than those reported for maltreatment but not served. There were, however, no differences between those receiving in-home services and those entering care (Jonson-Reid et al., 2004). Another US study found that five years after children were assessed for maltreatment by child welfare agencies, those who had remained at home or were adopted had significantly fewer developmental problems than children who were still in foster care (Lloyd & Barth, 2011). In a Canadian study, researchers found that children with reports of maltreatment and known academic problems were more likely to eventually enter foster care (Sanders & Fallon, 2018), suggesting that children who enter foster care often do so at an educational disadvantage. This study, like others, speaks to the selection effects associated with a stay in foster care rather than suggesting anything about the effects of care on children's development.

Among children placed into care, longer term developmental and educational outcomes may vary by the type of foster care experience. In the aforementioned 2005 Swedish study, for example, those with stable foster care histories did better than children in care without stable histories (Vinnerljung et al., 2005). Again, selection bias toward worse outcomes may account for the differences as children with higher behavioral health needs (who may have experienced more significant maltreatment) may experience less stability in foster care. A US study (Font & Palmer, 2024) showed that youth aging out of foster care and youth reunified from foster care had equally poor high school completion rates compared with low-income youth (who, presumably, had not experienced child maltreatment). But a study in Michigan that largely accounts for selection bias found that children placed in foster care experienced improved school attendance by about five percentage points (an improvement of about 10 additional days in school), and significantly improved math test scores (Gross & Baron,

2022). These are other stones in the mosaic suggesting that going into foster care is not, *per se*, a risk and that children and youth who reunify often have troubling outcomes similar to, or worse than, the often-cited poor outcomes for children in foster care.

The timing of foster care may also matter. Some evidence suggests that there may be short-term benefits for math and reading when children are placed into foster care before age 6 (and followed to grades 3 to 8), though these benefits only appear to accrue for girls (Bald et al., 2019). (This is one of many studies that finds different outcomes for males and females suggesting the need for additional research attention.) Given the significant investment of resources in the provision of foster care and the recognized importance of education, the relative scarcity of studies of academic outcomes that attend to developmental stage and services received in other systems (e.g., schools, early childhood intervention) hamper our understanding of the actual role of CWS in these outcomes. There are, however, a number of policies and proposed interventions designed to improve academic outcomes for children involved with child welfare.

6.3.3 Interventions to Support Academic and Cognitive Outcomes

There is an emerging literature on interventions designed to improve educational and/or cognitive outcomes for children with child welfare contact. This is briefly summarized here.

6.3.3.1 Early childhood intervention with intact families

Research suggests a substantial proportion of infants coming into foster care through child welfare have developmental delays, many of them lasting until they are school-aged (Lloyd & Barth, 2011). For that reason, child welfare is expected to refer infants to early intervention services (Child Welfare Information Gateway, 2018) but we have little information about any impact of these services on their development. Despite availability of early childhood supports like home visitation and early childhood education (ECE) in some communities, a number of studies continue to find gaps in parent engagement in these services, child welfare and early childhood worker training and awareness of services, enrollment procedures, and family level barriers to development (Klein et al., 2016, 2018; Munger et al., 2023; Saitadze, 2021; Stahlschmidt et al., 2018). What limited international information is available suggests that a lack of collaboration and engagement between early childhood intervention systems and child welfare is not limited to the USA (Albuquerque et al., 2020).

Better developmental outcomes could be achieved through the reduction in ongoing maltreatment, enhanced parenting skills, and/or engaging very

young children in enriched developmental environments (Klein et al., 2016, 2018; Jonson-Reid et al., 2018; Lee et al., 2018). In one of the few studies tracking developmental outcomes, Saitadze (2021) studied young children who remained in the home following a report of maltreatment and did not detect effects of ECE participation on child development. It was not possible to examine the quality of the ECE or delivery mode nor were there controls for developmental need prior to the report. Another study of young children remaining in the home following maltreatment found a reduced rate of recurrent child welfare contact for those participating in home visitation but only among families without indications of caregiver depression at baseline or substantial histories of prior child welfare involvement (Jonson-Reid et al., 2018).

While reductions in recurrent maltreatment and improvements in parenting skills theoretically result in better long-term developmental and academic outcomes, more longitudinal work is needed to understand and more clearly demonstrate the academic and developmental outcomes associated with participating in various types of early childhood intervention. Thus far, most of the work with intact families has focused on very young children. While this period is of course highly significant in regard to brain development, greater attention to interventions for school-aged children who remain in the home after a maltreatment report is needed.

6.3.3.2 Educational intervention for children in foster care

Few intervention studies are available to guide our understanding of the educational outcomes that might be achieved for foster youth with adequate intervention.

Apart from learning differences or developmental delays, there are a number of other reasons children who enter foster care may struggle academically. These include mobility (e.g., placement moves in spring and not getting enrolled in a new school until the following fall), behavioral problems that impede learning or classroom functioning, and lack of consistent parental involvement. While there are a number of approaches to improving educational success of youth in care, including the use of educational liaisons or programs like Foster Youth Services in California, data on effectiveness is scarce (Sabourin et al., 2024). A recent evaluation of an intervention to support educational success through support and advocacy with foster caregivers found that caregivers reported better attendance and reduced problem behaviors, but educational outcomes were not available (Sabourin et al., 2024). Other research suggests school connectedness seems to be protective for children in foster care in regard to school outcomes (Somers et al., 2020); however, the field has much work to do to find ways to support that connectedness during children's life transitions. Several models developed during COVID-19

shutdowns offer possibilities, but their continuity and status of evaluation are unclear.

Generally, we have evidence that enhanced teacher support is associated with better educational outcomes for foster youth (McGuire et al., 2021). Flynn and colleagues (2012) have tested *direct instruction* (Hempenstall, 2020) tutoring methods in a randomized clinical trial in Canada that had significant educational benefits. This work was broadened to a group setting (also in Canada) by Harper and Schmidt (2016) and was generally replicated in a study with foster parent tutoring from Denmark (Eiberg & Scavenius, 2023). Whether or not most children in foster care in Canada have the opportunity to benefit from these specialized approaches is unclear, but findings from these studies suggest that efforts to provide more intensive supports to children in care may prove beneficial.

Some pilot approaches also may have promise for positive impacts. The story on Mott Haven (Glimmers of Change 6.3) reveals one way a school has been adapted to meet the unique needs of foster youth. Another recent pilot to improve the educational outcomes of youth in foster care also shows promise (Keeney et al., 2024). A year-long intensive urban program called Fostering Academic Success in Education (FASE) sought to provide a comprehensive package of academic supports for success to middle and high school students currently involved with the county's child welfare system. A fundamental aspect of the FASE program was the coordination of educational services (e.g., tutoring and mental health). School social workers met with youth at least once a week and often several times. The coordination of care for the students' educational needs was handled with phone calls, home visits, and school meetings. In addition to in-person visits, frequent weekly contact such as texts, phone calls, and emails with students was implemented as needed. Most of these check-ins were focused on helping students advocate to teachers for extra time on assignments and ensuring that students knew what was expected of them. Grades, "tardies," unexcused absences, and mental health scores were improved, and youth found the services helpful. The findings are not definitive, but the approach represents a different model for comprehensive ways to support youth.

GLIMMERS OF CHANGE 6.3

REWRITING THE RULES: BRONX CHARTER SCHOOL SETS NATIONAL STANDARD FOR STUDENTS IN FOSTER CARE

A 2023 report spotlights Mott Haven Academy Charter School, located in New York City's Bronx borough, as a national model for reimagining

education for children impacted by the child welfare system. Founded in 2008 in partnership with The New York Foundling, the school was built with one radical goal: to center the needs of children in foster care and those receiving preventive services, while also serving peers from one of New York City's most underserved districts. The results are turning heads. Mott Haven students consistently outperform their district, city, and state peers on English and math assessments, and foster care-involved students at the school show higher attendance rates than their counterparts citywide.⁴ The school's formula—trauma-informed teaching, robust staffing, and embedded social services—offers a compelling blueprint for breaking the cycle of disadvantage.⁵

We also have reason to believe that allowing youth in foster care to choose to remain in high school longer (rather than transitioning them to the next level of university or leaving with a GED) may be beneficial for youth who are not on a path for high school graduation (Uretsky & Henneberger, 2020). As with many interventions related to youth, supportive relationships with adults may be critical for youth to benefit from these and other available resources (Augsberger et al., 2025).

The significance of these findings is twofold. First, we have tools to lessen the educational shortcomings that we observe among children in out-of-home care, but we need to work on scaling them. Second, we need to understand if gains while in foster care can be sustained over time.

6.4 MENTAL AND BEHAVIORAL HEALTH OUTCOMES

Maltreatment, as well as poverty and cumulative parental adverse childhood experiences, is linked to a number of negative mental and behavioral health outcomes (Decker et al., 2024). Many children and parents will receive mental health services following child welfare contact (Jonson-Reid et al., 2010b; Leslie et al., 2005; Rittenhouse et al., 2024). That does not assure that services will be of sufficient quality or that engagement will be long enough to alter the level of mental health problems experienced. In this section we try to discern

⁴ The New York Foundling (2023). *Haven Academy: Our model, why it works, and what every school and organization can learn*. https://www.nyfoundling.org/wp-content/uploads/2023/03/Haven_Report_8-5x11_FINAL-REDUCED.pdf

⁵ Hobbes, L. (2012). Mott Haven Academy Charter: Growing a culture within the foster care system. *Children's Voice*, 21(1), 10–13. <https://www.jstor.org/stable/48626362>

whether contact with child welfare—on average—improves, worsens, or has no effect on children’s mental and behavioral health concerns.

6.4.1 Mental Health Outcomes for Children with Investigated Reports

Studies of children investigated for child maltreatment have found high rates of clinical needs (Burns et al., 2004), mental health system involvement (Jonson-Reid et al., 2012), sexual risk behavior, drug use, and depression (though not for females) (Kugler et al., 2019). Some of these studies included a relevant comparison group (e.g., Jonson-Reid et al., 2012) while others compare the rates with the general population (Burns et al., 2004). Findings from studies in the USA suggest few or no behavioral health differences according to substantiation status after a report (Hussey et al., 2005; Jonson-Reid et al., 2012), though one study from Australia found somewhat worse adult mental health outcomes for substantiated cases across many years (Kisely et al., 2020). To our knowledge there are no studies that compare states that reserve CWS for substantiated cases with those who provide services to investigated but unsubstantiated cases. While child welfare contact may be a gateway to services, thus far studies lack detail available on the type and quality of any mental health services received following a report of maltreatment.

6.4.2 Mental Health Outcomes for Children Receiving In-Home or Out-of-Home Services

A limited literature has explored mental health outcomes for children placed in foster care compared with those remaining at home, though (as stated earlier) there is likely selection bias associated with these comparison groups in so far as the children at home are likely to have more adverse situations. Findings from the few studies available suggest mixed results. In a study from Denmark, researchers found that children remaining at home or placed in care had elevated mental health concerns compared with children from the general population (Egelund & Lausten, 2009). A Norwegian study showed higher rates of substance abuse for children who remained at home compared with children in care (Heradstveit et al., 2020), and a study from the USA found a higher rate of drug use among youth in foster care compared with those remaining in the home after a report of maltreatment (Traube et al., 2012). Another study found that school-aged children in foster care had a higher rate of special education for emotional disturbance compared with those in families receiving in-home services, those reported but not served, or a low-income not reported comparison group (Lee & Jonson-Reid, 2009).

Studies attempting to understand the effects of in-home or out-of-home care on mental health outcomes are extremely difficult to undertake without

careful measures of baseline functioning and consideration of age-specific developmental trajectories. For example, Conn and associates (2015) found that school-aged children placed in foster care made greater gains in positive mental health outcomes compared with those remaining in the home with parent training. However, the opposite was true for preschool-aged children (Conn et al., 2015). Clearly more work needs to be done in this area.

6.4.3 Interventions to Support Positive Mental and Behavioral Health Outcomes

Little is known about mental health services use among children with child welfare involvement or about the effects of specific interventions on their mental and behavioral health. An analysis from a national study of children reported and investigated for maltreatment (the National Survey of Child and Adolescent Well-Being [NSCAW] I) found that children who did and did not receive behavioral health treatment fared about the same (McCrae et al., 2010). These disappointing outcomes showing little benefit from mental health services may come, in part, from highly varied methods and quality of behavioral health interventions. This is part of the reason for the American drive to more effectively partner with evidence-based behavioral health treatment providers—a goal yet unrealized but the interventions are gaining some precision and new tools are emerging to deliver them more effectively (e.g., Barth, Rozeff, et al., 2020b).

The extant research on children's mental health services provides little guidance about specific interventions that might have impact. "Wraparound services" have been a hallmark of children's mental health in the United States for more than 25 years. Research suggests the importance of mental health and child welfare collaboration, but most of the work is descriptive rather than providing mental health outcomes information (Gopalan et al., 2021). One quasi-experimental study found that a private foster care program with greater access to ancillary services (including mental health) as well as lower caseloads found fewer mental health problems among youth placed in foster care during adolescence relative to a comparison group (Kessler et al., 2008). Yoder and colleagues (2020) found that increased social support for children mitigated risks of internalizing and externalizing problems, but it was not clear if these supports were facilitated by child welfare involvement.

A few behavioral or mental health interventions have been developed specifically for youth in foster care. A 2016 systematic review found 10 promising mental health interventions for children in foster care under age 13 but stated most had not been rigorously evaluated (Hambrick et al., 2016). A more recent systematic review identified 15 programs with sufficient evidence to suggest

small, short-term effects on mental health outcomes but no sustained effects in the six studies with longer follow-up (Trubey et al., 2024).

One of the exceptions to lack of rigorous evaluation is a program, *Fostering Healthy Futures*, designed and tested specifically for youth aged 9–11 in foster care. Participation in a longer-term mentoring and skills group was associated with decreased mental health problems compared with youth not randomly assigned to the group (Taussig & Culhane, 2010; Taussig et al., 2019). A Swedish study that used multiple sources to measure the outcome found that a mental health intervention (Treatment by Foster Care) with youth (aged 5–18) in foster care resulted in improvements in psychiatric symptoms as reported by youth. Teachers, however, did not corroborate these findings and foster caregivers reported decreased symptoms in girls but not boys (Åkerman et al., 2022).

In summary, children in contact with child welfare appear to have elevated needs for behavioral and mental health services, though access to services is uneven. Some therapeutic approaches show promise, but many usual-care mental health services have a very thin evidence base—particularly in regard to sustained effects with youth in foster care. Even less is known about child welfare-involved children in families that remain intact during services or receive no services after a report.

6.5 DELINQUENCY

The literature linking child maltreatment to delinquency and associated juvenile justice system involvement as well as adult criminal justice involvement (see below) is vast. The general consensus is that child maltreatment is associated with greater risk of delinquency and crime (Font & Kennedy, 2022). Few studies, however, have examined the association of delinquency with varying levels of child welfare involvement.

6.5.1 Delinquency Outcomes for Children with Investigated Reports

Compared with same-aged low-income children without reports of maltreatment in similar neighborhoods, Jonson-Reid and colleagues (2009, 2012) found a higher rate of delinquency petitions and later adult justice involvement for children with investigated reports of maltreatment; there was no difference by substantiation status. This latter finding contrasted with that of Ryan and Testa (2005), who found that youth with unsubstantiated reports had lower risk of delinquency than youth with substantiated reports. Another study by Snyder and Smith (2015) found again that unsubstantiated and substantiated cases had similar rates of delinquency. Jonson-Reid and colleagues (2012) also found higher rates of delinquency for youth with repeated reports over time.

Fewer studies have compared delinquent outcomes for children in families receiving in-home services or no services. Font and Kennedy (2022) argue that it is unlikely that the very low level of services provided for children who remain with their families impacts the risk of delinquency. In a Missouri study, Jonson-Reid (2002) found rates of later juvenile incarceration were slightly higher for children receiving in-home services compared with those investigated and closed, but an interaction term revealed that was only true for White children. This is similar to what was found in an earlier study using California data (Barth & Jonson-Reid, 2000). There may also be hope in the fact that there is some evidence that when lower level in-home services (refer back to Figure 6.1, row 2) are provided they may lessen recurrent maltreatment (e.g., Jonson-Reid et al., 2010a), which may reduce offending. Much more research is needed to understand how offending risk varies by reported and served in-home populations and how our growing use of in-home programs like Multisystemic Therapy and Functional Family Therapy may be changing that risk, if their potential is realized (Buderer et al., 2025; Hunkin et al., 2025).

6.5.2 Delinquency Outcomes for Children Entering Foster Care

The association between offending outcomes and experiencing foster care as compared with remaining in the home after maltreatment is mixed. Two early studies comparing children entering care with those remaining in the home found no heightened risk of delinquency related to foster care (Runyan & Gould, 1985; Widom, 1991). A subsequent study found that children entering foster care for reasons of maltreatment were at higher risk for later juvenile incarceration than those who remained in the home but that was moderated for non-White children (Jonson-Reid, 2002). A later review by Yoon and colleagues found no consistent association with foster care placement and offending behavior (2018). Similarly, Cho and colleagues (2019) studied delinquency after a substantiated maltreatment report in third grade in Minnesota and found no difference in delinquency outcome for those entering foster care versus those remaining in the home. A similar finding was reported by Bald and colleagues in Rhode Island (2019). Similar to the general population, boys are at greater risk compared with girls (Baidawi et al., 2021).

Of course, varying levels of child welfare intervention may be tied to heightened prior harms and risk of poor outcomes making it challenging to address possible group differences. Other studies have attempted to use statistical controls for group differences such as using an instrumental variable. While Doyle (2008) found that foster care was associated with increased risk of delinquency in an Illinois sample, a later study using the same approach found the opposite in a Michigan sample (Gross & Baron, 2022).

Within the foster care population, there is indication that placement stability matters in regard to longer term delinquency or crime. Gross and Baron (2022) found that foster care followed by reunification reduced the odds of later carceral contact. Several studies indicate that children experiencing placement instability and children with group care placements are at higher risk for justice contact (Eastman et al., 2024; Font & Kennedy, 2022; Jonson-Reid, 2002). Again, selection bias is likely at play in relation to certain foster care experiences as placement into group care and placement instability typically suggest elevated behavioral health needs that may have preceded placement.

6.5.3 Interventions to Reduce Delinquency

There is a thin literature on the effects of targeted interventions for reducing delinquency outcomes for children with child welfare contact. The NSCAW (the USA's only nationally representative survey of CWS involved families) indicates that interventions that improve school engagement may have significant benefit in prevention of delinquency for youth over age 11 (Lamari-Fisher & Bond, 2021). At least two studies specific to children in foster care have been published. One study focused on a parallel intervention with girls about to enter middle school and their foster parents (Smith et al., 2011). Each group participated for six weeks and the component for foster parents included skill practice at home. A one-year follow-up to support youth and parent skills was a key component. The study found only a limited impact on self-reported delinquency (Kim & Leve, 2011) but a follow-up showed impact on smoking, marijuana use, and risky sexual behavior (Kim et al., 2013). The second study tested Fostering Healthy Futures (previously described in the section on mental health), which targets preadolescent youth in foster care with a skills-based mentoring program. Using a robust research design, Taussig and associates (2021) found small to moderate positive impacts on delinquent trajectories across a 7- to 12-year follow-up period.

To summarize, children who have contact with child welfare are more likely to also have contact with juvenile justice or adult carceral systems, but we cannot discern whether the elevated risk is due to maltreatment and other associated family difficulties, or, for those children entering foster care, the experience of care. Findings to determine whether the experience of out-of-home care increases risk compared with other levels of child welfare involvement are equivocal. Despite decades of interest in maltreatment and delinquency, the interventions to reduce the likelihood of delinquency with those children with child welfare contact have a thin evidence base.

6.6 OUTCOMES IN ADULTHOOD

The costs of child welfare are paid for by all who contribute taxes and generally the expectation is that there will be a social benefit from such investments (Barth, 1999). In other words, beyond immediate safety concerns or preserving family, one might hope that child welfare could enhance the likelihood of better youth outcomes and subsequent positive transitions to adulthood including economic productivity, lack of criminal justice involvement, and raising children who do not themselves become engaged with child welfare. We underscore that the goal of child welfare is not to dramatically alter lifetime upward mobility or assure adult quality of life. The principal goal of child welfare, as funded and currently delivered, is to support the safety and dignity of children and reduce harm in the short term. Benefits that may shine through into adulthood are a secondary gain and a potential opportunity for showing return on investment of increasing the quality of services designed to support positive trajectories for children receiving some form of CWS.

6.6.1 Economic Productivity

A recent review article found that although there were a number of methodological weaknesses in articles included, there appeared to be support for a causal link between maltreatment and adult economic outcomes (Herbert et al., 2023). Whether involvement with child welfare increases or decreases the likelihood of beneficial adult economic outcomes is unclear.

6.6.1.1 Employment outcomes following in-home or out-of-home services

A longitudinal Swedish cohort study reported economic, health, and mental health disadvantages for children who received in-home and out-of-home services with more negative outcomes accruing to children with out-of-home care experiences (Almqvist & Brännström, 2019). The cohort for the study was born in 1953, however, and would have experienced a very different policy and practice environment in childhood. A more recent study compared income and TANF (income assistance) receipt in adulthood for four groups of children: (1) those with no child protective services (CPS) record; (2) a CPS record but no substantiated child abuse/neglect; (3) a CPS record with in-home services; and (4) a CPS record with foster care. Compared with the no CPS record group, all CPS groups had lower incomes; the income for those with a CPS record and in-home services was statistically significantly lower than the no CPS group (Mersky & Janczewski, 2013).

6.6.1.2 Employment outcomes following out-of-home services

A unique Swedish study compared adult outcomes for children who went into foster care (and remained there for some time) to their siblings who did not go into foster care. Children who grew up in “long-term” foster care did less well on a wide range of developmental, health, relationship, and economic outcomes (Brännström et al., 2020). The study design raises a range of questions, however. Why did one sibling enter care? Were there behavioral or developmental differences that warranted placement in a Swedish context? Were some siblings maltreated and others unharmed? A more recent study (Brännström et al., 2025) examined the administrative records of 14,000 Swedish children followed from birth to age 40 who had some out-of-home care experience. Although many of these adults experienced persistent periods of “not in employment, education, or training” compared with other youth, many also established life trajectories more similar to the general population over time.

Forms of exit from foster care may be associated with better or worse economic outcomes. A multi-state American study (Stewart et al., 2014) found low rates of employment and earnings for youth who had aged out of care compared with low-income and general population samples into young (age 24) and middle (age 30) adulthood. Work experience prior to age 18 improved employment outcomes as did longer stays in care. One of the strongest US studies on this topic compared children from Wisconsin who had been reunified or placed in guardianships (usually with kin) with youth who emancipated from foster care. Font and colleagues (2018) found that youth who aged out of care had higher high school completion rates and were more likely to enroll in college than reunified youth and youth who exited to guardianship, and average earnings were higher for youth who spent more time in foster care prior to age 18. Another exceptionally rigorous study is that of Caniglia (2024), who looked at children aged 10–13 who had been investigated for child maltreatment. Some children were placed into foster care and emancipated and some remained home. Matching children between each group, the author found that youth who remained in foster care and emancipated had earnings slightly higher than those who went home. Further, youth who emancipated from foster care were more likely to rely on food stamps (SNAP) after foster care. In general, entrance into foster care during early adolescence was not associated with earnings, employment, or SNAP participation relative to the matched sample.

Studies of the impact of foster care on employment are quite recent and require many caveats. First, most children in those studies entered care as adolescents and emancipated from care (Wulczyn, 2020); this excludes over two-thirds of children who experience out-of-home care. Second, with few exceptions, we do not have good comparisons with children who were maltreated but never provided with CWS, or with children who were reunified from care. Third, the available information relies heavily on wages paid

through registered employers—earnings of youth who are working for off-the-books pay or for themselves are not included.

6.6.1.3 Interventions to improve economic productivity

Maltreatment and child welfare contact have both been linked to long-term problems related to economic productivity. Generally, interventions to improve economic outcomes have focused on older youth in foster care. We discussed those interventions in more detail in Chapter 5. Outcomes for children involved with foster care appear to be improving as service providers develop greater understanding of what youth need to move beyond their childhood adversities. In a fascinating comparison study of a sample of youth who left foster care in 2001, and another in 2021, Reilly and Schlinkert (2024) found the more recently emancipated group had more positive health outcomes and financial security, had a notable decline in involvement with law enforcement, were engaged in less illegal activity, and had more education, fewer job terminations, less homelessness, and fewer pregnancies and births compared with youth in the earlier study. It is not clear if this reflects improvements in services provided to youth aging out of care over time.

Former foster youth are entering higher education in numbers that seemed implausible just 10 years ago, although still at rates substantially lower than non-foster youth (Okpych et al., 2025). Progress in helping youth transition to college may result from many factors including many policies and programs targeting post-secondary education access such as Chafee services, extended foster care, education and training vouchers, and college bridge programs. Specific interventions (like Fostering Higher Education) have been developed and are undergoing testing (Salazar et al., 2023). There may also be spillover benefits to older foster youth of the various forms of independent living program supports provided, but little evaluative work has been done focused on post-secondary education and training.

6.6.2 Adult Criminal Justice Involvement

Similar to the literature on juvenile delinquency, a number of studies have found a strong relationship between maltreatment and adult criminal justice involvement. Less studied is the relationship of childhood involvement with CWS and adult criminal offending.

6.6.2.1 Adult criminal justice among children with investigated reports

Relatively few studies have examined the association between investigated reports and adult criminality. Jonson-Reid and colleagues (2012) found that the risk of adult offending increased with recurrent official reports, even after controlling for adolescent outcomes like delinquency, with no effect of

substantiation. As with many other studies reviewed here, the findings suggest more about the negative implications of maltreatment (particularly chronic maltreatment) than about the effects of child welfare contact. Findings are mixed as to whether reports to child welfare in adolescence (versus earlier childhood) are more strongly linked to later, adult criminal justice involvement (see Mersky et al., 2011; Thornberry et al., 2010).

6.6.2.2 Criminal justice involvement and in-home or foster care

The data on foster care and adult criminal justice involvement are mixed. An early study of children in foster care compared with those with substantiated reports who remained at home found no differences in criminal outcomes (Widom, 1991). In contrast, Goodkind and colleagues (2020) found higher risk of adult criminal justice involvement for children placed in foster care. One study that received a fair amount of attention examined cases of elementary age children “at the margin,” meaning that the child’s circumstances involved neglect, but that social workers made different decisions about the appropriateness of a foster care intervention. Children “at the margin” who were placed in foster care had worse outcomes, including higher rates of adult criminal justice involvement (Doyle, 2008). In a similar and more recent study by Baron and Gross (2022), the authors showed that even though close to one-fifth of the prison population self-reports prior foster care experience, placement into out-of-home care substantially reduces the chances of adult arrests, convictions, and incarceration for children “at the margin.”

A few studies have looked at other characteristics of foster care and adult criminality. Using a Swedish sample, Lindquist and Santavirta (2014) found that criminality was higher for males placed into foster care during adolescence but not prior to adolescence. There was no difference in the likelihood of criminality by foster care for females. A few US studies have also indicated that children who reunify had greater risk of later offending (Font & Kennedy, 2022). Similar to studies of delinquent outcomes, DeGue and Spatz Widom (2009) found that while foster care itself had a positive or neutral impact on adult offending, this was not true for youth with a history of placement instability. A British cohort study found that placement in residential care as well as placement during adolescence increased the risk of adult criminality (Dregan & Gulliford, 2012). These findings could be due to selection effects; that is, children who are more likely to engage in adult criminal offending may also be more likely to engage in adolescent behaviors that necessitate placement in residential care or destabilize other types of placement. More work needs to be done to understand how placement experiences and child sex or age at onset may impact adult criminality separate from other risk factors and controlling for ameliorative services that may be received.

6.6.2.3 Interventions to prevent adult offending

Given the heightened risk of adult criminal activity among those with juvenile offenses as well as the relationship between lower education and later criminality, interventions that address education and juvenile offending should also impact adult criminal behavior. A recent scoping review found that while a history of maltreatment and foster care was associated with increased risk of criminality, males who were employed and females who were parents were less likely to engage in crime (Baidawi et al., 2021). Additionally given the association between repeated maltreatment reports and placement instability and greater risk, if we could develop child welfare interventions that prevent recurrence or improve stability these would be likely to also reduce criminality.

Some research suggests that extended foster care support during the transition to adulthood may also decrease criminal behavior (Lee et al., 2014a); however, the selection effects into extended foster care (youth usually must be working or going to school) may explain these findings. Longer term follow-ups of programs designed to improve adolescent delinquent outcomes need to be done to better understand potential impacts on adult criminality for children known to child welfare.

6.6.3 Intergenerational Maltreatment Outcomes

Child welfare professionals who work for many years may recognize that some of the children they have served have become parents whom they are again serving. In the USA, where social mobility is quite restricted (Chetty & Hendren, 2018), we have high rates of intergenerational poverty and, not surprisingly, evidence of intergenerational child maltreatment as well (Putnam-Hornstein et al., 2015). While we highlight the fact that poverty is not maltreatment in Chapter 2, the strong relationship between poverty and risk of maltreatment suggests that intergenerational poverty and intergenerational maltreatment are related.

6.6.3.1 Intergenerational maltreatment for adults with childhood maltreatment reports

Female children who have had substantiated reports of maltreatment have high rates of early parenting and they and their children are also unusually likely to experience involvement with child welfare (Putnam-Hornstein et al., 2015). After adjusting for other risk factors, experiencing child maltreatment as a child increased the risk of becoming involved with child welfare as a parent by two to three times. Another study using linked administrative data found that females with a history of both poverty and an investigated report of maltreatment prior to age 12 had almost twice the rate of teen births as those with poverty histories alone (Garwood et al., 2015).

Other research suggests that particular reporting patterns and involvement in multiple systems or service sectors in adolescence may alter the risk of intergenerational maltreatment. A study that included unsubstantiated reports in the American Midwest (Ben-David et al., 2015) showed a strong association between repeated childhood neglect or mixed type maltreatment experiences and the onset of maltreatment perpetration in young adulthood (age 18–26). Females had a higher risk as did young adults with an adolescent history of runaway, violent behaviors, or non-violent delinquency. Higher educational attainment was associated with reduced risk. Our understanding of these trajectories remains sparse due to the few longitudinal studies capturing this outcome.

6.6.3.2 Intergenerational maltreatment among adults with foster care histories

Some studies have found increased risk of maltreatment among former foster children who become parents. A Wisconsin study found that adults with foster care histories who had a biological child had the highest rate of reports as perpetrators compared with those with prior maltreatment reports (but no foster care) or those who grew up in poverty but were not reported for maltreatment (Font et al., 2020). A recent population study in Denmark suggested a higher risk for placement among young children whose parent had been in foster care, but that was greatly reduced once other indicators of the parents' functioning such as employment and older age at parenting onset were controlled (Mertz & Andersen, 2017). While the intergenerational link did not disappear in the Denmark study the comorbidity with poor parental functioning supports the notion that these cases came to the attention of child welfare due to current parenting rather than prior histories of child welfare contact.

Similar to the study of females with maltreatment histories, females in foster care also face a risk of becoming parents at a young age—often under very harsh circumstances. An Australian study underscores the importance of understanding the variation in experiences and the certain inevitability of intergenerational transmission of child maltreatment. McKenzie and associates' (2024) study examined the association between substantiated childhood maltreatment and intergenerational continuity or discontinuity of maltreatment. There was increased risk associated with persistent maltreatment, multi-type maltreatment, and experiencing an out-of-home care placement. Some important disparities for females compared with males once again underscore the importance of looking for gender differences in all outcome analyses.

As with all of the studies described in different outcome domains above, the research evidence on the intergenerational relationship between experiencing child maltreatment and later perpetrating child maltreatment is strong. Evidence to confirm whether or not contact with child welfare increases or

decreases risk of perpetrating maltreatment remains disappointingly inconclusive. While at least one article suggested the possibility of intergenerational surveillance bias related to CWS involvement—particularly prior foster care (Widom et al., 2015)—there is no evidence for intergenerational surveillance of prior foster youth by social services (Drake et al., 2017) nor does CWS possess the capacity for longitudinal data tracking within a state let alone across states to support this hypothesis. As suggested by the aforementioned Denmark study (Mertz & Andersen, 2017), and consistent with data from a Missouri study (Drake et al., 2017), the scant evidence available suggests that the challenges faced by some adults with maltreatment histories (e.g., employment, mental illness, criminal justice involvement, health care use for intimate partner violence, etc.) increase the risk of poor parenting outcomes in adulthood.

6.6.3.3 Intervention to prevent intergenerational maltreatment

The findings to date do not provide clear evidence about what CWS could achieve if services were refocused and reconfigured to better match the income, behavioral health, and educational needs of parents and children over an extended period. Certainly, the evidence of generational transmission suggests the staying power of economic and behavioral health patterns that are at steep odds with successful parenting. At least one qualitative study offered insights from young parents with maltreatment histories and service providers indicating a need for mental health and social support to prevent intergenerational patterns (Aparicio et al., 2023). It seems likely that intervention targeting factors that both reduce risk in adolescence and target later adult negative outcomes may be effective among children and youth with maltreatment histories. In a longitudinal study of women who had been placed into foster care, those with lower levels of delinquency and participation in a Treatment Foster Care intervention reported lower rates of maltreating their own offspring (Leve et al., 2015), but selection effects may have contributed to these positive findings. Of course, we have evidence-based parenting interventions but to our knowledge these have not been tested among a sample of youth or young adults with foster care histories. Most of the interest in this area has focused on evidence-based parenting for foster parents or for families seeking to prevent placement (Barth, 2009; Webster-Stratton & Reid, 2010).

6.7 SUMMARY: CHILD WELFARE PERFORMANCE IS ABOUT MUCH MORE THAN OUTCOMES

While there are many reasons child welfare intervention might improve children's circumstances beyond immediate safety, most children and families with child welfare contact will receive few, if any, services to address their

multiple needs. Based on the current design of child welfare and the extant literature, there is no reason to expect that a report of maltreatment alone would have significant positive or negative effects. Nor does the literature support a strong difference in children's outcomes based on a substantiated or unsubstantiated report. There are mixed findings and sparse data on various forms of in-home services or in-home services compared with foster care experiences in many areas. On the other hand, the success of CWS as currently designed for intact families should be expected to reduce the likelihood of ongoing maltreatment or deeper involvement in child welfare in regard to the immediate response to reports as discussed in Chapter 2. There does seem to be a consistent relationship between repeated child welfare contact and more negative outcomes, which is likely a proxy for ongoing exposure to multiple risks or harm. As noted, few longitudinal studies of children with varying degrees of child welfare involvement exist, however, to test the hypothesis that intermediate reductions in recurrence related to CWS have longer-term spillover effects on other outcomes. There also seem to be indicators that, among children placed into foster care, instability in placement is predictive of less positive outcomes. Child welfare as currently designed is expected to support stable placements and rapid stable exits. Yet relatively few studies of specific interventions with children in foster care have tested this expected longer term benefit.

Child welfare's key current role in regard to longer term outcomes is to protect children's capacity to benefit from other programs or interventions available to all children and families. The structure of child and family services in the USA necessitates that complex needs must be met by multiple systems. Identifying what effective interventions can be deployed in what system and at what stage of child welfare contact requires outcomes research that could largely be done with information collected during the delivery of services. Some interventions hold promise for improving developmental, educational, and mental health outcomes; less is known about strategies to address outcomes in other areas.

It is possible that many regional studies may yield more answers than national sampling due to the significant variation in how CWS are provided and what other services may be triggered by child welfare contact. Even large-scale national studies with rich data raise worrisome questions about whether the features of the studied population that matter most are captured and how it applies locally (Font & Fluke, 2023). Thus, translation of research findings on CWS requires a close look in any study, and across all studies, at the age, race, gender, and experiences (including services) of the population and a suitable comparison population.

Given the limited research attention to varying types and levels of child welfare intervention, our understanding of, and confidence in, child welfare would benefit from a concerted effort to comprehensively examine when, how, and

under what conditions child welfare contact improves children's life chances. New approaches to data use may help increase our understanding. Systems science methods like machine learning (Janczewski & Nitkowski, 2023) and increased capacity of AI to help digest the information that is coming in during routine care and documentation may offer new insights. Linking administrative records across systems (refer back to *Glimmers of Change* 6.2) is also an increasing and promising practice to better measure outcomes across different countries (Allnatt et al., 2022; Foust et al., 2022; Jonson-Reid et al., 2023; Pilkington et al., 2019). None of this is to suggest that child welfare staff need more data entry requirements (Barth & Jonson-Reid, 2000)—only that we do a better job at entering currently required data and using it to assess outcomes. Linking administrative records with existing intervention and epidemiological studies may also hold promise for advancing our understanding of outcomes absent the ability to mount new longitudinal investigations.

While safety and permanency are important core goals, we also have moral and economic reasons to continue to improve and evaluate efforts—well beyond those of CWS—to ameliorate harm to children and promote healthy development. Whether states can or should develop more intensive services within child welfare as compared with connection with well-resourced community-based services that can reverse the effects of maltreatment on children is a topic worthy of considerable debate. Without significantly increased capacity, the evaluation of child welfare's role in ameliorating or preventing harm will rest on the thoughtful collection and linking of usual care data, reasonable expectations (theories) of how current service delivery approaches might link to later outcomes, feedback from all involved parties as cases evolve from initial report to varied potential levels of child welfare involvement, and the commitment to respect for child and parent rights that shape decision-making about how to proceed.

7. Child welfare myths and misunderstandings

Understanding child welfare is complicated by factual misunderstandings and myths. This problem has historical legacies, but there are numerous myths that prevail, today. Here, we attempt to describe some of the most common misunderstandings and offer data-driven correctives. Many of the myths discussed here were covered previously in the article “Research to consider while effectively re-designing child welfare services” (Barth et al., 2022), of which the current authors were co-authors, and this chapter draws heavily from the points made and references accessed in that article. In many ways, this chapter may be considered an update of that article.

Myths and misunderstandings can occur when the general or logical perception of something is simply wrong, but they can also be politically motivated. It is important to consider both, especially in the current political context where some myths may be intentionally advanced by individuals or groups with open political agendas.

We begin with the first large-scale myth, popularized when the US federal government advanced its first national policy to combat child abuse. As described in Chapter 2, the modern era of child welfare is often said to have begun with the publication of C. Henry Kempe et al.’s “The battered child syndrome” in the *Journal of the American Medical Association* (Kempe et al., 1962). About a decade later, Congress codified a government response to child maltreatment in the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 and later the Adoption Assistance and Child Welfare Act (AACWA) of 1980. Even before the passage of AACWA, there were concerns that misunderstandings about child welfare were negatively impacting both child welfare and the public perception of it.

Our first example of a historical misunderstanding was identified by Leroy Pelton in his article “Child abuse and neglect: The myth of classlessness” (Pelton, 1978). Pelton argued that the architects of CAPTA intentionally avoided connecting child maltreatment with poverty, and in fact argued that poverty and maltreatment were not associated. Pelton offered several justifications: Emerging from the difficult debates about the merits and demerits of

the 1960s “War on Poverty,” many lawmakers were suspicious of programs supporting the poor. Proponents of CAPTA were eager to suggest the benefits of a program with universal focus and impact. There were other reasons, too. Passage of CAPTA seemed more likely if the medical establishment, particularly mental health professionals, supported the bill. Psychodynamic orientations were very influential at the time and cures for mental health concerns were considered promising. If maltreatment were framed as a treatable syndrome, rather than a social issue of family poverty, proponents of the bill felt more confident in gaining public support. Pelton raised these concerns shortly after CAPTA became law, and with remarkable persistence thereafter (Pelton 1978, 1994, 2015). As late as the mid-1990s this myth was dominant. It was only with the arrival of large-scale nationally representative studies (e.g., Sedlak & Broadhurst, 1996a, 1996b) and the explosion of studies using large administrative datasets (e.g., Coulton et al., 1995) that the overwhelmingly strong correlation between poverty and maltreatment began to be accepted.

Currently, we know of no researchers who advance the idea that child maltreatment is evenly distributed across classes (though students new to this field often forward the “classless” argument), and interventions designed to ameliorate poverty are among the most promising new approaches to reducing maltreatment (Pac et al., 2023). It is worth briefly expanding this point. It is likely that the myth of classlessness has costs for child welfare and the children and families it serves. Child maltreatment is a multifaceted problem; families affected by maltreatment typically experience challenges associated with poverty, family relationships and parenting, substance abuse, mental health, and/or intimate partner violence. When child maltreatment is seen as classless, one of the potential levers for intervention—poverty reduction—is eliminated and a disproportionate share of the service design focuses on counseling and parenting classes. If the myth of classlessness had not held sway, the modern focus on using economic levers to prevent or address maltreatment might have happened twenty or thirty years earlier. We offer this example to illustrate two key points. First, that myths can be politically motivated, and, second, that they have the capacity to be harmful.

The second class of misunderstandings is quite different in nature. The genesis of these myths is not so clearly political, as far as we are aware. These ideas were simple and largely logical leaps to conclusions which, upon examination, were not supported by evidence. For example, it is widely believed that children with substantiated child maltreatment referrals experience more negative outcomes in a range of domains compared with children with unsubstantiated child maltreatment referrals. This belief, of course, is based on the logical assumption that substantiation is an indicator of actual maltreatment and that children with unsubstantiated referrals were simply contacted in error. But Leiter et al. (1994) noticed something strange. School children who had

substantiated maltreatment had very similar rates of negative school outcomes when compared with children with unsubstantiated maltreatment. Their work initiated a number of other studies examining the differences between substantiated and unsubstantiated cases, documented in a special issue of the journal *Child Maltreatment* (2009, Vol. 14(1)). Leiter's findings have been generally supported—there is far less difference between substantiated and unsubstantiated children than one would guess, and both groups of children seem to be at generally similar risk for a range of negative outcomes, including subsequent maltreatment (Hussey et al., 2005). Again, there are obvious implications for service delivery here, as gatekeeping of services by substantiation, which was and is common in some states, appears quite unwise.

These historical examples underscore several key points:

- Myths and misunderstandings in child welfare are not new.
- Myths and misunderstandings can be corrected as evidence improves.
- Myths and misunderstandings may be driven by political agendas.
- Myths and misunderstandings may be due to reasonable but incorrect assumptions.

The remainder of this chapter will address four clusters of myths or misunderstandings in child welfare. These include myths about current service patterns and trajectories, myths about bias, myths about policies, and myths about child neglect. We will conclude with a discussion of the increasing politicization of child welfare and how this is driving the promulgation of many of the myths we discuss.

7.1 MISUNDERSTANDINGS AND MYTHS ABOUT CURRENT SERVICE PATTERNS AND TRAJECTORIES

The first set of myths involves the basics of how child welfare services (CWS) work and who CWS serves. These myths are longstanding, particularly among the general public, and are likely driven by limited exposure to the nature of child welfare beyond what is available from social media or news reports. These stories frequently focus on fatalities or foster care involvement, but rarely represent the majority of CWS contacts, which involve unsubstantiated investigations or assessments. We will cover several of these misunderstandings below.

7.1.1 Myth: Foster Care is a Common, Even Typical Child Welfare Outcome

While child abuse reporting referrals are quite common, foster care is actually quite rare. Anyone wishing to understand the movement of children through child protection and foster care would be well advised to consult two national publications, the “Child Maltreatment” reports, issued yearly (e.g., Children’s Bureau, 2024b, 2025a) and the annual Adoption and Foster Care Analysis and Reporting System (AFCARS) report (e.g., Children’s Bureau, 2024e). Figure 7.1 is based on the 2023 federal data (Children’s Bureau, 2025a).

The situation with regard to foster care entry is more nuanced than is shown in the figure. While *Child Maltreatment 2022* shows us that 145,000 children entered foster care, almost a third (41,000) were not classified as “victims.” This can happen for several reasons. Children not directly victimized can be removed for their safety. For example, if a sibling is severely physically abused, a child may be removed even if that particular child was not physically injured. It is also true that many children reported to child protective services (CPS) are not victims of maltreatment, but are reported for issues such as caregiver incarceration or incapacity. Turning from the hotline-generated data and to the AFCARS data, we see that during 2022, more than 186,000 children entered foster care (Children’s Bureau, 2024e), far more than the 145,000 children who entered through CPS. There were a range of reasons for these entries, such as “child behavioral problem” or “drug abuse (parent),” which were contributing factors in eight percent and 33 percent respectively of foster care entries. According to some research, it is possible that up to a third of children entering foster care do not do so as a result of a report to CPS (Drake, Fluke, et al., 2022). This proportion is considerably higher for adolescents who enter foster care (Barth et al., under resubmission review).

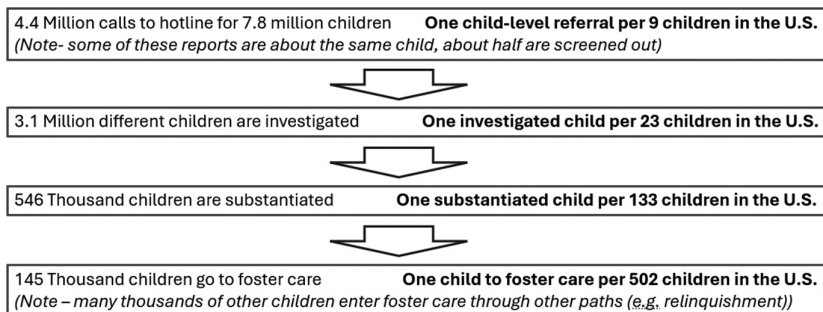


Figure 7.1 Movement through child welfare

Taken as a whole, it is clear that reports to CPS are fairly common, with one child-level report per 10 children in the USA in 2022 (counting multiple reports on the same child). But only one child per 131 children in the USA receives a substantiated report and only about 1 in 500 children in the United States enters the foster care system each year. It is also interesting to note that before modern child welfare was established, the number of children in foster care was not radically fewer than it is now. In 1962, the year that Kempe's article was published, there were an estimated 272,000 children in foster care in the United States (Johnston Archive, n.d.). The current figure is 368,530, drawing from a child population which is about 10 percent larger.

7.1.2 Myth: Many Children “Grow Up in Foster Care”

Before the US federal law instituted permanency planning (see Chapter 3), no national guidelines pressed for a foster child's return home or to an alternative permanent caregiver. As a result, many children placed in out-of-home care remained in care, sometimes until they reached age 18. But since 1980, states and local jurisdictions have made concerted efforts to find permanent homes for children. Those efforts have been remarkably successful.

AFCARS data help to illustrate that point. We have records of how many children are in foster care and how long they have been in care, and we also know about children leaving care in any given year. Although the myth of long durations in care persists, AFCARS shows that in 2022, only 9 percent of children exiting foster care emancipated, and many of those children entered care later in life, with about a quarter of foster care children entering as teens (Children's Bureau, 2024e). Said another way, over 90 percent of children leaving foster care are not “aging out” but have other exit reasons, the most common reason being reunification with their family (Children's Bureau, 2024e).

7.1.3 Myth: It is Well Established That Foster Care is Harmful to Children

It is most certainly not a myth that children in foster care, and children exiting foster care, have worse outcomes in a number of dimensions compared with children who never entered the foster care system (Gypen et al., 2017). It is easy to conclude that these bad outcomes must be due to the foster care system itself, with some people alleging serious negative outcomes including a “foster care to prison pipeline” (Goetz, 2020). The issue, of course, is that children entering the foster care system come in with a range of negative and traumatic experiences and already have high risks of negative outcomes (Berger et al., 2009). Simply looking at outcomes for children in foster care compared with all other children is very much an “apples to oranges” comparison.

Disentangling negative outcomes due to foster care and negative outcomes due to the situation that landed the child in foster care is tremendously difficult. When child risk factors are taken into consideration, the research as a whole does not suggest that children in foster care have worse outcomes due to their time in care (Barth, Jonson-Reid, et al., 2020). With regard to the “foster care to prison pipeline,” several recent studies have found that foster care may have a protective rather than a harmful relationship to later incarceration (Font et al., 2021; Gross & Baron, 2022).

Another way to assess the purported toxicity of the foster care system is to ask foster children themselves, who generally give positive, but significantly qualified, responses about their foster care experiences (Taussig & Munson, 2024). In Taussig’s Colorado study, youth were asked about their experience of foster care and, again, 10 years later, their views about their foster care experience. At both ages, over 80 percent of participants reported that it was somewhat or very helpful to have been placed in out-of-home care. Fewer young adults than pre-teens said that their lives would have been better if not removed from their homes; young adults often reported that the out-of-home care experience was very difficult. A large California study (Courtney et al., 2014) found that only about one in six children *disagreed* with the statement “All in all I was lucky to be placed in foster care.” About one in four neither agreed nor disagreed and over half felt that they had been fortunate to have been placed in care (Courtney et al., 2014). These figures may appear unbelievable to some who have based their understanding of CWS upon what could be generously characterized as anecdotes. Some authors in the USA have proposed abolishing CWS entirely, based on their (mistaken) view that contact with child welfare necessarily causes harm (Roberts, 2022b). These “abolitionists” use carefully selected stories which place CWS in an extremely negative light. Certainly, when millions of children are in contact with the CWS every year, there will be very troubling stories of child welfare erring by being overly intrusive. There are also thousands of deaths of children who were reported to CWS and still killed by parents—of all races. Vivid errors are on both sides of over-intrusion and under-protection and we can learn from all of them but we must also look for generalized knowledge. From a policy perspective, rigorous scientific studies, like Courtney’s, deserve heavy weighting because they can inform us about the functioning of CWS *as a whole* (see Table 7.1).

Table 7.1 *Critical debates: Perspectives on child welfare research*

Argument	Counterargument
Child welfare policymakers should prioritize research that uses representative samples, standardized measures, and replicable methods. Findings drawn from small, non-representative samples may be anecdotal or lack generalizability. Routinely collected data with known representation is most helpful and will yield the greatest improvements. Overreliance on self-reported data from those now in the midst of the CWS process can lead to skewed conclusions and ineffective reforms.	Policymakers can and should rely much more on information gathered from local CWS involved families and professionals, even if it comes from small, non-representative samples. Research centering the voices of children and families (e.g., via interviews, focus groups, or qualitative case studies) often reveals critical nuances about lived experience that large datasets typically miss. Studies that use small or non-random samples tend to elevate perspectives that are marginalized in policy debates and practice decisions.

7.2 MYTHS ABOUT THE EXTENT OF BIAS

There is a broadly held belief that CWS are unjustly biased against Black and Native American families and against low-income families. Questions about bias fall into two very different categories. It could be that the people reporting to CPS are making biased decisions, over-referring people due to prejudice. It is critical to note that this kind of potential bias represents bias from outside CWS—on the part of reporters. CWS does not generate reports, except in very rare cases. Nor do the other social services programs—TANF (income assistance), SNAP (food stamps), and Medicaid—generate very many reports.

There is another commonly suggested form of bias, that is, bias within the CWS. A representative view is that “[o]nce reported, cases with Black children are more likely to be accepted for investigation, be confirmed, be brought to court, result in removal of the children from their families for longer periods of time, and take longer to be closed, possibly related to surveillance bias” (Palusci & Botash, 2021, p. 1). This general idea has been echoed by a range of entities, including the American Bar Association (White & Persson, 2022) and even the United Nations (Fitzgerald, 2022).

The child abuse and neglect hotline receives about four million reports involving about seven and a half million children a year. About half of these are screened in and investigated by child welfare professionals. We have far less information about screened-out reports than on those that are screened in. We have information about virtually all screened-in cases, including racial composition, case disposition, and a range of other factors. This is because the federal government archives reports to state and county child maltreatment

agencies in the National Child Abuse and Neglect Data System. Qualified researchers have access to these data, and dozens, perhaps hundreds, of peer-reviewed papers using these data have been published. Using these data, we address the myths about bias from outside and from within child welfare separately.

7.2.1 Are Reports to CWS Biased?

The three main ways that reports to CWS are alleged to be biased are by class, by race, and through differential exposure to service delivery.

7.2.1.1 Is there substantial class bias by reporters?

Our society is heavily stratified by income, with about one in six children living in poverty and about one in four receiving public assistance in 2023 (Kids Count Data Center, n.d.). The National Incidence Studies have found that poor children are five or more times more likely to experience maltreatment than nonpoor children (Sedlak et al., 2010). These numbers converge well with self-reports (Slopen et al., 2016) and with official report statistics (Putnam-Hornstein & Needell, 2011; Drake, Jonson-Reid, & Dvalishvili, 2022). Furthermore, poor children are much more likely than nonpoor children to experience a wide range of non-CWS negative outcomes (Chaudry & Wimer, 2016). The evidence is overwhelming that poor children are at much higher risk of maltreatment than nonpoor children, regardless of the measure of risk (Pelton, 2015).

There is a common notion that low-income populations are more likely to be referred to child welfare because they are more likely to receive public services and are therefore visible to mandated reporters (e.g., a clinic doctor vs. a primary care physician). This is different from the idea that class bias causes people to see families differently. There have been two large-scale studies which have attempted to study this increased visibility, tracking poor people whom we know have received services to see how often those service providers might report them to CWS. Both studies found that any possible surveillance bias effects had a maximum impact of increasing CWS referrals of about 2 percent (Chaffin & Bard, 2006; Drake et al., 2017).

Obviously, if poor people were subject to surveillance bias because they come into contact with more mandated reporters, such as law enforcement and social service providers, then we would necessarily see that a higher proportion of poor people, compared with nonpoor people, were reported by mandated sources. This, however, is not the case. As poverty increases, the proportion of reports from mandated or professional sources decreases (Kim et al., 2018). Overall, the body of scientific work in this area shows no

justification to believe that increased exposure of poor people to public service mandated reporters is responsible for their much higher rate of CWS reports.

While the image of CWS investigating poor children just because they are poor is a popular misconception (e.g., Roberts, 2022b), all generalizable studies of which we are aware find that poor people who are contacted by child welfare are neither random nor representative of poor people in general. This finding is not new. Various studies have long found that poor children contacted by CWS experience a range of other risks, their overall well-being is worse, and they have more troubled later trajectories than other poor children who are not contacted by CWS (Jonson-Reid et al., 2009; Widom et al., 2012). This would not be the case if the over-representation of poor people among those contacted by CWS was for arbitrary reasons of anti-poor bias. The large numbers of poor people contacted by child welfare reflect higher levels of actual risk, and we know of no population-level studies showing high degrees of poverty-related bias among CWS reports.

This myth, like others, has the potential to harm children. Claims that CWS interventions are due only to poverty may undercut the opportunity to provide services to children in need. Children may “fall through the cracks” if we ignore or turn a blind eye to child welfare cases in which poverty or economic hardship is pervasive out of fear of being labeled as biased.

7.2.1.2 Is there substantial racial/ethnic bias by reporters?

Black and American Indian children are reported to CWS at rates higher than their population levels would suggest. Asians are reported at lower rates and Hispanics, even though generally much lower in socioeconomic status than White children, are reported at roughly the same rate as White children, an example of the “Hispanic Paradox” or “Healthy Immigrant Effect” found broadly in medicine and public health (Tejeda et al., 2024). It is important to realize that the issue of racial/ethnic bias in child welfare therefore applies directly to a minority of nonwhite persons, as Hispanics alone constitute over half of the nonwhite children in the United States.

Data on Native American children relative to child welfare is difficult to access, as tribal CWS may not share their data with the federal government, and, in common with other groups, such as Native Hawaiians/Pacific Islanders, their relatively small population makes them a challenge to understand in national epidemiological studies. The emphasis has been on Black/White disproportionality in the main, with Black children being reported to CWS at roughly 1.8 times the per-person rate of White children. These inequalities have been seen by some, including the Department of Health and Human Services, as indicating racial bias among reporters (Child Welfare Information Gateway, 2021a).

When an equity lens is applied, however, things look very different. Equity demands we consider need for services, not simply equality of service delivery rates (Centers for Disease Control and Prevention, n.d.). Several studies (Kim & Drake, 2018; Maloney et al., 2017; Drake, Jonson-Reid, & Dvalishvili, 2022) have shown that once other factors such as single parent status, parental age, and especially socioeconomic status are considered, Black children are reported at rates generally similar to or lower than those for White children. Once we move to “apples to apples” comparisons, this disproportionality simply disappears. In fact, under an equity lens, which demands we consider need for service, in this case need for protection, it is particularly troubling to note that Black children experience child maltreatment fatalities at three times the rate of White children, but are only referred to CWS at less than twice the rate (Drake, 2024). The myth that Black children are over-reported to CWS may not only be wrong; it is most probably backwards. While much earlier research using vignettes with children of various races has sometimes suggested that racial bias may exist which makes Black children more likely to be reported, recent work (Ayres et al., 2024) suggests the opposite, in line with the epidemiological findings cited above (see Table 7.2).

Table 7.2 *Critical debates: Disproportionality – symptom or cause?*

Argument	Counterargument
Child welfare responds to higher levels of need in vulnerable populations, and disproportionate CWS involvement reflects real differences in risk and adversity. Interventions respond to documented threats to child safety, which are more prevalent in communities facing concentrated disadvantage. Child welfare’s role is to protect children wherever the need is greatest.	Child welfare disproportionately surveils and intervenes in marginalized communities—not because of greater harm to children, but because of entrenched structural inequities, systemic racism, and class bias. Families living in poverty or communities of color are more likely to be reported, investigated, and separated, even when their challenges stem from economic hardship rather than willful neglect or abuse.

7.2.1.3 Are CWS case decisions (substantiation, placement) driven by race?

We have already discussed the myth regarding over-reporting to CWS by race, but this myth involves what happens after families are reported to child welfare. Claims of racism driving higher rates of substantiation and foster care placement once children are reported to CWS are commonplace (Roberts, 2022b). These claims are simply not consistent with the data. Once reported,

Black children are actually slightly less likely to be substantiated than White children (e.g., Fix & Nair, 2020; Putnam-Hornstein et al., 2013). A recent study tracked the proportion of Black and White children whose maltreatment referrals were substantiated between 2005 and 2019 and found that raw substantiation rates never differed between the two groups by more than a couple of percentage points. Since 2013, Black children have been substantiated less often, not more often, than White children. Multivariate tests of substantiation controlling for factors such as child age, sex, maltreatment type, report source, and income found that, nationally, Black children were significantly less likely (odds ratio=0.82, $p \leq 0.05$) to be substantiated than White children. This odds ratio suggests that Black children are 18 percent less likely to be substantiated, after all measured factors are accounted for. The same findings were obtained for foster care entry. Since 2012, Black children have been less likely to go to foster care than White children, both in raw percentages (about 6 percent vs. 7 percent recently) and in multivariate models. In sum, claims that Black children, once reported to CWS, are substantiated more often and placed more often are simply false.

7.3 MYTHS ABOUT POLICIES

7.3.1 Myth: Mandated Reporting Overwhelms CWS with Unnecessary Reports

Mandated reporting was one of the earliest child welfare policies put into place after the Kempe article, with all states having already established such requirements prior to being mandated to do so by CAPTA in 1974. It has long been a controversial policy, and recently is coming under increasing scrutiny in several states. Various concerns exist about mandated reporting, including that it damages therapist/client relationships (Melton, 2005), although mental health professionals provide only about 6 percent of all child welfare referrals (Children's Bureau, 2025a). Another issue is that mandated reports simply flood child protection with concerns that are trivial and end up souring parents' trust in public services, increasing parents' fear, and wasting public dollars. We have surprisingly little recent research in this area, compared with the level of policy interest (Gandarilla Ocampo et al., 2024). While conclusions about mandated reporting are mixed (for contrasting perspectives, see Melton, 2005 and Drake & Jonson-Reid, 2007), we have no evidence to indicate that referrals made due to mandated reporting laws are trivial.

One issue we can address with certainty is the degree to which CWS resources are dedicated to investigations, including those 70 percent of investigations which are from professional sources (Children's Bureau, 2024b, 2025a). The majority (64 percent) of federal, state, and local CWS resources,

combined, go toward placement, adoption, and guardianship, and only 18 percent of CWS funding goes toward “child protective services,” which includes, among other things, screening and investigation (Rosinsky et al., 2023). Given these figures, and assuming an extremely high and frankly unrealistic estimate that half of all mandated reports are unnecessary artifacts of reporting laws, we are left with an absolute maximum of something like 6 percent of all of CWS resources being devoted to unnecessary investigations due to mandated reporting. The likely actual percentage of such unnecessary efforts is far lower (see Table 7.3).

Table 7.3 *Critical debates: Mandated reporting – essential tool or harmful intrusion?*

Argument	Counterargument
As an essential tool for identifying and preventing child harm, mandated reporting offers a structured, proactive way for professionals and community members to communicate concerns about potential maltreatment. It serves as an early warning system that can trigger needed interventions and connect families to services before harm escalates.	Mandated reporting leads to unwarranted state intrusion in family life—particularly in marginalized communities already subject to over-surveillance. It strains limited resources and can undermine therapeutic and supportive relationships, especially when families fear that seeking help may result in punitive responses rather than assistance.

7.3.2 **Myth: Anonymous Reports Are Often Harassment and Should Not Be Accepted by CWS**

In Texas, policymakers passed a law in 2024 disallowing anonymous reports. The impetus for the reform was inspired by a myth that anonymous reports are from unreliable sources, given that someone would be unwilling to give their name. But the data do not support the notion that anonymous referrals are notably different from other referrals.

In 2022, anonymous sources contributed 6.5 percent of all reports (Children’s Bureau, 2024b). A recent study (Gandarilla Ocampo et al., 2024) explored substantiation and foster care rates across various sources, and found that reports from law enforcement, social services personnel, and medical sources had high rates of substantiation (about 30–40 percent) and resulting high rates of placement in foster care (about 10 percent). Other reporting groups (excepting the very small number of reports from perpetrators themselves) had rates of substantiation in the 10–20 percent range, and related rates of foster care

placement in the 3–6 percent range. Reports from anonymous sources were at the low end of this range (10.1 percent substantiated, 3.4 percent to foster care) but were not very different from reports from some professional categories (e.g., education personnel: 12.7 percent substantiated, 2.5 percent foster care). Anonymous reporting, substantiation, and placement rates were almost identical to the “friends and neighbors” category, perhaps hinting at the general relationship of some mandated reporters to reported children. In short, anonymous reports are not outliers compared with many other kinds of reporter classes.

7.4 MYTHS ABOUT CHILD NEGLECT

There are two core myths about neglect. The first is that neglect is a less serious form of maltreatment and therefore does not require the same level of response as other maltreatment types. The second is that neglect is simply poverty recast, some might say “criminalized,” as child maltreatment.

There has been concern going back at least 30 years that neglect is not taken seriously enough in the field of child welfare (Dubowitz, 1994, 2009). A recent systematic review examined how neglect and other forms of maltreatment are viewed by social workers (Gibbs et al., 2024), finding that people generally view neglect as less consequential than other forms of maltreatment, even when physical outcomes of the maltreatment were serious.

It may be natural to imagine that neglect is less dangerous than physical or sexual assault, but this simply is not true. National data have shown for decades that while neglect is present in about 70 percent of child maltreatment reports, it is also present in about 70 percent of child maltreatment fatalities (Children’s Bureau, 2024b). A very large body of empirical work has shown that neglect has negative outcomes which are similar to or worse than those associated with abuse across a range of domains, for example, developmental (Strathearn et al., 2020), behavioral (Font & Maguire-Jack, 2020), mood (Zhang et al., 2024), and adult economic outcomes (Currie & Spatz Widom, 2010). Neglect is a serious form of maltreatment.

The second core myth about neglect is that it is “just poverty” being inappropriately pathologized and punitively responded to by CWS (Roberts, 2022b). As described in some detail previously, poverty is associated with child maltreatment and research from multiple sources has confirmed this relationship using administrative data (Jones, Drake, et al., 2023), parental surveys (Slopen et al., 2016), and hybrid approaches (Sedlak et al., 2010). Both poverty and neglect are associated with negative outcomes, but a number of studies, across many years, have shown that neglect has a separate and distinct relationship to negative outcomes from poverty (Brooks-Gunn et al., 1995; Strathearn et al., 2020). A number of studies have looked at poor populations and found that

neglected children stood out from non-neglected children, experiencing worse outcomes (Yoshikawa et al., 2012).

As with most things, this issue is complex. According to Gibbs et al. (2024), “Material deprivation of itself is not considered to constitute neglect. However, practitioners do not always fully recognize how poverty exacerbates other risk factors.” While the evidence does not support the popular claim that neglect is simply criminalized poverty, child welfare, in common with other social service fields, could become more “poverty-informed” in how it best serves clients.

Myths about child neglect can be dangerous for children. The myth conflating neglect with poverty has been aggressively advanced in recent years by some child welfare critics (Roberts, 2022b; Dettlaff, 2022) who argue that the large majority of child welfare cases can be easily dismissed as unimportant since they only reflect issues of child poverty rather than real harm. In truth, the assertion that poverty and neglect are synonymous discounts the real safety threats neglected children face.

7.5 MYTHS ARE INCREASINGLY POLITICALLY DRIVEN

As discussed earlier, some misunderstandings can be seen as resulting from logical but flawed assumptions or based on unrepresentative cases which most commonly attract the attention of the public or policymakers. Increasingly, however, misunderstandings are being advanced in service of political agendas. While this is not new (see Pelton, 1978), it has become increasingly frequent in the 2020s.

Widespread dissemination of several of the previously described myths is now moving into the mainstream. These myths influence how the general public, including many of our social work students, perceive and understand child welfare. We often hear students confidently asserting that CWS is overwhelmingly biased around issues of race and class, and that it does more harm than good for the families it contacts. These perceptions have been aggressively advanced in popular books written by non-scientists (e.g., Roberts, 2022b), in the mainstream media, and through various activist groups (JMACforFamilies, n.d.) and political movements (Dettlaff et al., 2021). These sources are responsible for advancing many of the myths described above. Today, misunderstandings are less likely to result from incomplete or confusing data, and more with conscious attempts to advance arguments in support of specific political agendas.

The rhetoric is especially pronounced in the field of social work. An article written by three deans of schools of social work (Dettlaff et al., 2023) questions if it is even ethical for social workers to be involved with CWS,

which is seen as part of the “carceral state” and innately antithetical to social work professional values. But these political perspectives are not limited to the field of social work and child welfare. Similar politically motivated mischaracterizations have recently emerged in medicine, with *Pediatrics* publishing a feature advancing several of the above myths (Palusci & Botash, 2021), a perspective in *Lancet* encouraging physicians to adopt an “abolitionist framework” (Brown & DasGupta, 2024), and a viewpoint in *JAMA Pediatrics* which provides “five things every pediatric clinician should know about CWS and equity before making a report” as part of an effort to “narrow the front door to the child protection system” (Raz et al., 2024). This shift from legal theoretical discourse to the popular discourse and now into the medical discourse is troubling. Perhaps the most concerning aspect of this politicization of child welfare through the promulgation of misunderstandings is the desire to limit or abolish CWS. Advocates suggest that diverting money from child welfare can transform our society into one in which child maltreatment will rarely happen (e.g., Dettlaff et al., 2021). As an example, Brown and DasGupta support “investing in all communities with parenting support, accessible and safe childcare, employment opportunities, safe housing, enriching childhood education, non-punitive mental health interventions, green spaces, affordable fresh food produce, and more” (2024, p. 1096).

The issue, of course, is that none of this is new, and that the funding allocated to CWS is orders of magnitude too small to achieve such aims (Rosinsky et al., 2023). Scholars and advocates have long called for the need to address these concerns. Even in optimal or “utopian” conditions, however, parents will continue to grapple with challenges—and in some cases, the severity will compromise their ability to provide a safe home environment. For these and many other reasons, Garcia and colleagues (Garcia, Berrick, et al., 2024) argue that completely disbanding the core function of CWS would likely increase child maltreatment and fatalities. We need a well-understood and resourced CWS agency that receives and responds to allegations of risk and harm to children (see Glimmers of Change 7.1). In each case, child welfare professionals must walk that fine line between the rights of children to live a life free from intentional harm, neglect, and abuse, and the rights of parents to raise their children as they aspire.

GLIMMERS OF CHANGE 7.1

IMPROVING TRANSPARENCY

Many states are going the extra mile in making their data available to the public, publishing detailed information about the work done by CWS. The best way to put a myth to rest is with easy access to the right data.

California, in partnership with the University of California at Berkeley, has created the online “California Child Welfare Indicators Project.”¹ This online dashboard allows easy, short-time lag data at the state or county level, which is graphed over time and can be either statewide or for counties specified by the user. Want to know rates of maltreatment while in foster care for San Diego County for the last ten years, broken down by age, or perhaps ethnicity? It is all there for you. Researchers, policymakers, and interested members of the general public now have access to far more data than in the past and can form their own opinions. California and Texas also provide public facing information about in-home (family preservation) services which can help us understand the balance between efforts to prevent foster care and eventual placements. We know of no better cure for myths and misinformation.

7.6 SUMMARY: WHEN IDEOLOGY OVERSHADOWS EVIDENCE

Understanding child welfare is made more difficult when unreliable narratives dominate the public, professional, and (more recently) academic discourse. The number of misconceptions has grown with time, and the speed with which these narratives can move through and across populations has increased with the dawn of social media and other public-facing platforms. Internalizing these myths runs the risk of mis-shaping our beliefs and values about the important work and functions of existing child protective policies and practices. Whether grounded in misconceptions or science, opinions impact whether and how we engage children and families in services. Granted, CWS is imperfect in making decisions and implementing its lofty intentions. That said, we are on the way to ensure more accurate identification and effective responses to allegations of child maltreatment. We can do much more to develop and implement a preventive interdisciplinary approach to protecting children and achieving permanency—but we will not succeed unless we increase the value given to continuous rigorous research. Our work toward achieving these ambitious goals requires recognizing the unintended consequences of internalizing myths and placing more value on ideology than science.

¹ California Child Welfare Indicators Project (2025). California data portal. <https://ccwip.berkeley.edu/childwelfare/index/r>

8. Workforce dynamics in child welfare: Investing in the people who protect children

Child welfare is among the most complex, stressful, and emotionally demanding arenas of practice within the human services field (Olaniyan et al., 2020). At the same time, the work is deeply rewarding (Cook et al., 2024; Schudrich et al., 2012; Stalker et al., 2007). In the United States, frontline child welfare professionals play a crucial role in ensuring the safety, permanency, and well-being of children. These professionals (about 40 percent have a Bachelor's or Master's degree in social work) and paraprofessionals are responsible for investigating reports of suspected child abuse and neglect, assessing child safety, providing essential support to families in their efforts to protect and care for their children, facilitating connection to resources for children in foster care to promote permanency, and helping youth to successfully launch from foster care. Given the weight of these responsibilities, many child welfare professionals are drawn to the field by a deep commitment to child protection and the desire to make a positive difference in the lives of vulnerable children and families. Research suggests that for many child welfare professionals, this sense of purpose fosters job satisfaction and fulfillment (Lizano et al., 2021).

However, despite their passion for the work, frontline staff frequently face significant and stressful demands (Lee et al., 2020). The emotional toll of the work, coupled with the high expectations placed on staff, can make frontline roles quite challenging. This is reflected in the field's workforce turnover rates, with many staff leaving their agencies of employment within the first few years on the job. According to Edwards and Wildeman's (2018) analysis of National Child Abuse and Neglect Data System (NCANDS) Child Files data, the median frontline worker turnover rate for US public child welfare agencies ranges from 14 percent to 22 percent annually. Seventeen states are estimated to experience turnover rates that exceed 25 percent per year, and a few states exceed 30 percent. Other public service professions have similar turnover rates (Duffield et al., 2014; Li & Jones, 2012). The workforce turnover rate for police officers is estimated at 10–11 percent (Hilal & Litsey, 2020; Wareham et al., 2013), and public school teacher turnover estimates range from 16 percent to

30 percent across various jurisdictions and time periods in the United States (Grissom et al., 2016; Sorensen & Ladd, 2020). Many researchers and policy-makers consider such turnover rates to be unacceptably high, and a considerable body of scholarship is devoted to examining factors that influence staff retention (see *Glimmers of Change* 8.1).

GLIMMERS OF CHANGE 8.1

LISTENING TO STAY: HOW STAFF FEEDBACK IS RESHAPING CHILD WELFARE AGENCIES FROM WITHIN

From Colorado to New York City, agencies are turning to employee voices to curb turnover, foster resilience, and build cultures of care in child welfare. To strengthen workforce stability and morale, some child welfare agencies are leveraging data-driven feedback and engagement strategies. In Jefferson County, Colorado, the Department of Human Services annual job satisfaction surveys have become a powerful tool for understanding the needs of staff working in the Division of Children, Youth, Families, and Adult Protection. Early feedback revealed that organizational culture and climate were major contributors to turnover, prompting leadership to revamp hiring practices and enhance supervisory supports. Jefferson County also implemented a committee structure that brings together frontline and supervisory staff to shape agency policies, fostering shared decision-making and building a collaborative culture of consensus across the agency. In New York City, where the Administration for Children's Services found that 55 percent of frontline staff were leaving by their second year on the job, leaders responded by conducting in-depth retention interviews—"stay" interviews rather than "exit" interviews—with 100 staff members nearing their one-year anniversary. These conversations revealed that many staff felt frightened, overwhelmed, and inadequately supported in their roles—insights that led the agency to extend onboarding processes and strengthen supervisory communication. Together, these approaches illustrate how regular, structured opportunities for staff input can drive meaningful organizational change and improve retention in child welfare.¹

¹ Casey Family Programs (2023). *How are child protection agencies navigating and addressing workforce challenges?* [Strategy brief]. Annie E. Casey Foundation. <https://www.casey.org/workforce-challenges-strategies/>

Some turnover is healthy for an organization. Turnover can bring in more productive staff with new commitments to the organization, allowing poorly performing staff to leave the agency (Jones & Gates, 2007; Simon et al., 2022). But especially high turnover rates can hurt child welfare agencies and their clients (see *Glimmers of Change* 8.2). Large numbers of departing staff burden the remaining staff in terms of increased workload (Laulié & Morgeson, 2020), costs to agencies to recruit and train new staff can be considerable (National Child Welfare Workforce Institute, 2016), and important knowledge and wisdom can disappear with departing staff (Madden et al., 2014). Child welfare workforce turnover may disrupt relationships between staff, caregivers, and children, and families must build new relationships as they work toward their safety goals. Youth can feel abandoned by interrupted relationships and can become less invested in their case plan (Curry, 2019). A number of studies also indicate a relationship between turnover and extended stays in foster care for children (Harder & Toole, 2022) or reduced likelihood of achieving permanency (Casey Family Programs, 2023). Some evidence suggests that these poor permanency outcomes occur even before a child welfare professional leaves the agency, intimating that the process of terminating employment has effects on permanency and placement moves even before departure (Hoffmeister, 2024).

GLIMMERS OF CHANGE 8.2

WELCOME BACK: OKLAHOMA RECRUITS CHILD WELFARE VETERANS WITH CASH AND CARE

Facing a sharp decline in job applicants, Oklahoma's Department of Human Services (OKDHS) has adopted a multi-pronged strategy to boost recruitment and bring experienced child welfare staff back into the fold. In addition to hosting hiring events and promoting child welfare careers through targeted video campaigns on social media and university campuses, in 2022 OKDHS introduced financial incentives aimed specifically at re-engaging former employees who left in good standing. Through this initiative, current staff receive \$1,000 for successfully recruiting a returning worker, who in turn earns their own \$1,000 bonus once they complete training and begin carrying a caseload. If both employees remain with the agency after one year, each receives an additional \$2,500. These incentives, which can total up to \$7,000 per recruitment incident, represent about 10 percent of what it typically costs the Oklahoma agency to hire and train a new child welfare worker—so the initiative both bolsters retention and reduces hiring expenses. Many returning employees can begin carrying a caseload right away, and

OKDHS's incentives are designed to reflect the immediate value that veteran staff bring to the child welfare workforce.²

8.1 MORAL AND ETHICAL ISSUES IN CHILD WELFARE WORK

Child protection is not the right career choice for everyone but it offers a morally and personally gratifying career to some. The work addresses a complex and multifaceted social problem, and frontline child welfare professionals rarely encounter easy answers or simple solutions. The complicated circumstances surrounding child abuse and neglect, coupled with the clinical and policy responses required to ensure children's safety while addressing their broader needs and those of their families, underscore the difficulties involved in the child welfare profession. Some authors have focused on the critical, high-stakes decisions required in child welfare, coupled with uncertain information and limited options. In particular, child welfare often offers service options that may be *better* for children, but that do not necessarily result in *good* outcomes. In some cases, the best available decisions still fall short of meeting the full needs of service recipients. In other cases, child welfare professionals may witness or be involved in decisions that—despite good intentions—result in unintended harm, potentially making matters worse for those they serve. There are also times when necessary action is delayed, or when inaction itself can have devastating consequences for children and families.

These difficult scenarios can weigh heavily on frontline staff and supervisors alike. The result may be periods of *moral distress*, characterized as the mismatch between what one understands as a morally appropriate action, and circumstances that limit the capacity for action. Such circumstances might include external constraints such as time or resources, or internal constraints such as personal fear or discomfort. In one study, more than 60 percent of child welfare professionals experienced some aspect of moral distress (He et al., 2021). Still other authors have focused on the concept of *moral injury*, referring to the periodic harms associated with ambiguous decision-making under uncertain yet high-stakes circumstances. Interviewing child welfare professionals in a Midwestern US state, for instance, Haight et al., (2017a) found that some staff described feelings of guilt, anger, and sadness because of the nature

² Oklahoma Human Services (2022, January 12). *Oklahoma Human Services offers child welfare worker recruitment and retention incentives* [Press release]. <https://oklahoma.gov/okdhs/newsroom/2022/january/comm01122022.html>

of the work conducted in under-resourced contexts, with poor quality services, and contact with some parents who were especially difficult or abusive.

Moral injury can be mitigated as child welfare agencies make efforts to address high workloads, role conflict, poor social support, and inadequate employee agency (Haight et al., 2017a). Providing those entering the field with vivid information about the nature of the work is also critical to helping child welfare professionals reconcile the challenges of their job with their limited role (Jacquet & Hermon, 2017). Social work has long been dedicated to advocating for neglected and vulnerable populations, and child welfare is often seen as one of the most direct extensions of this mission—a moral imperative. However, as society grapples with the complexities of child abuse, the very professionals committed to safeguarding children’s well-being often find themselves under intense scrutiny (Whitaker et al., 2004). Media portrayals frequently cast child welfare agencies as inept and dysfunctional, blaming frontline child welfare staff and agency leaders for failing to protect children from harm. In other cases, staff may face backlash for the perception that they over-intervene with families and violate parents’ rights when children are placed into foster care (Berrick et al., 2025). These critiques, which often suggest that child welfare professionals are either unaware of or indifferent to the suffering of children or their parents, are compounded by the difficult realities of frontline practice. The goals of child safety and family support are sometimes at odds, and there is no universal consensus concerning the point at which the state should intervene in family life. This mismatch between the nature of the work and public perceptions about the nature of the work can heighten discomfort for staff already working under difficult conditions.

8.2 RISKS, CHALLENGES, AND HIGH-PROFILE CASES

In child welfare literature, a rather bleak picture emerges of a workforce under siege by unmanageable caseloads, low wages, personal liability, and threats of violence. High caseloads, for example, are endemic in many jurisdictions, sometimes causing staff to cut corners on important tasks or to work especially long hours (e.g., Coulter, 2022). At the same time, the work can also be unsafe—even if frontline staff rarely encounter outright violence. Research indicates that upwards of three-quarters of child welfare professionals experience verbal aggression from clients while about one-third of staff have been physically threatened (He et al., 2020). News of child welfare professionals shot at, stabbed, or otherwise injured (Gerstein, 2023; McLoon, 2023) travels fast and, although these incidents are uncommon, they nevertheless sharpen the anxieties associated with the work. And the risks include increasing personal civil liability; in some jurisdictions, individual social workers can be sued if a case should go awry (e.g., Rucker, 2022).

Further, in rare but highly publicized cases, some child welfare professionals have faced criminal charges related to their work. In 2024, an Illinois Department of Children and Family Services investigator was convicted of child endangerment and sentenced to 6 months in jail for failing to adequately document and follow up on warning signs in a case that ended in a child's death—marking a historic first for criminal accountability of this kind in that state (McCoppin, 2024). In addition to the jail sentence, the presiding judge also ordered the former investigator to contribute \$1,000 to a local children's advocacy center and perform 200 hours of public service. In California in 2016, two frontline staff and two supervisors at the Los Angeles Department of Child and Family Services were charged with felony counts of child abuse and public records falsification following the death of an 8-year-old boy at the hands of his caregivers (Reyes-Velarde, 2020). Prosecutors in this case alleged that the defendants mishandled evidence of child abuse and missed repeated red flags. The case was ultimately dismissed in 2020, when appellate court justices found that the defendants' failures—however serious—did not rise to the level of criminal liability for child abuse under state law. In another case in North Carolina, several child welfare professionals at the Cherokee County Department of Social Services were indicted on dozens of felony and misdemeanor charges after allegedly removing children from their homes without proper court orders. Investigations revealed that the agency had bypassed judicial review by using misleading custody agreements in place of formal legal proceedings (Martin, 2022).

Although prosecutions remain rare, these high-profile cases contribute to growing unease among the child welfare workforce. Such cases also raise complex questions about accountability, systemic constraints, and the risks of criminalizing professional judgment in a field already marked by resource scarcity and emotionally charged, high-stakes decision-making.

8.3 WAGES, RETENTION, AND RESILIENCE

Little is known about the actual wages of child welfare professionals, largely due to differences across states and variation in cost of living across geographic contexts. We know from our years in the field that some agencies—especially those agencies in America's coastal and urbanized states—offer reasonable wages and excellent benefits. Most studies of the child welfare workforce, however, suggest that the low wages that are more common in more rural states may be a significant contributor to burnout and to staff's intention to leave (Schelbe et al., 2017). Relatedly, other studies indicate that the financial stress associated with paying off student debt from higher education (and graduate training in social work) contributes to employee dissatisfaction (Kim & Kao, 2014). In general, these studies suggest that wages are too often

not commensurate with the personal risks child welfare professionals absorb, or the emotional toll the work may take on workers' health and mental health.

Despite these challenges, many child welfare professionals demonstrate extraordinary commitment to protecting society's most vulnerable children and youth. Notwithstanding less-than-optimal working conditions, research indicates that many child welfare staff successfully manage the challenges and report being satisfied with their work (Barth et al., 2008b; Ellett et al., 2007; US Government Accountability Office, 2003). Many child welfare professionals stay in their agencies for decades of service. One factor that enhances staff satisfaction includes quality supervision (measured as the emotional support and advice provided by agency supervisors to frontline staff). Some research (Burns et al., 2023) indicates that supervision may be particularly important for newly hired staff. Research also indicates that staff with a social work degree tend to earn more money in the field and remain in their positions longer than staff without a social work degree (Barth et al., 2008b). Other work in the USA and Finland suggests that individual workers' commitments to children and/or human caring, as well as professional organizational factors, is particularly important for workforce retention (Burns et al., 2023; Ellett, 2009) (see *Glimmers of Change* 8.3). And research from Australia indicates that many staff are resilient in spite of the challenges, in part due to opportunities to engage in relationship-based (rather than transactional) interactions with families, supervisors, and peers (Russ et al., 2020).

GLIMMERS OF CHANGE 8.3

FLEXIBILITY AS A LIFELINE: CHILD WELFARE AGENCIES REDESIGN WORK TO RETAIN FRONTLINE STAFF

As agencies grapple with high turnover and growing service demands, flexible and supportive work environments have become essential for retaining a stable child welfare workforce. In the wake of the COVID-19 pandemic, staff well-being is more closely tied than ever to manageable caseloads, flexible schedules, remote work options, and fair compensation. Connecticut's Department of Children and Families has prioritized manageable caseloads and competitive pay, using predictive hiring techniques based on historical patterns in workload volume to anticipate staffing needs. By analyzing recurring trends and seasonal peaks from previous years, the agency aims to proactively recruit staff before caseloads rise. Further, central office staff continuously monitor the number of active intakes assigned to caseworkers. Once a worker approaches 75 percent of a full caseload (approximately 15 families), efforts are made

to prevent additional case assignments and maintain workloads at that threshold. Union-negotiated starting salaries of \$58,000, with scheduled increases at 4 and 12 months, also support the recruitment and retention of entry-level workers. Meanwhile, 80 percent of Connecticut child welfare agency staff have transitioned to telework, a practice initially introduced during the pandemic but later embraced by leadership as a permanent, agency-endorsed option.

Other jurisdictions have also adopted flexible scheduling models to support well-being and improve retention. In 2022, the New Jersey Department of Children and Families expanded core office hours to a 12-hour window (7 a.m. to 7 p.m.), offering employees greater control over their workday while extending availability for families. The agency also rolled out a large-scale telework initiative and implemented alternative workweek options for staff not eligible for telework. In Jefferson County, Colorado, caseworkers, supervisors, and managers co-designed and launched a “personal choice” work model in late 2021. This model gives employees the flexibility to decide which days they work from county offices versus working remotely. To further support work–life balance, Jefferson County introduced compressed workweek options for child welfare staff: after 6 months, employees can work 80 hours over 9 days within a 2-week period; after one year, they may opt for four 10-hour days per week. A 2022 staff satisfaction survey showed strong support for these flexible arrangements, suggesting positive impacts on morale, engagement, and retention.³

8.4 WORKFORCE CHARACTERISTICS

Given the complexity and volume of child maltreatment referrals received and investigated each year in the United States, there is strong interest among scholars and policymakers in understanding the size and composition of the child welfare services (CWS) workforce. Overall, this workforce currently totals roughly 31,000 workers (Children’s Bureau, 2024b, 2025a). In many agencies, different groups of professionals carry out specialized screening, investigation, alternative response, and out-of-home-related tasks; in other agencies, a single staff member may handle all such functions. Because of limitations in state information systems and the overlap of professional roles, workforce

³ Casey Family Programs (2023). *How are child protection agencies navigating and addressing workforce challenges?* [Strategy brief]. Annie E. Casey Foundation. <https://www.casey.org/workforce-challenges-strategies/>

data vary across states—and such variation creates barriers to research in this arena. Only a handful of studies to date have provided detailed, nationally representative estimates of child welfare workforce characteristics.

The National Survey of Child and Adolescent Well-Being (NSCAW) is a nationally representative, longitudinal survey that examines the well-being of children and families with some history of US CWS involvement (Dolan et al., 2011). As part of this effort, the U.S. Department of Health and Human Services commissioned the NSCAW III Child Welfare Workforce Study (Dolan et al., 2023), which offers a unique snapshot of the US child welfare workforce as it existed from 2021 to 2022. Analyzing survey responses from a nationally representative sample of 61 child welfare agencies, the Workforce Study provides estimates representative of approximately 82 percent of child welfare staff in the United States (Armstrong et al., 2024). As such, this study is likely the best available source of US child welfare workforce data.

The study found that 83 percent of frontline child welfare staff were female (Armstrong et al., 2024). One in five identified as Black or African American, and nearly one-fifth (18 percent) identified as Spanish, Hispanic, or Latine. The average child welfare staff member was 38 years of age. Most (79 percent) reported a Bachelor's degree as their highest level of educational attainment. Among staff with a college degree or higher, roughly one-third (31 percent) earned a degree in social work. In terms of job tenure, the average child welfare professional reported that they had been in their role for 6 years. Staff tended to remain in their roles for slightly longer periods, on average, as compared to their supervisors (6.0 years) and agency directors (5.5 years). (Many workers, supervisors, and agency directors may move to new roles within their agencies.) In terms of staff primary job functions, the most frequently reported roles and responsibilities included child protective services investigations, child and family assessments, and case management and in-home service provision (see Table 8.1 and Table 8.2).

8.5 TITLE IV-E TRAINING PROGRAMS

Specialized university-agency training programs, funded in part through Title IV-E of the Social Security Act, provide supports (e.g., stipends or tuition reimbursement) to attract undergraduate and graduate students to child welfare positions, and to help current child welfare staff obtain their degrees. These programs exist in a variety of forms and go by different names (e.g., Title IV-E Stipend Program, Child Welfare Education Program, Child Welfare Scholars Program, Child Welfare Fellowship Program) depending on the state or university. Program design and eligibility criteria also vary across locales (Cheung, 2024). In some jurisdictions, for example, both full-time and part-time social work students are eligible to participate; other jurisdictions

Table 8.1 *Critical debates: Effective supervision in child welfare – clinical credentials vs. operational expertise*

Argument	Counterargument
Licensure requirements help to ensure that supervisors are adequately equipped to provide clinical oversight and uphold high standards of ethical and evidence-based practice. Formal clinical training also strengthens a trauma-informed approach and ensures a strong foundation in child development, mental health, and family systems.	Firsthand knowledge of how the child welfare agency actually functions—its services, protocols, court processes, and community partnerships—should be valued more highly than credentials or licensure. Supervisors must understand the pace, pressures, and practical demands of frontline work to guide their teams effectively. Requiring clinical licensure may exclude highly capable leaders who have years of real-world agency experience but lack formal credentials.

Table 8.2 *Critical debates: Embedded community practice vs. system-wide mobility*

Argument	Counterargument
Assigning child welfare workers to specific neighborhoods or institutions can build trust, promote continuity, and allow for a deeper understanding of local dynamics. These embedded, location-specific roles foster greater collaboration with educators, health care providers, and community leaders, potentially leading to earlier intervention, stronger relationships, and services that are better tailored to the needs of families.	Child welfare workers should be mobile and capable of rapid response across regions, deployed wherever needs arise. Embedding staff within specific communities may divert resources from families elsewhere and reduce agencies' capacity to respond effectively. A regional or cross-community approach ensures that all children receive timely protection, not just those in areas with embedded workers.

prioritize or limit participation to current employees of child welfare agencies. Eligibility and post-graduation employment obligations may vary based on the type of degree program (e.g., Bachelor of Social Work vs. Master of Social Work [MSW]), whether a student is enrolled in an in-person or online education program, or whether they are pursuing work in public as opposed to private child welfare settings. Such variations reflect each state's unique workforce needs, infrastructure, and interpretation of federal Title IV-E guidelines. Despite these differing titles, all Title IV-E stipend programs serve the common goal of strengthening the public child welfare workforce through education and training (see Table 8.3).

Table 8.3 *Critical debates: Title IV-E training programs – retention strategy or career stepping-stone?*

Argument	Counterargument
Specialized child welfare education—such as Title IV-E (Child Welfare Fellow) stipend programs—prepare graduates with the skills, values, and competencies needed for effective practice. These programs strengthen the workforce by increasing job readiness, improving early-career success, and enhancing retention among those committed to public child welfare. By investing in tailored education, agencies can build a more stable and knowledgeable workforce.	Despite their intent, specialized child welfare education programs may serve as a launching pad rather than a long-term solution. Participants—especially those with advanced degrees—often become attractive candidates for higher-paying roles in private agencies, advocacy organizations, or clinical settings. As a result, public CWS may invest heavily in training professionals who soon take their skills elsewhere, limiting the long-term benefits of such programs.

The National Child Welfare Workforce Institute (NCWWI) plays a significant role in supporting Title IV-E programs through various initiatives. It provides resources, training, and research to improve the child welfare workforce, including stipend programs that offer financial assistance to students pursuing careers in public child welfare. Established in 2008 by the US Children’s Bureau, NCWWI aims to enhance child welfare–focused curricula and assist students as they transition into professional roles (Boraggina-Ballard et al., 2021). NCWWI has fostered partnerships between public child welfare agencies and schools of social work, offering stipends in exchange for student agreements to work at public child welfare or state-contracted private agencies for one to two years after graduation.

Research suggests that child welfare professionals who completed specialized training through a Title IV-E program, as compared to peers who did not undertake such training, are more likely to stay longer in frontline positions at public child welfare agencies. A scoping review by Jenkins et al. (2025) supports this conclusion in all but one study reviewed. The review notes that studies with larger sample sizes tended to find modest positive effects. Studies that include multiple-state samples and control for other factors that influence retention in a given setting (e.g., worker–supervisor relationships) are needed to better understand the impacts of specialized training programs on the child welfare workforce.

Students who complete these specialized training programs demonstrate significantly improved practice competencies and report feeling confident and prepared for professional child welfare work. Although not focused on staff turnover, a recent study of state investment in Title IV-E programs found that

in states where investments in these workforce training programs are higher, children spend less time in foster care (LaBrenz et al., 2025). Thus, such programs may have impacts on child welfare outcomes apart from their direct impact on workforce retention. Longitudinal studies examining associations between workers' Title IV-E program participation and child and family outcomes are needed to fill gaps in the existing literature (see *Glimmers of Change* 8.4).

GLIMMERS OF CHANGE 8.4

FROM CLASSROOM TO CASELOAD: ERIE COUNTY–BUFFALO PARTNERSHIP ELEVATES CHILD WELFARE WORKFORCE

As part of a national initiative to strengthen the child welfare workforce, in 2019 the Erie County Department of Social Services (ECDSS, in the US state of New York), in partnership with the University of Buffalo School of Social Work, was selected as one of seven “Workforce Excellence” sites across the country through a federally funded grant from the US Children’s Bureau and the NCWWI. Over the course of the 5-year initiative, this university–agency partnership aimed to build workforce capacity by expanding the pipeline of professionally trained social workers. A federal grant supported current and prospective ECDSS staff with tuition assistance and stipends while they pursued a MSW degree. In return, participants committed to working in child welfare at ECDSS for a term of one year for each year of financial support received. In total, the initiative helped bring 18 new MSWs into the agency’s child welfare workforce.

Beyond financial assistance and educational support, the partnership focused on broader organizational change. Student participants benefited from enriched learning experiences, including leadership development opportunities as well as monthly seminars exploring key issues in child welfare policy and practice. As part of their participation, both MSW students and ECDSS staff led “change projects” designed to improve agency operations and culture. These projects—several of which have been sustained beyond the life of the grant—included launching a child welfare podcast, strengthening kinship care supports, and advancing collaboration with local Indigenous communities around Indian Child Welfare Act policies. The partnership also helped establish infrastructure to support the well-being and professional growth of the workforce, advancing long-term improvements in agency culture and climate. Employee-led support groups for caseworkers, supervisors, and MSW students have

created new avenues for peer connection and shared problem-solving—resources participants identified as essential to thriving in the demanding field of child welfare.⁴ The ECDSS–University of Buffalo collaboration offers a powerful example of how sustained academic–agency partnerships can strengthen frontline capacity and drive meaningful, lasting organizational change.

8.6 WORKFORCE SUPPORTS

Given the challenges child welfare professionals face, many leaders are developing new strategies to support and retain a healthy, competent workforce. Following initiatives in the UK (e.g., County Councils Network, 2022; Preston & Samuel, 2021) which endeavored to allow child welfare staff to spend a higher proportion of their time directly engaging with families (rather than in their offices), some American efforts have emerged to engage paraprofessionals as case aides. Florida’s Case Aide Initiative Model (CaseAIM, described in Pryce et al., 2018) endeavored to help child welfare professionals be more efficient and effective by engaging case aides to assist with nonclinical, administrative tasks. Such tasks include making transportation arrangements, setting up visitation, and connecting families to necessary supports. Findings of Pryce et al.’s (2018) comparison to non-CaseAIM cases indicated that some typically overlooked tasks (like getting dental care for children) had improved (see Table 8.4).

The US Children’s Bureau (2025b) has invested heavily in workforce development grants over the last two decades—starting with regional Child Welfare Implementation Centers (James Bell Associates, 2025) and later expanding to include a network of Quality Improvement Centers (QICs) (see Glimmers of Change 8.5). As a key part of the Children’s Bureau’s broader continuum of capacity-building services, QICs generate, test, and disseminate research and practical knowledge aimed at strengthening child welfare agency operations and improving service delivery. One focus of earlier federal investments was the improvement of clinical supervision, with the goal of cultivating organizational cultures that prioritized high-quality case supervision, self-reflective

⁴ Biddle, M. (2024, November 22). Through a national grant, the School of Social Work and Department of Social Services collaborate to train social workers and improve organizational culture. University of Buffalo School of Social Work. <https://socialwork.buffalo.edu/news-events/latest-news/archive/2024-archive.host.html/content/shared/socialwork/home/news/2024/ub-erie-county-partnership-strengthens-local-child-welfare-workforce.detail.html>

Table 8.4 *Critical debates: Who should deliver CWS?*

Argument	Counterargument
Case aides, paraprofessionals, and former service recipients are vital, underutilized resources and should be entrusted with broader responsibilities in child welfare. Individuals with lived experience and frontline exposure bring invaluable insight, cultural humility, and relational skills that can enhance service delivery. Expanding their roles could alleviate workload burdens on caseworkers, increase trust with families, and diversify the perspectives shaping care.	Direct services should be delivered by professionally trained, credentialed staff to ensure quality, consistency, and child safety. While nontraditional workers have a meaningful role to play, the complex nature of child welfare practice demands formal education and licensure. Expanding the roles of paraprofessionals, case aides, or former clients could compromise service quality and increase risk to children and families.

and evidence-informed practice, and outcome-focused approaches. Anecdotal evidence from a four-state trial showed that clinical supervision techniques could be taught and implemented with some improvement in case outcomes (Collins-Camargo & Millar, 2010). These early efforts provided a rationale for clinical supervision and some tools for supporting the approach, laying the groundwork for building an evidence base around workforce interventions that promote long-term retention and more sustainable child welfare practice.

GLIMMERS OF CHANGE 8.5

LEVERAGING DATA TO IMPROVE WORKFORCE OUTCOMES

In 2023, the US Children’s Bureau established the Quality Improvement Center for Workforce Analytics (QIC-WA) to enhance the capacity of public and tribal child welfare agencies to make better use of workforce data. Through the development of tools and strategies that increase the utility of such data, the QIC-WA supports agencies in tackling persistent workforce challenges. In 2024, six agencies—including tribal, county, and state jurisdictions—were selected to collaborate with QIC-WA in designing, implementing, and evaluating targeted strategies aimed at improving workforce outcomes. These partnerships are grounded in a shared commitment to data-informed decision-making and sustained workforce improvement. QIC-WA’s approach integrates a structured framework for selecting and implementing workforce strategies, using data analytics and visualization to guide each step of the process. By examining human resources data across the employee lifecycle—from

hiring and onboarding to retention and separation—agencies can identify root causes of workforce instability. These insights inform the development of tailored interventions, which are then tested in close collaboration with QIC-WA experts. Interactive dashboards and other data visualization tools are used to help agencies monitor implementation progress, assess effectiveness, and make real-time adjustments as needed.⁵

As part of its efforts to build workforce capacity and improve child welfare practice, in 2016 the US Children's Bureau launched the National Quality Improvement Center for Workforce Development in Child Welfare (QIC-WD, n.d.). The overall goal of the QIC-WD initiative (which was active from 2016 through 2023) was to strengthen workforces by partnering with public and tribal child welfare agencies at eight sites across the United States. Through cooperative agreements with universities and consulting partners, QIC-WD helped these jurisdictions design, implement, and rigorously evaluate innovative strategies aimed at stabilizing their workforces. By generating evidence on what interventions work to improve retention, QIC-WD sought to build a stronger foundation for sustainable child welfare practice.

In May 2019, the Nebraska Department of Health and Human Services Division of Children and Family Services, in partnership with the QIC-WD (Quality Improvement Center for Workforce Development, 2021), implemented a multi-phase workforce intervention designed to improve staff resiliency, job satisfaction, and coping skills. As part of this intervention, Nebraska agency staff participated in an adaptation of Resilience Alliance, a structured program designed to reduce burnout and turnover among child welfare professionals. Originally developed by the Children's Trauma Institute (a collaborative effort between the New York City Administration for Children's Services and New York University), the 24-week Resilience Alliance program targets secondary traumatic stress and associated burnout through a combination of cognitive-behavioral techniques, skill-building exercises, and peer support to promote resilience, optimism, and healthier workplace relationships. As reported in Orsi-Hunt and colleagues' (2023) evaluation study, the QIC-WD research team used a cluster randomized controlled trial to evaluate the program's effectiveness. Nebraska child welfare agency supervisors and workers were randomly assigned to either the Resilience Alliance treatment group or a control group that received no intervention. Following the

⁵ Quality Improvement Center for Workforce Analytics (2025). We are the Quality Improvement Center for Workforce Analytics. <https://www.qic-wa.org/about>

24-week intervention, treatment group members also participated in monthly peer support group sessions to reinforce learned skills and promote positive peer connections for workers and supervisors. While Orsi-Hunt et al.'s (2023) evaluation found no significant between-group differences in overall levels of secondary traumatic stress, resilience, or actual turnover, there were meaningful differences in self-reported intent to leave. Specifically, participants in the Resilience Alliance intervention group demonstrated significantly greater improvements across four measures of turnover intention—reporting lower levels of “thinking about quitting” and “intent to search” for other employment, and higher levels of “intent to stay” and lower “intent to leave” their current positions.

Findings from Orsi-Hunt et al.'s (2023) evaluation study suggest that while Resilience Alliance may not directly reduce trauma symptoms or turnover in the short term, the program may positively influence staff attitudes toward staying in their roles—an important precursor to long-term retention. The study highlights the potential of structured, trauma-informed interventions to address the psychological and emotional strain experienced by many members of the child welfare workforce (see Table 8.5 and Glimmers of Change 8.6).

Table 8.5 Critical debates: Emerging technologies in child welfare

Argument	Counterargument
Information technologies—such as artificial intelligence and machine learning—support child welfare workers by offering data-driven insights that enhance consistency and reduce human bias. When used responsibly, these valuable tools support informed decision-making across large and complex systems, allowing agencies to more quickly and accurately flag high-risk cases and allocate limited resources accordingly.	Algorithmic tools undermine the value of human expertise—particularly the nuanced judgment that child welfare workers develop through practice and relationships. These technologies obscure accountability, reinforce existing biases within datasets, and reduce workers to rule-followers rather than skilled professionals. Such tools should not be prioritized over human discretion.

GLIMMERS OF CHANGE 8.6

VIRTUAL REALITY AND ARTIFICIAL INTELLIGENCE: THE FUTURE OF CHILD WELFARE TRAINING

Child welfare practice demands complex, high-stakes decision-making—yet most training approaches lack opportunities for repeated, hands-on, structured skills practice. To address this challenge, researchers at the University of Utah’s College of Social Work, in partnership with the Therapeutic Games and Apps Lab and the Software Development and Systems Design Core, have developed the Virtual Social Work Trainer (VSWT) suite—a growing collection of immersive learning tools that use virtual reality and artificial intelligence to strengthen professional competencies in the field.⁶

Virtual Home Simulation, the first module in the VSWT suite, provides both fully immersive and desktop-based experiences to help child welfare trainees refine their ability to assess home environments. Users practice identifying risk and protective factors, evaluating scenarios from multiple perspectives, and building the cognitive frameworks needed to make sound safety decisions. The tool offers real-time, competency-based feedback and tracks performance over time, following a scaffolded learning model grounded in Deliberate Practice Theory. Another tool in the suite, Virtual Motivational Interviewing (VMI), uses artificial intelligence to support mastery of a key social work skill—motivational interviewing (MI). Rather than relying on pre-scripted interactions, the VMI chatbot delivers unlimited, realistic responses and offers tailored feedback that highlights specific areas for improvement. This targeted coaching approach goes beyond typical role-play training, which often lacks specific or constructive feedback. VMI enables users to repeatedly practice distinct components of MI, build skills at their own pace, and gain confidence in a safe, consistent, and relatively low-stakes learning environment.

As former frontline child welfare professionals themselves, the developers of the VSWT suite recognize the limitations of traditional training, particularly for overburdened agencies with limited capacity to support ongoing staff development. The developers’ goal is to create flexible, scalable learning solutions that empower child welfare workers

⁶ University of Utah (2025). About VSWT. Virtual Social Work Trainer, College of Social Work. <https://www.vswt.utah.edu/about-vswt/>

to build and refine their practice skills over time. By generating virtual environments suitable for core intervention rehearsal, VSWT modules provide learners with valuable avenues for developing key skills through repeated, realistic practice. These tools are now being piloted or used in jurisdictions and social work education programs across the United States, with plans underway to launch a service center that will support implementation, training, and impact evaluation nationwide.⁷

8.7 SUMMARY: CHALLENGES AND OPPORTUNITIES TO PROFESSIONALIZE CHILD WELFARE

Work in child welfare can be both rewarding and very difficult. Research indicates that individuals who remain in the field have a strong commitment to children and to human caring. Research also indicates the potential for growing self-efficacy among staff and fostering a positive work environment through improved educational preparation of the workforce, ongoing professional development, effective supervision, and other positive organizational culture factors. There are some well-known challenges associated with this work, and such challenges often demand moral compromises. Not all parties are immediately healed when they interact with child welfare, in spite of professionals' best intentions. Consistent with earlier findings (Chapman et al., 2003) that many caregivers viewed their child welfare professional positively but were less satisfied with the services they received, a new analysis of NSCAW III data shows that while mothers generally feel heard and understood by child welfare staff, they also report being poorly or inadequately served overall (Barth & Xu, 2025).

Child welfare work is driven by fundamental moral and humanitarian imperatives. The harms that accrue to maltreated children are too great to ignore, compelling many professionals to enter—and remain in—the field despite its challenges. Reflecting this deep sense of purpose, child welfare professionals in one study described their work using terms such as “important,” “noble,” “an honor,” and “a privilege” (Russ et al., 2020). This sense of mission must be nurtured and protected to sustain a workforce capable of meeting the profound responsibilities entrusted to it. Policymakers, agency leaders, advocates, and researchers each play a vital role in creating the conditions that enable child welfare professionals to live out the values that first called them to the field.

⁷ Mortensen, M. (2024, November 5). Using AI to train future social workers. University of Utah Communications. <https://attheu.utah.edu/artificial-intelligence/using-ai-to-train-future-social-workers/>

9. Looking ahead: Toward a smaller, smarter, stronger child welfare system

Child welfare in the USA and many other countries involves large, complex, intersecting service systems, and its design is shaped by competing social values that can shift over time. Throughout this volume, we have attempted to uncover some of the fundamental ideas that lie at the heart of this complexity to better understand the field. Our perspective has been US focused and has been centered on the operations of the child welfare services (CWS) agency, which has the unique responsibility to protect the safety of children. We recognize that our international readers may live in areas with agencies that operate differently or, in some cases, may be in the early stages of development. We hope that the ideas presented here will inspire innovative ways to serve families at risk for maltreatment as well as abused and neglected children. In this chapter, we set aside some of the prevailing complexities to articulate evidence-informed, actionable directions for transforming CWS to more effectively support and protect children and families.

We see enormous progress in CWS over the last 50 years and significant capacity for continued transformation. The first step toward a reformed CWS agency is to ensure a web of preventive approaches are in place—very likely sitting outside of the formal CWS agency—to help support families and address children’s vulnerabilities. We envision CWS as an essential beneficiary and partner with a robust, coordinated children’s services system, comprising education, health, housing, intimate partner violence (IPV), behavioral health, and early childhood programs, that has the capacity to significantly reduce the need for CWS involvement. We highlight some of these suggestions here and encourage the reader to look to the experts noted for greater detail.

First, enhanced efforts to address family poverty offer significant potential to reduce the risk of maltreatment and improve child and family well-being. Other preventive services would also likely reduce the need for later child welfare involvement, such as reliable and accessible health care, including reproductive care; greater access to positive parenting strategies; accessible, quality childcare; and more avenues for social support for young families. A robust safety net offers the potential to reduce the demand for a response from

the formal CWS agency while simultaneously promoting greater equity by addressing the structural conditions—such as poverty, structural inequalities, and service deserts—that often precede and follow CWS involvement. A more focused CWS, limited to cases of acute risk and safety, would be better equipped to deliver specialized, trauma-informed, and culturally attuned interventions. This vision aligns with calls across disciplines to reorient social service programs away from punitive reactive responses and toward relational, community-centered support. Crucially, this vision fundamentally includes the lived experiences and voices of those most affected—children, parents, kin, and caregivers—particularly from historically marginalized communities. In this chapter, we examine key leverage points for reform within the current architecture of CWS, identifying evidence-informed strategies that hold promise for cultivating a more just, responsive, and interdisciplinary approach to child and family well-being. We are among many who would celebrate the achievement of a smaller, better staffed, and more focused CWS.

9.1 SOME BASIC PRINCIPLES

We began this discussion of child welfare transformation—perhaps too grand a term, but one that signals our agreement that significant change is needed—with some undergirding principles that, we hope, are uncontroversial and can be widely embraced.

- Adults should have the opportunity and the capacity to decide whether to have a family, and the size of that family, and should have access to reproductive care that facilitates their decision-making about timing and supports healthy pregnancies.
- Parents require, at a minimum, the resources necessary to keep their children safely housed, nourished, clothed, and adequately supervised. When parents are unwilling or unable to use available resources to meet these basic needs, service providers may need to be involved to ensure the child's safety and well-being.
- All children should be afforded the opportunity for a healthy start in life—one that acknowledges the inevitability of some risks and challenges, yet remains free from preventable developmental harm, injury, and suffering within the capacity of their primary caregivers to mitigate.
- Parents should have access to information and supportive parenting resources without requiring a problem before accessing help. Parents who have had great difficulty in parenting one child may become more successful with other children, but if prior parenting experience included child

maltreatment there should be greater support and vigilance as they resume parenting.

- Children with special health, developmental, or educational needs should have access to services that support their ability to experience a typical childhood. When such services are refused and harm results, referral to child protective services may be necessary to develop an appropriate intervention plan and mitigate long-term consequences.
- Social support is important for parents, and some parents lack friends and families to help. Parents who struggle with problems that compromise their parenting (e.g., addictions, family violence, mental health, etc.) should have access to non-punitive, evidence-based services that help them overcome their challenges. When parents decline supportive services and their ability to provide safe care is significantly impaired—placing children at risk of serious harm—CWS involvement may become necessary to ensure child safety.
- Relational health—the capacity to form safe, stable, and nurturing relationships—promotes child development and protects against trauma and instability. Children thrive when connected to consistent, emotionally responsive, and trustworthy adult caregivers. When separation from parents is necessary for safety, placement decisions should prioritize continuity, connection, and care. Placing children with kin or familiar adults strengthens relational bonds and supports developmental stability.
- When reunification is not possible, securing timely and legally permanent relationships with kin, guardians, or adoptive families significantly increases the likelihood that children will not only recover from adversity but will thrive across multiple domains of well-being.

How we achieve these goals and set boundaries around concepts like safety, permanency, and well-being is a large endeavor, though we believe it is attainable. Given the diverse views that surround a concept such as parenting and noting the importance of assuring family privacy to the greatest extent possible, we believe that CWS will gain more favor with the public if voluntary opportunities for prevention are broad and plentiful, and mandatory requirements for intervention are narrow and limited.

In that light, we also support a public health approach to child welfare reform that offers a range of primary and secondary prevention opportunities to families, thus reducing the need for a tertiary response program such as CWS (see Figure 9.1).

Tier 1: Universal prevention	Population-wide supports to promote wellbeing and prevent maltreatment: • Paid family leave • Child tax credits • Universal home visiting • High-quality early childhood education	 Increasing risk and intensity of intervention
Tier 2: Targeted (secondary) prevention	Supports families at elevated risk but not involved yet with child welfare services: • Parent Support Outreach (PSO) programs • Housing assistance • Mental health referrals • Concrete and economic supports (e.g., universal basic income; guaranteed income)	
Tier 3: Indicated (tertiary) prevention	Interventions for families with substantiated maltreatment or open CWS cases: • Family preservation services • Foster care placement • Reunification services • Trauma-informed therapeutic interventions	

Figure 9.1 Three-tiered prevention framework for child welfare

9.2 OPPORTUNITIES FOR TRANSFORMATION

With these basic assumptions in mind, we offer some key opportunities for transformation of CWS, selected because we believe they uphold the rights of all children to be healthy, safe, and nurtured, while supporting families with practices based on good science. These proposals are neither utopian nor beyond reach—for example, we do not rely on the wholesale elimination of poverty. Though a laudable goal, the USA, at least, is far from willing to prioritize that objective. We do believe that we could, eventually, abolish child maltreatment but even that is too utopian for this volume. Rather, these proposals represent practical and evidence-informed strategies. Some offer the workforce added benefits of new tools to reduce child welfare professional frustration and enhance effectiveness. Above all, our focus is on advancing actionable ideas that strengthen child protection and ensure children involved

with child welfare receive the specialized, coordinated supports that their unique circumstances require.

9.3 ADDRESSING THE INTERSECTION OF POVERTY AND CHILD WELFARE

The relationship between poverty and risk of maltreatment is well established in the USA (Drake et al., 2022b) and has been found in international studies as well (Gong & Chen, 2025). This is not the same, however, as saying that poverty is maltreatment or that poverty is the sole cause of maltreatment. This has been a point of confusion in the USA, where there has been an oft expressed concern that families may come to the attention of child welfare merely because they are poor. Families who are financially unable to provide for a child should not be referred to CWS in the absence of other concerns indicating maltreatment. Recent US legislative efforts—such as the proposed Preventing Child Welfare Entry Caused by Poverty Act (HR 8813)—seek to clarify this distinction. The bill includes two key provisions: (1) expanded access to short-term, crisis-based supports (e.g., housing, utilities, transportation, food) to help stabilize families during acute hardships, and (2) guidance for states to ensure that poverty alone cannot justify foster care placement. While promising, we believe the proposed law could go further. By refining and standardizing definitions of neglect and expanding targeted economic supports, we can more clearly differentiate poverty from maltreatment—making child welfare responses more equitable and effective, and less likely to result in unnecessary family separations. There are recent microsimulation data which suggest that even relatively modest increments in income, brought about by expanding the earned income tax credit, nutrition assistance programs, or the minimum wage, could reduce maltreatment by up to 20 percent (Pac et al., 2023). Innovative pilots testing universal guaranteed income also hold promise (West & Castro, 2023) (see Glimmers of Change 9.1). Such efforts may well be powerful means of primary prevention among families before other concerns set in.

GLIMMERS OF CHANGE 9.1

CASH WITH DIGNITY: GUARANTEED INCOME GAINS GROUND AS STATES REWRITE THE RULES ON POVERTY

Guaranteed income refers to the provision of recurring, unconditional cash payments—typically targeted toward low-income individuals or families—to improve economic stability and well-being. Unlike

traditional welfare programs that often have strict eligibility criteria and spending restrictions, guaranteed income usually allows recipients to use funds however they see fit. Backed by rigorous research, this approach has been piloted in nearly 200 US cities. A growing body of evidence from these pilots underscores the multifaceted benefits of guaranteed income. Studies show no decrease in employment among recipients; in fact, most pilots reported increased rates of full-time employment, providing empirical evidence that contradicts opponents' most common criticism. Studies also document increased financial stability, improved food and housing security, reduced stress, and better mental health among recipients. Notably, parents in guaranteed income programs reported spending more quality time with their children, improved home environments, and better child outcomes—including fewer school absences and enhanced academic performance. These findings are reshaping narratives around poverty and policy by demonstrating how direct cash support can unlock opportunity and foster resilience.¹

Building on this momentum, the Legislators for a Guaranteed Income initiative has brought together state lawmakers from 17 states to advance guaranteed income legislation. As of April 2025, at least 25 bills have been introduced across 11 states. For example, California state lawmakers introduced a bill to provide recurring cash payments to homeless high school students transitioning to adulthood. And Tennessee state lawmakers are considering legislation that would establish a guaranteed income program to provide eligible residents with \$3,000 per year. At a time when key federal aid programs are being cut or dismantled altogether, these state-level efforts reflect a decisive shift—one in which local and state leaders are stepping up to try to help families with pressing individual needs via monthly cash grants.² Yet, to date, there is no compelling evidence that this approach reduces child maltreatment or involvement with CWS.

¹ Mayors for a Guaranteed Income (2025, May 13). Twenty guaranteed income studies show increased employment, better financial stability and other key benefits. PR Newswire. <https://www.prnewswire.com/news-releases/twenty-guaranteed-income-studies-show-increased-employment-better-financial-stability-and-other-key-benefits-302454219.html>

² Mayors for a Guaranteed Income (2025, April 29). Two dozen state legislators join national guaranteed income coalition. PR Newswire. <https://www.prnewswire.com/news-releases/two-dozen-state-legislators-join-national-guaranteed-income-coalition-302440688.html>

Other initiatives have emerged variously named—“flex funding,” “concrete resources,” or “poverty awareness funds”—all aiming to provide families with financial support to address immediate needs. These funds are typically used to cover essential items like diapers, utility bills, transportation, or emergency housing repairs, with the goal of stabilizing families and preventing deeper child welfare involvement. A 2023 report from Chapin Hall identifies economic and concrete supports as an evidence-based strategy for child welfare prevention, emphasizing their role in reducing stress, improving family functioning, and decreasing the likelihood of CWS involvement (Monahan et al., 2023). Although we see little direct evidence, yet, to determine the extent to which concrete services will prevent child maltreatment or improve CWS outcomes, we are believers in the value of accelerating the efforts to test this approach.

There are multiple opportunities to offer families concrete and financial supports either before, during, or after child welfare involvement. Table 9.1 indicates some responses which may reduce the size of CWS, by diverting families from the front-door of CWS or securing families’ sustained termination from CWS.

Table 9.1 Examples of opportunity points in CWS involvement to address poverty with concrete services

CWS involvement stage	Opportunity points
Diversion from CWS	• Outreach or response to children identified as “at risk” by parents or community organizations • Follow-up services for families screened out at hotline
Complementary to lower levels of engagement	• Follow-up offered to all families reported for child maltreatment under investigation • Alternative/differential response (non-court ordered) • Follow-up after a closed investigation classified as unsubstantiated or unfounded
Integrated into services for open CWS cases	• Support during open in-home-services cases • Rapid reunification to the home of a parent (beginning with trial home visits) • Post-reunification access to financial supports

Descriptions of programs that integrate both relational and material supports appear throughout the literature and across various online sources, yet rigorous evaluations are limited. One exception is Minnesota's Parent Support Outreach (PSO) program, which operates as a secondary prevention strategy within a public health framework. Designed to engage families identified as at risk—but not yet involved in maltreatment—the program aims to prevent escalation into formal child welfare involvement. PSO provides voluntary, strengths-based services that include financial assistance, mental health referrals, parenting support, and other concrete resources. Evaluation findings suggest that participation in PSO is associated with a significant reduction in future child welfare contact, highlighting its promise as a tier-two intervention that bridges early identification with targeted support (Millett, 2019).

There are many questions that remain with respect to the implementation of poverty-reduction strategies into conventional child welfare practice (see *Glimmers of Change* 9.2). But now is the time for bold innovation and rigorous testing. The urgent, sustained call to improve how we respond to poverty, to child maltreatment, and—critically—to their intersection demands action that is both evidence-informed and equity-driven. Meaningful progress will require a broad array of reforms that align policies, funding streams, and service delivery across children's services sectors to create a more integrated, preventive, and just approach to supporting families.

GLIMMERS OF CHANGE 9.2

NO STRINGS, JUST SUPPORT: NEW YORK OFFERS \$1,800 CASH BENEFIT FOR LOW-INCOME FAMILIES WELCOMING A NEW BABY

In the United States, welcoming a new baby can come with staggering costs—which can be especially challenging for low-income families. With no national paid maternity or paternity leave policies, soaring child care expenses, and the rising cost of basic newborn supplies, many parents find themselves contemplating difficult trade-offs within days of giving birth: *Should I pay rent or buy a crib? Skip a utility bill or purchase a breast pump? Return to work early despite health risks or fall further behind financially?* In a country where new parents are too often left to navigate broken systems alone, the financial pressure can be overwhelming. For some, a single setback—a lost paycheck, a flat tire, a missed rent payment—can jeopardize their ability to provide. Recognizing these challenges, the state of New York has taken a bold step with the introduction of the Birth Allowance for Beginning Year (BABY) Benefit, a one-time, no-strings-attached \$1,800 payment to

support low-income families when they have a new baby. Designed to offer immediate, flexible relief, the BABY Benefit can be used for whatever families need most—cribs, diapers, rent, postpartum recovery, or simply time to breathe. There are no receipts required, no hoops to jump through—just cash in hand at a critical moment. This benefit will be available to new parents who reside in New York and are enrolled in one or more public assistance programs.

The BABY Benefit is part of New York’s broader family-focused budget for the 2026 fiscal year, which also includes a \$2.2 billion expansion of child care access, \$110 million in capital grants to build or renovate facilities in child care deserts, and a new partnership to distribute free diapers and postpartum supplies.³

9.4 IMPROVING THE PROCESS FROM REPORT TO INVESTIGATION

Assuming states were to implement robust strategies to address family poverty, and there were greater availability of primary and secondary prevention efforts, many fewer children would come to the attention of child welfare. Some children, of course, would still experience harm from parents and other caregivers. We believe that children benefit when communities offer a mechanism to signal children who may be in danger (Garcia et al., 2024a). As noted in Chapter 2, however, there are widely held concerns about child maltreatment reporting that over- or under-responds to children’s actual needs. As states make efforts to standardize definitions of maltreatment—with particular focus on child neglect—mandated reporters need regular training to ensure appropriate referrals and research is needed to assess the efficacy of such training.

Second, the methods by which reports are screened in or out vary radically across states and sometimes across regions within states. Research on the screening process remains limited. Existing studies suggest that families whose reports are screened out often exhibit service needs like those whose reports are accepted for further investigation (Simon et al., 2022). The landscape is further complicated by states that employ dual response programs, which include an “alternative response” track for certain cases so that not all

³ New York State (2025, May 9). *Governor Hochul signs new legislation supporting New York’s kids and expanding access to affordable child care as part of FY 2026 budget* [Press release]. Governor Kathy Hochul. <https://www.governor.ny.gov/news/governor-hochul-signs-new-legislation-supporting-new-yorks-kids-and-expanding-access>

cases must, at least initially, go through the same formal court proceedings. We desperately need rigorous evaluations of diversion approaches, as well as information regarding screened-out calls, to select the most effective response and to better understand family needs.

Only those calls that are both accepted and assigned to a full investigation go on to receive other designations like substantiation, which the federal government equates to denoting victimization. In our view, too much focus is placed on the substantiation decision (Simon et al., 2022). Substantiation is not a measure of case severity; deaths which cannot be clearly shown to be related to maltreatment are not substantiated because sufficient evidence is not available (Drake, 1996b). It is not even a good marker of future services involvement. We propose replacing substantiation with two more practice-relevant and actionable metrics:

- **Service Need Indicator:** Does the family require services to ensure child safety?
- **Legal Threshold Indicator:** Is the case serious enough to warrant potential family court intervention?

These real-world measures would offer a clearer, more functional framework for decision-making than the existing substantiation label, which can be both misleading and of limited utility in practice.

We acknowledge that some metric may be needed to classify parental behavior that poses a future risk to non-family members (e.g., in the case of future employment in childcare). As we have argued previously, however, we do not believe that a term that validates a past event is sufficient to delineate who poses a longer-term future risk to children (Drake & Jonson-Reid, 2000). We propose that a separate designation be created for that purpose. This designation should consider the full facts of a case and the nature of parental behavior. This would help protect the employment prospects of some parents whose allegation of child maltreatment was many years earlier and under substantially more adverse circumstances. This is consistent with broader efforts to provide administrative review of criminal justice and child abuse histories rather than have automatic denial of hiring opportunities.

9.5 LINKING COMMUNITY-BASED SERVICES TO CWS

While many scholars and advocates have called for a stronger emphasis on a preventive public health approach to child maltreatment (e.g., Rasch et al., 2025), current children's services agencies in the United States, Canada, and

the United Kingdom remain under-resourced to implement prevention at scale. Children remain politically oppressed (Barth & Olsen, 2020). As a result, these countries primarily rely on secondary prevention strategies, offering support only after maltreatment has already occurred. Nevertheless, there are many opportunities for improvement, including better collaboration with service providers offering a range of concrete and relationship-based supports to families in need. Scandinavian countries offer a range of broadly based child and family services that are universally accessible and non-stigmatized. These include preventive programs such as home visiting, parental leave, subsidized childcare, and income supports, all designed to strengthen families before crises emerge (Pedersen & Kuhnle, 2017).

We are hopeful that a greater emphasis on prevention services could reduce the need for involvement with CWS. We have, however, little convincing data. For example, a community-based model called Parent or Community Cafes has gained popularity in the USA and other countries to engage parents in positive parenting to prevent adverse childhood experiences, but the evaluative information remains descriptive (Dafilou et al., 2024; Robinson et al., 2023). Many of the most fabled programs (e.g., Nurse Family Partnership) have not worked with the highest-risk families (choosing to work with young mothers already enrolled in prenatal care, instead). And some programs that have focused more on imminent risk mothers and newborns (e.g., Healthy Families America) have not had consistent results. There are, however, studies indicating that even families with young children already involved with child welfare are willing to engage in such early childhood services (Stahlschmidt et al., 2018).

There may also be benefits to child development separate from preventing contact with child welfare. Perhaps better integration of financial assistance and parenting support via home visiting would yield more impressive results. Such an effort is being piloted in Baltimore. Families engaged in Healthy Families America are given \$500 a month in housing supports while actively using services. Findings are forthcoming (Wilson et al., 2025).

9.6 INTEGRATED SERVICES TO ADDRESS COMPLEX FAMILY NEEDS

While access to community-based prevention and poverty alleviation services may reduce the likelihood of child maltreatment, it is unlikely to prevent the need for other services for many families already engaged in CWS. Many studies suggest the complex risks children face, even among those with unsubstantiated reports (see discussion in Barth et al., 2022). Families with deeper involvement with CWS often face compounded challenges, including substance use, IPV, serious mental health conditions, and life circumstances

that deprioritize parenting (Casanueva et al., 2008; Hearn, 2011; Herd et al., 2022; Wilson & Horner, 2005). These families often require significant services. Providing concrete support along with customized services as part of a comprehensive, family-centered case plan recognizes and builds on families' strengths, reduces stress, and enhances parents' capacity to care safely and sustainably for their children (Monahan et al., 2023).

Accessing services in some neighborhoods may be difficult, however. Research in the USA and internationally indicates that low-income neighborhoods often suffer from a paucity of services that families need (McCroskey et al., 2012; Webb et al., 2024). Improving the availability of community-based services in low-income and rural communities is outside the purview of child welfare but can be expected to benefit the success of CWS case plans.

Other existing agencies could play a more integrated and collaborative role alongside CWS in supporting families, particularly through shared infrastructure and coordinated service delivery. Promising partners include organizations operating warm lines like 211, income maintenance programs such as TANF (income assistance), housing assistance agencies, public health departments, early childhood programs like the federal Women's Infants and Children's Program (WIC) and Head Start, and community mental health providers. Integrating these programs with child welfare—through cross-agency collaboration, data-sharing agreements, and streamlined referral pathways—can ensure families receive timely, holistic, and preventive support as well as appropriate intervention for those who become CWS-involved.

We know that most CWS clients are also engaged with other public services, yet we do not bridge these efforts well. One issue with services integration is the lack of data sharing infrastructure that would facilitate case management across child serving agencies (Jonson-Reid et al., 2023). Many solutions have been posited for multi-system involvement; these often suffer, however, from barriers to communication as well as separate eligibility processes. This decreases service efficiency and compromises the ability to assess CWS. Even in cases where services are specifically designed to support youth or families engaged in care, information sharing creates barriers for both child welfare case managers and community providers (e.g., Greiner et al., 2019).

We envision an evolution toward better support for the infrastructure that would allow for improved case management and a greater ability to track outcomes. Allegheny County, Pennsylvania, has become a national leader in this work through its use of the Data Warehouse, a comprehensive integrated data system that links records across child welfare, housing, mental health, juvenile justice, and public benefits. This infrastructure enables early identification of at-risk families, supports coordinated service planning, and informs predictive risk modeling to guide decision-making (Vaithianathan et al., 2013). This and other models demonstrate the transformative potential of system integration

for building a more responsive, informed, and family-centered child welfare agency.

9.7 RESEARCH TO INFORM SERVICES THAT WORK

Most families served by child welfare in the USA and other countries suffer from serious family difficulties that may include interpersonal/intimate partner violence (IPV), mental health, substance abuse, and/or housing instability (Skinner et al., 2021).

In the USA and Canada, at least, the portion of child abuse reports made in response to IPV calls by police has grown substantially for decades (Black et al., 2024). Similarly, substance abuse is noted as a significant risk factor among parents reported to child welfare, particularly for very young children (Children's Bureau, 2021a). Chronic mental health problems are also associated with deeper child welfare involvement (Hollingsworth, 2004), and parents suffering from comorbid mental illness and substance abuse are more likely to see their child placed in out-of-home care than parents suffering only one of these conditions (Roscoe et al., 2018). And although homelessness is not an indicator of child maltreatment, the problems associated with housing instability or homelessness can strain parenting capacities. One study from New York showed that among families using homeless shelters, nearly one-quarter experienced out-of-home care within five years (Koegel et al., 1995).

9.7.1 Spotlight on IPV

Some efforts are emerging to reduce maltreatment reporting relating to IPV unless child safety is seriously compromised (Harden & Berger, 2025). In 2024, the US Children's Bureau urged child welfare agencies to avoid automatic reporting of IPV as child abuse. The guidance emphasizes the importance of supporting the safety and stability of the non-offending caregiver and children.

Innovative partnerships between child welfare agencies and IPV service providers are one way to reduce unnecessary case openings, avoid foster care, and improve family safety. These collaborations involve co-developing safety plans that prioritize keeping children with the non-offending parent with wraparound services such as housing, legal aid, and trauma counseling. These efforts are currently under development and merit research on their effectiveness.

Key to an appropriate safety assessment is an understanding of the factors that predict a lethal (or near lethal) attack on women or children. Although no tool can guarantee perfect predictive validity, the Lethality Assessment Program (LAP) has proven its effectiveness in reducing intimate partner

homicide risk (Messing et al., 2024). In Oklahoma, LAP implementation included cross-training between IPV advocates and child welfare professionals, and in Connecticut, LAP data have been used to inform family team meetings and safety planning for children. Other approaches such as Warriors to Soul Mate, developed by the US Department of Veterans Affairs (Mobley, 2020), offer support to veterans who have both experienced and used violence; the program specifically targets emotional connection and communication to support nonviolent responses to family difficulties. These programs and others need further evaluation to ensure children's ongoing safety, as well as their appropriateness for diverse communities.

9.7.2 Spotlight on Mental Health

Various studies suggest that parents experiencing compromised mental health are at increased risk of child welfare involvement (Westad & McConnell, 2012). But the reasons children come to the attention of child welfare are typically because of parental behaviors that put children's safety at risk, rather than parents' mental health concerns, *per se* (Roscoe et al., 2021). To respond to a range of mental health problems, several programs have been identified by the Title IV-E Prevention Services Clearinghouse as "well supported" by research evidence. Brief Strategic Family Therapy, Functional Family Therapy, and Multisystemic Therapy are but a few in a long list of programs that are supported with federal financial assistance. In general, most of these programs improve parenting practices and family functioning; fewer programs have demonstrated effects on child welfare involvement. States also face considerable financial, bureaucratic, and workforce barriers in making these and other evidence-based programs widely available to families in need.

9.7.3 Spotlight on Substance Abuse

In addition to the rapidly growing list of evidence-based programs available to address parental mental health, six programs to address parental substance abuse have also been identified by the Clearinghouse as well supported. These include Brief Strategic Family Therapy, Familias Unidas, Guiding Good Choices, Motivational Interviewing, Multisystemic Therapy, and Strong African American Families. We encourage further study of these and other programs and the deployment of these opportunities in urban and rural communities where they can benefit families.

Because most children entering out-of-home care are infants whose parents struggle with addiction, we also recommend further research on co-residential substance abuse treatment for mothers with children. These programs are widely used throughout Western Europe and allow mothers to address their

sobriety while they parent their young child. Studies to assess the type, duration, intensity, and outcomes of these programs are warranted.

9.7.4 Spotlight on Housing

Although housing instability is not classified as child maltreatment, it is a significant risk factor. Stable, affordable housing can prevent maltreatment and may reduce child welfare involvement (Chandler et al., 2022), though findings associated with current housing support programs are mixed (Lery et al., 2024). Strengthening collaboration between CWS and housing agencies and initiatives may help prevent removals and support timely, stable reunification (Chambers et al., 2023) (see *Glimmers of Change* 9.3).

GLIMMERS OF CHANGE 9.3

BREAKING THE CYCLE: FLORIDA NONPROFIT STOPS FOSTER CARE BEFORE IT STARTS

In Polk County, Florida, a new prevention-focused model is taking root—one that aims to keep families together by addressing hardship before it leads to child removal. Better Together, a local nonprofit organization, is investing in early supports such as housing assistance, mental health counseling, and emergency financial aid for families showing signs of distress. The goal is to intervene upstream, reducing the likelihood that poverty, temporary crises, or untreated mental health needs will result in foster care placements. As part of this effort, volunteer host families temporarily care for children for up to 90 days while nonprofit agency staff help parents regain stability. During this time, parents receive assistance in securing housing, employment, and access to treatment services while children receive a safe and caring home on a temporary basis. Hosts are not foster families and rather serve as a short-term support system for families navigating emergencies like homelessness or medical emergencies.⁴

This approach reflects a broader shift in child welfare—recognizing that many cases of child neglect are rooted in poverty and that community-based, non-punitive support can strengthen families. Early results in Polk County suggest that this prevention-oriented model may reduce

⁴ Petit, R. (2025, May 13). Nonprofit working to prevent children from ending up in foster care in Polk County. WFTS ABC Action News. <https://www.actionnews.com/news/region-polk/nonprofit-working-to-prevent-children-from-ending-up-in-foster-care-in-polk-county>

the need for foster care while preserving family bonds and promoting long-term stability.

Table 9.2 State-level CWS-responsive housing initiatives

State	Initiative focus
California	THP-Plus and Youth Jobs Corps offer housing and wraparound support to former foster youth, reducing homelessness (John Burton Advocates for Youth, 2021). Full-Service Community Schools integrate housing support, legal aid, health care, and family engagement services, helping families facing eviction access legal services, while also connecting them to emergency housing funds and case management (Castrechini & London, 2012; Oakland Unified School District, 2021).
Colorado	The Kinship Foster Care Bill provides certification for kinship foster homes facing temporary housing barriers.
Florida	The Housing Assistance Waiver Program waives fees for housing developments offering behavioral health, addiction, or IPV support services.
Illinois	Housing is Recovery offers rental subsidies to prevent institutionalization for families with serious mental health or substance use challenges.
Iowa	The Transitional Housing Revolving Loan Program prioritizes reunification-focused housing projects.
Maryland	The STEP Program provides legal aid, rent relief (including back rent, deposits, and fees), and eviction prevention through landlord-focused support. Mediation services and housing counselors further support stability and resolution of landlord–tenant conflicts.
Missouri	The Temporary Alternative Placement Agreement is used for children with kin caregivers during short-term parental absence, so that housing is not a barrier to children staying with kin.
Nevada	The Affordable Housing Trust Fund prioritizes housing for formerly incarcerated women and survivors of IPV.
Oregon	The Long-Term Rental Assistance Program for Youth provides long-term rental assistance for youth at risk of homelessness, including those aging out of foster care.
Washington	The Child Welfare Housing Assistance Program prevents unnecessary foster care placements and expedites family reunifications by providing comprehensive housing support to eligible families.
Wisconsin	The Family Keys Program provides flexible funding for communities to co-design programs and supports tailored to the needs of families experiencing housing instability.

Various states have pursued housing policies that address the root causes of family instability (see Table 9.2), and emerging research suggests the promise of housing supports as a child welfare intervention (Chandler et al., 2022).

9.8 STRENGTHENING TRAUMA-INFORMED CARE

A discussion of effective services for families would be incomplete without mentioning recent efforts by child welfare agencies to mitigate the impact of trauma exposure on children, even though we clearly need additional research on whether trauma-informed services make a difference. A recent meta-analysis of 15 trauma-informed care (TIC) interventions by Zhang and colleagues (2021) offers valuable insights. The findings indicate that TIC interventions have a statistically moderate effect on reducing symptoms of PTSD, behavioral problems, and other indicators of psychopathology. However, only two interventions—the Massachusetts Child Trauma Project and a trauma-responsive child welfare training program—showed potential impact on child welfare system outcomes such as child safety, permanency, and rates of foster care re-entry. Results further revealed that male, minority, and younger children benefited more than their respective counterparts. These findings underscore that while CWS may serve as a gateway to services for those who otherwise may not receive specialty services, more research is needed to assess the long-term impact on child welfare indicators (and other indicators of psychopathology). Indeed, the meta-analysis showed that most of the 15 TIC interventions were evaluated with less than one year of implementation. Thus, it is safe to say that, currently, we do not know the sustained, long-term effects of TICs.

In all the above examples of service needs for children and families, we are mindful of the complexity that many cases present. Moreover, the racial and ethnic diversity of families served by child welfare requires system responses that are effective as well as culturally responsive. The data on service effectiveness is still in its infancy and child welfare professionals have too few evidence-based service options available to help them support families. As we endeavor to implement transformative opportunities, we must develop the evidence to support positive outcomes for all family types and diverse communities. Rigorous and ongoing evaluation is needed to ensure children, parents, teens, and former foster youth from diverse backgrounds benefit from services and gain (or regain) trust in child welfare.

9.9 DATA-DRIVEN DECISION-MAKING

Data collection in most child welfare organizations focuses on basic reporting of case processing rather than on data to assess outcomes and feedback into program improvement. For example, given how reliant child welfare is

on other systems to provide the services families need, it is hard to imagine effective evaluation that does not include data on referrals, family engagement, and quality of available community services (Jonson-Reid & Chiang, 2019), but these data are rarely collected. Despite repeated calls for integrated data systems (e.g., Jonson-Reid & Drake, 2016; Jonson-Reid et al., 2023), few such archives exist (e.g., see Children's Data Network, <https://datanetwork.org/> as an example). Given the relatively low technology cost, it seems evident that the barriers remain specific to confidentiality and the lack of funding to create interoperability with existing state and regional systems. One example that has gained traction in a number of states is Birth Match (Shaw et al., 2013), which involves matching birth records with, at a minimum, child welfare data on former termination of parental rights and/or very severe or fatal child maltreatment cases. The purpose is to flag births to families that may pose high risk and to deploy preventive services to keep infants safe. While Birth Match has been in place for some time, little research is available on outcomes (Gibbs et al., 2025b).

In other cases, data are used to improve decision-making regarding risk for children initially referred for concerns about maltreatment. Accurately assessing which children are truly harmed or at risk of harm is still an underdeveloped area of child welfare practice. In some regions in the USA, predictive risk modeling (PRM) is used to comb through several sources of administrative data (e.g., hospital, birth, criminal justice, and existing CWS data) that may not be readily accessible or adequately synthesized to help inform case decision-making (Cuccaro-Alamin et al., 2017). While concerns about potential bias in using such approaches have been widely raised (Keddell, 2015), scholars have argued that these methods can be employed ethically when guided by appropriate safeguards and critical oversight (Drake et al., 2020; Gibbs et al., 2025b). Best practice guidelines can only be assured with careful and ongoing evaluation and research. For example, some research indicates PRM is effective in reducing negative outcomes like Emergency Department use (Gibbs et al., 2025b). Initial evidence is very promising, but more research is needed on the implementation and subsequent outcomes related to employing PRM to improve case decision-making.

Possessing data and using it effectively to implement best practices and policies are not the same. This distinction applies not only to the still-emerging use of PRM, but also to any effort to use data in shaping decisions and informing policy. All studies and data systems have flaws and gaps. Appropriate use of data requires a thorough assessment of both the limitations and strengths of a given dataset. Once these are understood, the data should be applied only to analyses that are supported by the sample and available variables. This decreases the likelihood that mistaken inferences will occur based on lack of understanding of the data. In addition, when gaps or flaws exist in data that

are regularly and continuously collected (such as reporting and service data in child welfare), time and funds should be available to address these gaps.

9.10 RENEWING THE SERVICE ARRAY FOR YOUTH IN OUT-OF-HOME CARE

The concept of wraparound or “one-stop” centers for health and behavioral health care is not new. Attention to this model intensified for youth in foster care after the 2008 Fostering Connections to Success and Increasing Adoptions Act passed, which required states to implement a “medical home” model for children in foster care, ensuring access to quality health services. While models for integrated care for this population have been described in the research literature (Greiner & Beal, 2018), little work has been done to understand the implementation process and impacts on youth involvement or outcomes (e.g., placement stability and permanency). One exception was a study testing for sexually transmitted infections in a medical home for foster youth (Kennedy et al., 2022a) that showed promise in longer term cost savings. However, much more evidence is needed to understand the effects of the varied models in existence. Further, models are still underdeveloped for youth leaving foster care (Smith et al., 2025). Other approaches have been developed to improve educational outcomes for foster youth, such as educational liaisons in schools. Like medical homes, there is little rigorous research to understand outcomes of these models (Sabourin et al., 2024). Increasing attention has also been given to understanding the experiences of youth transitioning from foster care. Recent innovations in US child welfare policy reflect a shift toward developmentally appropriate, youth-centered approaches for this population. Chief among these is extended foster care, which allows youth to remain in care until age 21; outcomes in education, employment, and housing stability are generally positive (Courtney et al., 2011; Dworsky & Courtney, 2009). While these gains are important, a significant gap remains: the opportunity to use this extended time to help youth identify and cultivate enduring relationships with caring adults, thereby establishing relational permanence. Relational models have gained increasing prominence in child welfare, highlighting the enduring importance of stable, supportive adult connections. Programs like CARE (Caring Adults ‘R’ Everywhere; Greeson, 2019) are designed to promote relational permanence by identifying and strengthening relationships with adults already known to the youth—such as extended family members, former caregivers, teachers, coaches, and family friends. Through intentional engagement and guided support, CARE may help youth deepen these existing bonds, build sustainable support networks, and cultivate the social capital essential for resilience and stability (Greeson, 2013; Greeson & Thompson, 2017). Further research is needed to assess outcomes associated with the model.

In parallel, youth voice and agency have become central to the design of youth-focused services. The Youth Thrive framework, developed by the Center for the Study of Social Policy, promotes protective and promotive factors—such as resilience, social connections, and cognitive and social-emotional competence—through youth-centered practices and policy reforms that support healthy development and well-being. Complementing this, the nonprofit organization Think of Us designs and deploys digital tools and systems-level interventions that empower youth to co-create their transition plans, set goals, and connect with supportive adults and resources—placing them at the center of decision-making processes (Think of Us, 2021). Together, these innovations hold promise, though rigorous research on the outcomes of these approaches is warranted.

9.11 ALTERNATIVES TO TERMINATION OF PARENTAL RIGHTS (TPR) POLICIES

At the far end of the child welfare continuum are children who cannot safely live with their original families. As described previously, many of these children are adopted into new families. About 1 in 100 American children will have had their parental rights terminated before the age of 21 (Wildeman et al., 2020). The USA is one of the few countries that terminates parental rights involuntarily (the UK does, as well). Generally, such court-ordered terminations can occur if there is “clear and convincing evidence” (75 percent likelihood, at least) that a parent is unfit and allowing them to retain their rights and responsibilities to parent is not in the best interests of the child. States vary considerably in how they operationalize the unfit standard. These conditions can include severe or chronic abuse or neglect; abandonment; failure to maintain contact or support; long-term mental illness or incapacity; long-term substance abuse that prevents safe parenting; conviction for violent crimes against the child or family; TPR of another child due to similar issues; and failure to reunify after court-ordered services within a set timeframe. Criminal conduct leading to long-term incarceration may also serve as a reason, in some states. Among the more bureaucratic reasons—and certainly in keeping with federal policy—is Florida’s law that TPR may result when the parent has substantial noncompliance with a case plan or if the child has been in care for 12 of the last 22 months. We also know that some of the “reunification bypass” policies passed in the 1990s are arbitrarily administered and need greater scrutiny (Berrick et al., 2008).

One option would be to increase the threshold for TPR from “clear and convincing” evidence to “beyond a reasonable doubt” (95 percent certainty). This is the standard for American Indian children under the Indian Child Welfare Act, though notably, there are particularly high rates of parental rights

termination still experienced by American Indian and Alaska Native children (Wildeman et al., 2020). Nonetheless, given the gravity and severity of the TPR decision, we propose that “beyond a reasonable doubt” be adopted as the standard across all populations.

The American Bar Association (ABA) has developed an “End TPR” initiative that endorses the view that adoption cannot be reformed (Albert & Mulzer, 2022). The critique is focused, primarily, on a reading of history and current research which holds that child welfare has been designed and delivered in a way that is fundamentally racist—a position we have disagreed with elsewhere (Barth et al., 2020a). Even though we reject the idea that TPRs are not warranted, in some cases, we also believe that the ABA’s proposed “transfer-of-rights” model may be a more flexible alternative to the traditional TPR, especially for older children. This model (Gottlieb, 2024) is designed to preserve important aspects of the parent–child relationship while still allowing for adoption and child safety. What might this involve? One element is “unbundled parental rights” which separates specific rights—e.g., the right to block an adoption is not given but the right to visit or communicate with a child is granted. The concept behind this innovation reflects how other areas of family law (like divorce or custody disputes) handle parental rights—by limiting them only as necessary, rather than eliminating them entirely.

And while adoption offers secure permanency for most children, some adoptions disrupt or dissolve. As of the end of financial year 2023, more than 17,000 children who experienced TPR were living in settings other than with a pre-adoptive or adoptive family—including shelters, residential treatment facilities, group homes, and independent living programs—or were classified as runaways. Many of these youth will ultimately emancipate from foster care each year (Children’s Bureau, 2024e). Although we can expect that some of those children will return to their adoptive families, we know that at least 1,000 will leave foster care through independent living programs. More than 20 states have developed contingency plans that make it possible for parental rights to be reinstated with approval of the child welfare agency, parent, and youth (Mack & Barth, 2023). We recommend much broader expansion of this option when appropriate. Research to better predict which children who are adopted will end up without an enduring connection to their adoptive family is also needed.

Finally, greater recognition of the capacity of “birth” or “first” families to contribute to the well-being of children is warranted. Havlicek and colleagues (2025; Holland et al., 2025) found that many foster youth who emancipate from care establish positive relationships with their first families, some despite having been adopted. Gilligan and colleagues (2025) found that youth raised in foster care in the UK and Catalonia often benefited significantly from work and educational opportunities provided by extended family members, particularly

aunts, uncles, and grandparents. Termination of parental rights does not sever legal ties with extended family, and child welfare practices should actively recognize and reinforce the potential for rebuilding or strengthening connections between youth and their kin. These relationships can be vital sources of stability, identity, and support.

9.12 RESEARCH TO IMPROVE AND TRANSFORM CHILD WELFARE

Efforts to transform child welfare must be evidence-based to reliably secure safety for children and enduring family well-being. Research to inform practice and policy must be rigorous, adhering to the highest standards of science, and it should be continuously updated to reflect changing populations, contexts, and circumstances. Population dynamics and policies change, meaning older findings may no longer apply; and the vast regional differences in how child welfare and allied systems function require that findings be tested in different places to understand if or how outcomes may vary (Jonson-Reid & Chiang, 2019). Additionally, it is imperative that new research on CWS include partners with lived experience, such as biological parents and their children, foster parents, and youth with foster care experience. There is great value in mixed-methods research, for example, that provides both quantitative data to understand overall system functioning and qualitative data on how people experience services and how they would change things for the better. Finally, truly data-driven approaches require inclusion of implementation information. It is not enough to know if a policy or practice works at the end of a study if we cannot explain why. Careful integration of process data allows for nimble adjustments to programs to improve outcomes in a more timely and responsive manner.

9.13 SUMMARY: RESPONDING TO CHANGE WITH CLARITY AND COURAGE

The population served by child welfare has changed fundamentally over the past 50 years—both in size and in complexity. Today, more than four million children are referred annually for suspected maltreatment; a significant majority of these referrals involve allegations of neglect, often intertwined with the realities of poverty. At the same time, the rate of entry into foster care continues to decline (Children’s Bureau, 2024e), reflecting a system under pressure to respond more thoughtfully to nuanced family needs.

As the landscape shifts, so too must the policies and practices that define our collective response. The challenges are formidable: how to distinguish between poverty and neglect, how to support—not punish—families in crisis,

and how to protect children while preserving the essential bonds that give them meaning and belonging.

We, the authors, have spent our professional lives immersed in child welfare—as researchers, scholars, policy advisors, practitioners, and partners to those with lived experience. Some may argue that such deep investment clouds our objectivity. We recognize this tension and choose to meet it with purpose. We stay grounded in emerging evidence and engaged in conversation with students and professionals, and, most urgently, we center the voices of those who have lived experience with CWS. Their insights inspire us to listen more deeply, act more boldly, and keep reaching toward a future shaped by healing, equity, and possibility. We believe that protecting children is a moral and societal imperative. But doing so requires more than compliance with policy—it demands critical thinking, humility, courage, and a willingness to question even the most deeply held assumptions. It requires honoring the humanity of every child, caregiver, and practitioner navigating this complicated terrain.

Understanding Child Welfare is offered as both a map and a mirror: a map to navigate the complex systems that define child welfare today, and a mirror to reflect on where we have been, where we are, and where we might go next. Our hope is that this book not only informs but also inspires—encouraging readers to help create a system that protects children, promotes family well-being, listens to those it serves, and equips its workforce with the tools, compassion, and resilience needed for this vital work. Child welfare encompasses more than a set of services—revealing the values we uphold, the priorities we set, and the depth of our collective care. At its heart, this work represents a daily pursuit of justice—for children, for families, and for a society striving to become more humane, more equitable, and more whole.

References

- Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 4–23. <https://doi.org/10.1007/s10488-010-0327-7>
- Achieving Independence Center (n.d.). Programs and initiatives. City of Philadelphia, Department of Human Services, Office of Children and Families. <https://www.phila.gov/programs/achieving-independence-center-aic/>
- Administration for Children and Families (2021). Providing services to youth in foster care and juvenile justice systems [Webinar]. US Department of Health and Human Services. https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/SRAE%20Webinar_Providing%20Services%20to%20Youth%20in%20Foster%20Care%20and%20Juvenile%20Justice%20Systems.pdf
- Administration for Children and Families (2024). John H. Chafee Foster Care Program for Successful Transition to Adulthood. US Department of Health and Human Services. <https://www.acf.hhs.gov/cb/grant-funding/john-h-chafee-foster-care-independence-program>
- Administration for Children and Families (2025). Adoption and Foster Care Analysis and Reporting System (AFCARS) foster care file, fiscal year 2023 [Data set]. US Department of Health and Human Services.
- Adoption Assistance and Child Welfare Act of 1980 (AACWA), Pub. L. 96–272; 42 USC §675 (5)(A) (2012).
- AEI-Brookings Working Group on Childhood in the United States (2022). *Rebalancing: Children First*. American Enterprise Institute. <https://www.aei.org/research-products/report/rebalancing-children-first/>
- Ahn, H., Shaw, T., Kim, J., Williams, K., Moeller, E., & Chung, Y. (2025). Caseworker visitation after reunification and children's reentry into foster care: A survival analysis. *Child Maltreatment*, 30(1), 150–162. <https://doi.org/10.1177/10775595241253528>
- Ahn, H., Williams, K., Kim, J., & Moeller, E. (2023). Factors associated with permanency for children in out-of-home placement: A survival analysis. *Child Maltreatment*, 30(1), 163–176. <https://doi.org/10.1177/10775595231217278>
- Ahn, H., Xu, Y., Williams, K. A., Parks-Bourn, K., Williams, S., & Conway, D. (2022). Family team decision meeting and child welfare service disparities: The influence of race and poverty. *Children and Youth Services Review*, 143, 106705. <https://doi.org/10.1016/j.childyouth.2022.106705>
- Ahrens, K. R., DuBois, D. L., Garrison, M., Spencer, R., Richardson, L. P., & Lozano, P. (2011). Qualitative exploration of relationships with important non-parental adults in the lives of youth in foster care. *Children and Youth Services Review*, 33(6), 1012–1023. <https://doi.org/10.1016/j.childyouth.2011.01.006>

- Åkerman, A. K. E., Holmqvist, R., Frostell, A., & Falkenström, F. (2022). Effects of mentalization-based interventions on mental health of youths in foster care. *Child Care in Practice*, 28(4), 536–549. <https://doi.org/10.1080/13575279.2020.1812531>
- Akin, B. A. (2011). Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship, and adoption. *Children and Youth Services Review*, 33(6), 999–1011. <https://doi.org/10.1016/j.childyouth.2011.01.008>
- Albert, A., & Mulzer, A. (2022). Adoption cannot be reformed. *Columbia Journal of Race and Law*, 12(1), 557–600. <https://doi.org/10.52214/cjrl.v12i1.9947>
- Albuquerque, J., Aguiar, C., & Magalhães, E. (2020). The collaboration between early childhood intervention and child protection systems: The perspectives of professionals. *Children and Youth Services Review*, 111, 104873. <https://doi.org/10.1016/j.childyouth.2020.104873>
- Allegheny County (n.d.). Allegheny Family Screening Tool. <https://www.alleghenycounty.us/Services/Human-Services-DHS/DHS-News-and-Events/Accomplishments-and-Innovations/Allegheny-Family-Screening-Tool>
- Allnatt, G., Elliott, M., Scourfield, J., Lee, A., & Griffiths, L. J. (2022). Use of linked administrative children's social care data for research: A scoping review of existing UK studies. *The British Journal of Social Work*, 52(7), 3923–3944. <https://doi.org/10.1093/bjsw/bcac049>
- Almquist, Y. B., & Brännström, L. (2019). Do trajectories of economic, work- and health-related disadvantages explain child welfare clients' increased mortality risk? A prospective cohort study. *BMC Public Health*, 19, 1–8. <https://doi.org/10.1186/s12889-019-6752-y>
- Anderson, A. J., Jones, K. V., DuBois, D. L., Çifci, F., & Teger, Z. (2024). Cultural humility development in adults serving as mentors for youth: A qualitative evidence synthesis. *American Journal of Community Psychology*, 73(3–4), 319–336. <https://doi.org/10.1002/ajcp.12730>
- Annie E. Casey Foundation (2018). *Fostering Youth Transitions: Using Data to Drive Policy and Practice Decisions*. <https://www.aecf.org/resources/fostering-youth-transitions/>
- Annie E. Casey Foundation (2024a). *Children Living with Neither Parent in the United States: 2022 Kids Count Data Book*. <https://datacenter.aecf.org/data/tables/111-children-living-with-neither-parent#detailed/1/any/false/2545,1095,2048,1729,37,871,870,573,869,36/any/439,440>
- Annie E. Casey Foundation (2024b). *Family Ties: Analysis from a State-by-State Survey of Kinship Care Policies*. <https://assets.aecf.org/m/resourcedoc/Report-familyties-2024.pdf>
- Aparicio, E. M., Channell Doig, A., Jasczynski, M., Robinson, J. L., Huq, M., Yoo, J. H., Hilig, E., Lee, K., Berkowitz, A., Guastaferro, K., Jones, G., & Bernardi, C. (2023). Parenting and mental health needs of young, maltreated parents: Implications for prevention of intergenerational child maltreatment. *Journal of Family Violence*, 38(4), 659–672. <https://doi.org/10.1007/s10896-022-00387-5>
- Armstrong, J. M., Kluckman, M., Ringeisen, H., & Dolan, M. (2024). *Snapshot of the Child Welfare Workforce from 2021 to 2022: NSCAW III Child Welfare Workforce Study Design, Data Collection, and Sample Characteristics* (OPRE Report No. 2024-025). US Department of Health and Human Services, Administration for Children and Families. <https://acf.gov/opre/report/snapshot-child-welfare-workforce-2021-2022-nscaw-iii-workforce-study-design-data>
- Arnett, J. J. (2023). *Emerging Adulthood: The Winding Road from the Late Teens through the Twenties* (3rd ed.). Oxford University Press.

- Augsberger, A., Collins, M. E., & Mohanty, S. (2025). Bridging success: How institutional adults can support system involved youth and young adults in pursuing post-secondary vocational education and career pathways [Article]. *Children and Youth Services Review*, 173, Article 108282. <https://doi.org/10.1016/j.childyouth.2025.108282>
- Atkinson, A. J., & Riley, D. B. (2018). Training for adoption competency: Building a community of adoption-competent clinicians. *Families in Society*, 98(3), 235–242. <https://doi.org/10.1606/1044-3894.2017.98.23>
- Ayres, I., Qin, S., & Drall, P. (2024). Racial and gender bias in child maltreatment reporting decisions: Results of a randomized vignette experiment. *University of California Law Journal of Race and Economic Justice*, 21(2), 183–236. https://repository.uclawsf.edu/hastings_race_poverty_law_journal/vol21/iss2/3/
- Bai, R., Collins, C., Fischer, R., & Crampton, D. (2020). Family critical time intervention with housing unstable, child welfare-involved families: Service providers' and families' experiences with the phases. *Children and Youth Services Review*, 119, 105592. <https://doi.org/10.1016/j.childyouth.2020.105592>
- Bai, Y., Wells, R., & Hillemeier, M. M. (2009). Coordination between child welfare agencies and mental health service providers, children's service use, and outcomes. *Child Abuse & Neglect*, 33(6), 372–381. <https://doi.org/10.1016/j.chiabu.2008.10.004>
- Baidawi, S., Papalia, N., & Featherston, R. (2021). Gender differences in the maltreatment–youth offending relationship: A scoping review. *Trauma, Violence, & Abuse*, 24(2), 1140–1156. <https://doi.org/10.1177/15248380211052106>
- Baker, A. J. L., LeBlanc, S., Adebayo, T., & Mathews, B. (2021). Training for mandated reporters of child abuse and neglect: Content analysis of state-sponsored curricula. *Child Abuse & Neglect*, 113, 104932. <https://doi.org/10.1016/j.chiabu.2021.104932>
- Bald, A. Chyn, E., Hastings, J. S., and Machelett, M. (2019). *The Causal Impact of Removing Children from Abusive and Neglectful Homes* (Working Paper No. 25419). National Bureau of Economic Research. <https://doi.org/10.3386/w25419>
- Baron, E. J., & Gross, M. (2022). *Is There a Foster Care-to-Prison Pipeline? Evidence from Quasi-Randomly Assigned Investigators* (Working Paper No. 29922). National Bureau of Economic Research. <https://doi.org/10.3386/w29922>
- Baron, J., Goldstein, E. G., & Ryan, J. (2023). The push for racial equity in child welfare: Can blind removals reduce disproportionality? *Journal of Policy Analysis and Management*, 42(2), 456–487. <https://doi.org/10.1002/pam.22461>
- Barth, R. P. (1992). Child welfare services in the United States and Sweden: Different assumptions, laws and outcomes. *Scandinavian Journal of Social Welfare*, 1(1), 36–42. <https://doi.org/10.1111/j.1468-2397.1992.tb00006.x>
- Barth, R. P. (1999). After safety, what is the goal of child welfare services: Permanency, family continuity or social benefit? *International Journal of Social Welfare*, 8(4), 244–252. <https://doi.org/10.1111/1468-2397.00091>
- Barth, R. P. (2007). The move to evidence-based practice: How well does it fit child welfare services? *Journal of Public Child Welfare*, 2(2), 145–171. <https://doi.org/10.1080/15548730802312537>
- Barth, R. P. (2009). Preventing child abuse and neglect with parent training: Evidence and opportunities. *The Future of Children*, 19(2), 95–118. <https://dx.doi.org/10.1353/foc.0.0031>
- Barth, R. P., & Blackwell, D. L. (1998). Death rates among California's foster care and former foster care populations. *Children and Youth Services Review*, 20(7), 577–604.

- Barth, R. P., & Jonson-Reid, M. (2000). Outcomes after child welfare services: Implications for the design of performance measures. *Children and Youth Services Review*, 22(9–10), 763–787. [https://doi.org/10.1016/S0190-7409\(00\)00113-4](https://doi.org/10.1016/S0190-7409(00)00113-4)
- Barth, R. P., & Liggett-Creel, K. (2014). Common components of parenting programs for children birth to eight years of age involved with child welfare services. *Children and Youth Services Review*, 40, 6–12. <https://doi.org/10.1016/j.childyouth.2014.02.004>
- Barth, R. P., & Olsen, A. N. (2020). Are children oppressed? The timely importance of answering this question [Note]. *Children and Youth Services Review*, 110, Article 104780. <https://doi.org/10.1016/j.childyouth.2020.104780>
- Barth, R. P., & Price, A. (1999). Shared family care: Providing services to parents and children placed together in out-of-home care. *Child Welfare*, 78, 88–107. <https://www.jstor.org/stable/45399364>
- Barth, R. P., & Xu, Y. (2025). Satisfaction with child welfare workers and services: Reports from mothers receiving child welfare services. *Journal of Public Child Welfare*. <https://doi.org/10.1080/15548732.2025.2528017>
- Barth, R. P., Berrick, J. D., Garcia, A. R., Drake, B., Jonson-Reid, M., Gyourko, J. R., & Greeson, J. K. P. (2022). Research to consider while effectively re-designing child welfare services. *Research on Social Work Practice*, 32(5), 483–498. <https://doi.org/10.1177/10497315211050000>
- Barth, R. P., Greeson, J. K. P., Zlotnik, S. R., & Chintapalli, L. K. (2008a). Evidence-based practice for youth in supervised out-of-home care: A framework for development, definition, and evaluation. *Journal of Evidence-Based Social Work*, 5(1–2), 189–214. <https://doi.org/10.1080/15433710802683796>
- Barth, R. P., Jonson-Reid, M., Greeson, J. K. P., Drake, B., Berrick, J. D., Garcia, A. R., Shaw, T. V., & Gyourko, J. R. (2020a). Outcomes following child welfare services: What are they and do they differ for Black children? *Journal of Public Child Welfare*, 14(5), 477–499. <https://doi.org/10.1080/15548732.2020.1814541>
- Barth, R. P., Lee, B. R., Lindsey, M. A., Collins, K. S., Strieder, F., Chorpita, B. F., Becker, K. D., & 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. <https://doi.org/10.1177/1049731511408440>
- Barth, R. P., Lloyd, E. C., Christ, S. L., Chapman, M. V., & Dickinson, N. S. (2008b). Child welfare worker characteristics and job satisfaction: A national study. *Social Work*, 53(3), 199–209. <https://doi.org/10.1093/sw/53.3.199>
- Barth, R. P., Rozeff, L. J., Kerns, S. E. U., & Baldwin, M. J. (2020b). Partnering for success: Implementing a cross-systems collaborative model between behavioral health and child welfare. *Children and Youth Services Review*, 117, 104663. <https://doi.org/10.1016/j.childyouth.2019.104663>
- Barth, R. P., Yu, M. H., Lee, H., Mack, L. M., Drake, B., Jones, D., Shaw, T. V., & Rose, R. (2025, January 15–19). Understanding re-entry of older youth following reunification in the USA [Conference presentation]. 29th Annual Conference of the Society for Social Work and Research, Seattle, WA, United States. <https://sswr.confex.com/sswr/2025/webprogram/Paper57447.html>
- Barth, R. P., Zeinstra, L. T., Lee, B. R., & Harder, A. T. (2023). Shared family care: Out-of-home care programs for serving parents and children together. *Residential Treatment for Children & Youth*, 41(1), 24–46. <https://doi.org/10.1080/0886571X.2023.2202889>
- Bass, S. F. (1997). The public foster care system and the transracial placement of African-American children: Exploring the history and the issue. *University of*

- Pennsylvania Journal of Law and Social Change*, 4(1), 73–89. <https://scholarship.law.upenn.edu/jlasc/vol4/iss1/6/>
- Batra, E. K., Palusci, V. J., & Berg, A. (2022). Factors associated with child maltreatment fatality among young children with an open child protective services case at death. *Child Abuse Review*, 31(2), 1–14.
- Bederian-Gardner, D., Hobbs, S. D., Ogle, C. M., Goodman, G. S., Cordón, I. M., Bakanosky, S., Narr, R., Chae, Y., & Chong, J. Y. (2018). Instability in the lives of foster and non-foster youth: Mental health impediments and attachment insecurities. *Children and Youth Services Review*, 84, 159–167. <https://doi.org/10.1016/j.childyouth.2017.10.019>
- Ben-David, V., Jonson-Reid, M., Drake, B., & Kohl, P. L. (2015). The association between childhood maltreatment experiences and the onset of maltreatment perpetration in young adulthood controlling for proximal and distal risk factors. *Child Abuse & Neglect*, 46, 132–141. <https://doi.org/10.1016/j.chiabu.2015.01.013>
- Bensley, L., Simmons, K. W., Ruggles, D., Putvin, T., Harris, C., Allen, M., & Williams, K. (2004). Community responses and perceived barriers to responding to child maltreatment. *Journal of Community Health*, 29, 141–153. <https://doi.org/10.1023/B:JOHE.0000016718.37691.86>
- Berger, L. M., Bruch, S. K., Johnson, E. I., James, S., & Rubin, D. (2009). Estimating the ‘impact’ of out-of-home placement on child well-being: Approaching the problem of selection bias. *Child Development*, 80(6), 1856–1876. <https://doi.org/10.1111/j.1467-8624.2009.01372.x>
- Berrick, J. D. (2006). Neighborhood-based foster care: A critical examination of location-based placement criteria. *Social Service Review*, 80(4), 569–583. <https://doi.org/10.1086/507933>
- Berrick, J. D., Barth, R. P., Drake, B., Jonson-Reid, M., Garcia, A., Greeson, J. K. P., & Gyourko, J. R. (2025). Is child welfare oppressive? *Journal of Teaching in Social Work*, 45(2), 362–383. <https://doi.org/10.1080/08841233.2025.2469544>
- Berrick, J. D., Choi, Y., D’Andrade, A., & Frame, L. (2008). Reasonable efforts? Implementation of the reunification bypass provision of ASFA. *Child Welfare*, 87(3), 163–182. <https://www.jstor.org/stable/48623123>
- Berrick, J. D., Gilbert, N., & Skivenes, M. (Eds.). (2023a). *The Oxford Handbook of Child Protection Systems*. Oxford University Press.
- Berrick, J. D., Skivenes, M., & Roscoe, J. N. (2023b). Public perceptions of child protection, children’s rights, and personal values: An assessment of two states. *Children and Youth Services Review*, 150, 106960. <https://doi.org/10.1016/j.childyouth.2023.106960>
- Berzin, S. C. (2008). Difficulties in the transition to adulthood: Using propensity scoring to understand what makes foster youth vulnerable. *Social Service Review*, 82(2), 171–196. <https://doi.org/10.1086/588417>
- Biehle, K., & Goodman, D. (2012). *Icebreaker Meetings: A Tool for Building Relationships between Birth and Foster Parents*. Annie E. Casey Foundation. <https://www.aecf.org/resources/icebreaker-meetings>
- Billingsley, A., & Giovannoni, J. M. (1972). *Children of the Storm: Black Children and American Child Welfare*. Harcourt, Brace, Jovanovich.
- Black, T., Fallon, B., Brown, H., Innes, S., & William, K. (2024). Twenty-five years of child welfare data in Ontario, Canada: Examining the response of child welfare to reports of children’s exposure to intimate partner violence (IPV). *Child Abuse & Neglect*, 147, 106567. <https://doi.org/10.1016/j.chiabu.2023.106567>

- Blau, G. M., Caldwell, B., Fisher, S. K., Kuppinger, A., Levison-Johnson, J., & Lieberman, R. (2010). The Building Bridges Initiative: Residential and community-based providers, families, and youth coming together to improve outcomes. *Child Welfare*, 89(2), 21–38. <http://www.jstor.org/stable/45400452>
- Boraggina-Ballard, L., Soback, J., & Honig, D. (2021). What motivates highly trained child welfare professionals to stay or leave? *Children and Youth Services Review*, 124, 105958. <https://doi.org/10.1016/j.childyouth.2021.105958>
- Borja, V. J., Jiménez-Borja, M., & Borja-Álvarez, T. (2023). Child and adolescent protection systems in Ecuador. In J. D. Berrick, N. Gilbert, & M. Skivenes (Eds.), *The Oxford Handbook of Child Protection Systems* (pp. 666–682). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780197503546.013.44>
- Boys & Girls Aid (2025) The importance of the sibling bond. <https://www.boysandgirlsaidsaid.org/stories/the-importance-of-the-sibling-bond>
- Brännström, L., Berlin, M., Bäckman, O., & Karlsson, P. (2025). Trajectories of NEET in individuals formerly placed in out-of-home care: A Swedish national cohort study. *International Journal of Social Welfare*, 34(2), e12695. <https://doi.org/10.1111/ijsw.12695>
- Brännström, L., Vinnerljung, B., & Hjern, A. (2020). Outcomes in adulthood after long-term foster care: A sibling approach. *Child Maltreatment*, 25(4), 383–392. <https://doi.org/10.1177/1077559519898755>
- Broce, C., Kemp, C. A., Hasan, R., Larson, N. E., Alvarado, A. B., Shirley, J., & Constantino, J. N. (2024). Restoring decency to the care of undomiciled foster youth. *Journal of the American Academy of Child & Adolescent Psychiatry*. Advance online publication. <https://doi.org/10.1016/j.jaac.2024.08.484>
- Brooks-Gunn, J., Klebanov, P., Fong-Ruey, L., & Duncan, G. (Eds.). (1995). *Toward an Understanding of the Effects of Poverty upon Children*. Garland Publishing.
- Brown, J., & DasGupta, S. (2024). Abolitionist child protection. *The Lancet*, 404(10458), 1096–1097. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01931-7](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01931-7)
- Bruce, L. (2016). Unmet needs, unwanted persons: A call for expansion of safe haven laws. *Hastings Center Report*, 46(5), 7–8. <https://doi.org/10.1002/hast.609>
- Buderer, C., Kirsch, T., Pérez, T., Swenson, C. C., & Schmid, M. (2025). Differential treatment responses of maltreated and neglected children and adolescents following an evidence-based multisystemic intervention. *Research on Child and Adolescent Psychopathology*, 53(1), 69–84. <https://doi.org/10.1007/s10802-024-01248-z>
- Building Bridges Initiative (n.d.). *Building Bridges Principles and Core Elements*. <https://www.buildingbridges4youth.org>
- Bullinger, L. R., Feely, M., Raissian, K. M., & Schneider, W. (2020). Heed neglect, disrupt child maltreatment: A call to action for researchers. *International Journal on Child Maltreatment: Research, Policy and Practice*, 3(1), 93–104. <https://doi.org/10.1007/s42448-019-00026-5>
- Bullinger, L. R., Raissian, K. M., Feely, M., & Schneider, W. J. (2021). The neglected ones: Time at home during COVID-19 and child maltreatment. *Children and Youth Services Review*, 131, 106287. <https://doi.org/10.1016/j.childyouth.2021.106287>
- Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(8), 960–970. <https://doi.org/10.1097/01.chi.0000127590.95585.65>

- Burns, D. D., Langenderfer-Magruder, L., Yelick, A., & Wilke, D. J. (2023). What else is there to say? Reflections of newly-hired child welfare workers by retention status. *Children and Youth Services Review*, 144, 106731. <https://doi.org/10.1016/j.childyouth.2022.106731>
- Bussey, M., & Lucero, N. M. (2013). Re-examining child welfare's response to ICWA: Collaborating with community-based agencies to reduce disparities from American Indian/Alaska Native children. *Children and Youth Services Review*, 35(3), 394–401. <https://doi.org/10.1016/j.childyouth.2012.12.021>
- Cancel, S., Fathallah, S., Nitze, M., Sullivan, S., & Wright-Moore, E. (2022). *Aged Out: How We're Failing Youth Transitioning Out of Foster Care*. Think of Us. <https://www.thinkofus.org/aged-out>
- Caniglia, M. (2024). Economic insecurity in young adulthood among children maltreated during early adolescence. *Child Abuse & Neglect*, 157, 107047. <https://doi.org/10.1016/j.chiabu.2024.107047>
- CAPTA Reauthorization Act, S. 1927, 117th Cong. (2021). <https://www.congress.gov/bill/117th-congress/senate-bill/1927/text>
- Carnochan, S., Rizik-Baer, D., & Austin, M. J. (2013). Preventing the recurrence of maltreatment. *Journal of Evidence-Based Social Work*, 10(3), 161–178. <https://doi.org/10.1080/15433714.2013.788947>
- Casaneva, C., Martin, S. L., Runyan, D. K., Barth, R. P., & Bradley, R. H. (2008). Quality of maternal parenting among intimate-partner violence victims involved with the child welfare system. *Journal of Family Violence*, 23(6), 413–427. <https://doi.org/10.1007/s10896-008-9167-6>
- Casey Family Programs (2023). *How Does Turnover in the Child Welfare Workforce Impact Children and Families?* [Issue brief]. <https://www.casey.org/turnover-costs-and-retention-strategies/>
- Cashmore, J., & Taylor, N. (2023). Child protection in Australia and New Zealand: An overview of systems. In J. D. Berrick, N. Gilbert, & M. Skivenes (Eds.), *The Oxford Handbook of Child Protection Systems* (pp. 25–46). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780197503546.013.29>
- Castrechini, S., & London, R. A. (2012). *Positive Student Outcomes in Community Schools*. Center for American Progress. <https://www.americanprogress.org/article/positive-student-outcomes-in-community-schools>
- Cénat, J. M., McIntee, S.-E., Mukunzi, J. N., & Noorishad, P.-G. (2021). Overrepresentation of Black children in the child welfare system: A systematic review to understand and better act. *Children and Youth Services Review*, 120, 105714. <https://doi.org/10.1016/j.childyouth.2020.105714>
- Centers for Disease Control and Prevention (n.d.). Health equity. <https://www.cdc.gov/healthequity/index.html>
- Chaffin, M., & Bard, D. (2006). Impact of intervention surveillance bias on analyses of child welfare report outcomes. *Child Maltreatment*, 11(4), 301–312. <https://doi.org/10.1177/1077559506291261>
- Chaffin, M., Hecht, D., Bard, D., Silovsky, J. F., & Beasley, W. H. (2012). A statewide trial of the SafeCare home-based services model with parents in child protective services. *Pediatrics*, 129(3), 509–515.
- Chaichachati, B. H., Wood, J. N., Mitra, N., & Chaichachati, K. H. (2020). All-cause mortality among children in the US foster care system, 2003–2016. *JAMA Pediatrics*, 174(9), 896–898. <https://doi.org/10.1001/jamapediatrics.2020.0715>
- Chambers, J., Tucker, L. P., & Pergamit, M. (2023). *Keeping Children at Home with Supportive Housing: Long-Term Child Welfare Outcomes for Families Who*

- Received Supportive Housing*. Urban Institute. <https://www.urban.org/research/publication/keeping-children-home-supportive-housing>
- Chandler, C. E., Austin, A. E., & Shanahan, M. E. (2022). Association of housing stress with child maltreatment: A systematic review. *Trauma, Violence, & Abuse*, 23(2), 639–659. <https://doi.org/10.1177/1524838020939136>
- Chapman, M. V., Gibbons, C. B., Barth, R. P., & McCrae, J. S. (2003). Parental views of in-home services: What predicts satisfaction with child welfare workers? *Child Welfare*, 82(5), 571–596. <https://www.jstor.org/stable/45390142>
- Chaudry, A., & Wimer, C. (2016). Poverty is not just an indicator: The relationship between income, poverty, and child well-being. *Academic Pediatrics*, 16(3), S23–S29. <https://doi.org/10.1016/j.acap.2015.12.010>
- Chetty, R., & Hendren, N. (2018). The impacts of neighborhoods on intergenerational mobility I: Childhood exposure effects. *Quarterly Journal of Economics*, 133(3), 1107–1162. <https://doi.org/10.1093/qje/qjy007>
- Cheung, M. (2024). National Title IV-E stipends/paybacks matrix. University of Houston, Graduate College of Social Work. <https://uh.edu/socialwork/academics/cwep/title-iv-e/stipends-paybacks/>
- Child Welfare Information Gateway (n.d.). *Permanency*. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/topics/permanency/?top=116>
- Child Welfare Information Gateway (2018). *Addressing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services*. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/resources/addressing-needs-young-children-child-welfare-part-c-early-intervention-services/>
- Child Welfare Information Gateway (2021a). *Child Welfare Practice to Address Racial Disproportionality and Disparity*. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://forchildwelfare.org/wp-content/uploads/racial_disproportionality.pdf
- Child Welfare Information Gateway (2021b). *Infant Safe Haven Laws*. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/safehaven/>
- Child Welfare Information Gateway (2022). *Kinship Care and the Child Welfare System*. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/resources/kinship-care-and-child-welfare-system/>
- Child Welfare Information Gateway (2024). *Links to State and Tribal Child Welfare Law and Policy*. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/resources/links-state-and-tribal-child-welfare-law-and-policy/>
- Child Welfare South Africa (2011). *United Nations Submission: Universal Periodic Review on Status of Human Rights*. https://www.ohchr.org/sites/default/files/lib-docs/HRBodies/UPR/Documents/session13/ZA/JS7_UPR_ZAF_S13_2012_JointSubmission7_E.pdf
- Children's Bureau (2020a). *Adoption and Legal Guardianship Incentive Awards History*. US Department of Health and Human Services, Administration for Children and Families. <https://acf.gov/cb/grant-funding/adoption-and-legal-guardianship-incentive-awards-history>

- Children's Bureau (2020b). *Child and Family Services Reviews Aggregate Report: Round 3: Fiscal Years 2015–2018*. US Department of Health and Human Services, Administration for Children and Families. <https://acf.gov/cb/report/child-and-family-services-reviews-aggregate-report-round-3-fiscal-years-2015-2018>
- Children's Bureau (2021a). *Child Maltreatment 2019*. US Department of Health & Human Services, Administration for Children and Families. <https://acf.gov/sites/default/files/documents/cb/cm2019.pdf>
- Children's Bureau (2021b). *The AFCARS Report: Preliminary FY 2020 Estimates as of October 4, 2021 – No. 28*. US Department of Health and Human Services, Administration for Children and Families. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport28.pdf>
- Children's Bureau (2024a). *Adoption and Legal Guardianship Incentive Payments Program*. US Department of Health and Human Services, Administration for Children and Families. <https://www.acf.hhs.gov/cb/focus-areas/adoption>
- Children's Bureau (2024b). *Child Maltreatment 2022*. US Department of Health and Human Services, Administration for Children and Families. <https://acf.gov/cb/report/child-maltreatment-2022>
- Children's Bureau (2024c). *Child Welfare Outcomes Report Data Site: Exits from Foster Care by Age and Discharge Reason*. US Department of Health & Human Services, Administration for Children and Families. <https://cwoutcomes.acf.hhs.gov/cwodatasite/threeOne/index>
- Children's Bureau (2024d). *Child Welfare Outcomes Report Data Site: Foster Care Entries by Age Group*. US Department of Health & Human Services, Administration for Children and Families. <https://cwoutcomes.acf.hhs.gov/cwodatasite/childrenReports/index>
- Children's Bureau (2024e). *The AFCARS Report: Preliminary FY 2022 Estimates as of May 9, 2023 – No. 30*. US Department of Health and Human Services, Administration for Children and Families. <https://acf.gov/cb/report/afcars-report-30>
- Children's Bureau (2025a). *Child Maltreatment 2023*. US Department of Health and Human Services, Administration for Children and Families. <https://acf.gov/cb/report/child-maltreatment-2023>
- Children's Bureau (2025b). *Quality Improvement Centers*. US Department of Health & Human Services, Administration for Children and Families. <https://acf.gov/cb/capacity/quality-improvement-centers>
- Cho, M., Haight, W., Choi, W. S., Hong, S., & Piescher, K. (2019). A prospective, longitudinal study of risk factors for early onset of delinquency among maltreated youth. *Children and Youth Services Review*, 102, 222–230. <https://doi.org/10.1016/j.childyouth.2019.05.023>
- Chor, K. H. B., & Oltmans, C. (2023). Cost–benefit of treatment foster care Oregon (TFCO) versus residential care in Illinois. *Research on Social Work Practice*, 34(8), 888–901. <https://doi.org/10.1177/10497315231206752>
- Christian, C. W., & Committee on Child Abuse and Neglect (2015). The evaluation of suspected child physical abuse. *Pediatrics*, 135(5), e20150356. <https://doi.org/10.1542/peds.2015-0356>
- Christian, S., & Geen, R. (2023, December 19). *Bipartisanship across the Nation: A Review of State Child Welfare Legislation*. Bipartisan Policy Center. <https://bipartisanpolicy.org/report/child-welfare-legislation-national-review/>
- Clinton, H. R. (1999, December 14). *Remarks by the President and the First Lady at the signing of the Foster Care Independence Act*. The White House. <https://>

- clintonwhitehouse4.archives.gov/WH/EOP/First_Lady/html/generalspeeches/1999/19991214.html
- Cohen, M. (2025). *A Fundamental Conflict: Addressing Implicit Bias in Mandatory Reporter Training*. Child Welfare Monitor. <https://childwelfaremonitor.org/2025/03/16/a-fundamental-conflict-addressing-implicit-bias-in-mandatory-reporter-training/>
- Coleman, D. L., Dodge, K. A., & Campbell, S. K. (2010). Where and how to draw the line between reasonable corporal punishment and abuse. *Law and Contemporary Problems*, 73(2), 107–166.
- Collins-Camargo, C., & Millar, K. (2010). The potential for a more clinical approach to child welfare supervision to promote practice and case outcomes: A qualitative study in four states. *The Clinical Supervisor*, 29(2), 164–187. <https://doi.org/10.1080/07325223.2010.517491>
- Commission to Eliminate Child Abuse and Neglect Fatalities (2016). *Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities*. https://acf.gov/sites/default/files/documents/cb/cecanf_final_report.pdf
- Conn, A. M., Szilagyi, M. A., Jee, S. H., Blumkin, A. K., & Szilagyi, P. G. (2015). Mental health outcomes among child welfare investigated children: In-home versus out-of-home care. *Children and Youth Services Review*, 57, 106–111. <https://doi.org/10.1016/j.childyouth.2015.08.004>
- Consortium for Children (2025). Structured Analysis Family Evaluation (SAFE). <https://www.safehomestudy.org/>
- Constantino, J. N., Buchanan, G., Tandon, M., Bader, C., & Jonson-Reid, M. (2023). Reducing abuse and neglect recurrence among young foster children reunified with their families. *Pediatrics*, 152(3), e2022060118.
- Conti, G., Pizzo, E., Morris, S., & Melnychuk, M. (2021). The economic costs of child maltreatment in UK. *Health Economics*, 30(12), 3087–3105. <https://doi.org/10.1002/hec.4409>
- Cook, L. L., Carder, S., & Zschomler, D. (2024). ‘Being a social worker ... It’s in my DNA’. Retaining experienced child and family social workers: The role of professional identity. *Child & Family Social Work*. Advance online publication. <https://doi.org/10.1111/cfs.13233>
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37–70. <https://doi.org/10.1177/1529100614531398>
- Corwin, T. W., Maher, E. J., Merkel-Holguin, L., Allan, H., Hollinshead, D. M., & Fluke, J. D. (2020). Increasing social support for child welfare-involved families through family group conferencing. *The British Journal of Social Work*, 50(1), 137–156. <https://doi.org/10.1093/bjsw/bcz036>
- Coulter, T. (2022, July 5). Riverside County social workers were forced into unpaid overtime, lawsuit alleges. *Palm Springs Desert Sun*. <https://www.desertsun.com/story/news/2022/07/05/lawsuits-riverside-county-social-workers-pushed-into-unpaid-overtime/7792954001/>
- Coulton, C. J., Korbin, J. E., Su, M., & Chow, J. (1995). Community level factors and child maltreatment rates. *Child Development*, 66(5), 1262–1276. <https://doi.org/10.2307/1131646>
- County Councils Network (2022). *The Future of Children’s Social Care: An Optimized Model for Supporting Children in Care and on the Edges of Care: National Enablers, Local Delivery*. Association of County Chief Executives. <https://www.futurecsc.com/>

- County of Los Angeles (n.d.). Los Angeles County Mandated Supporting Initiative. <https://supportingfamilies.lacounty.gov/>
- Courtney, M. E., & Okpych, N. J. (2017). *Memo from CalYOUTH: Early Findings on the Relationship between Extended Foster Care and Youths' Outcomes at Age 19*. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/CY_EF_IB0317.pdf
- Courtney, M. E., Charles, P., Okpych, N. J., Napolitano, L., & Halsted, K. (2014). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of Foster Youth at Age 17*. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1214.pdf
- Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26*. Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-26.pdf>
- Courtney, M. E., Okpych, N. J., Charles, P., Mikell, D., Stevenson, B., Park, K., Harty, J., Feng, H., & Park, S. (2020). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of Youth at Age 23*. Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/Courtney-et-al.-2020-Youth-report-wave-4-compressed.pdf>
- Courtney, M. E., Okpych, N. J., & Park, S. (2018). *Report from CalYOUTH: Findings on the Relationships between Extended Foster Care and Youths' Outcomes at Age 21*. Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/PDF/Impacts-of-extended-care-age-21.pdf>
- Courtney, M. E., Okpych, N. J., & Park, S. (2021). *Report from CalYOUTH: Findings on the Relationship between Extended Foster Care and Youths' Outcomes at Age 23*. Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/Impacts-of-EFC-on-Outcomes-at-age-23.pdf>
- Courtney, M. E., Pergamit, M., McDaniel, M., McDonald, E., Giesen, L., Okpych, N., & Zinn, A. (2017). *Planning a Next-Generation Evaluation Agenda for the John H. Chafee Foster Care Independence Program* (OPRE Report No. 2017-96). US Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. <https://www.acf.hhs.gov/opre/report/planning-next-generation-evaluation-agenda-john-h-chafee-foster-care-independence>
- Crea, T. M., Barth, R. P., Chintapalli, L. K., & Buchanan, R. L. (2009). The implementation and expansion of SAFE: Frontline responses and the transfer of technology to practice. *Children and Youth Services Review*, 31(8), 903–910. <https://doi.org/10.1016/j.childyouth.2009.04.005>
- Cuccaro-Alamin, S., Foust, R., Vaithianathan, R., & Putnam-Hornstein, E. (2017). Risk assessment and decision making in child protective services: Predictive risk modeling in context. *Children and Youth Services Review*, 79, 291–298. <https://doi.org/10.1016/j.childyouth.2017.06.027>
- Cunningham, M. J., & Diversi, M. (2013). Aging out: Youths' perspectives on foster care and the transition to independence. *Qualitative Social Work: Research and Practice*, 12(5), 587–602. <https://doi.org/10.1177/1473325012445833>
- Currie, J. M. (1997). Choosing among alternative programs for poor children. *The Future of Children*, 7(2), 113–131. <https://doi.org/10.2307/1602390>
- Currie, J., & Spatz Widom, C. (2010). Long-term consequences of child abuse and neglect on adult economic well-being. *Child Maltreatment*, 15(2), 111–120. <https://doi.org/10.1177/1077559509355316>

- Curry, A. (2019). "If you can't be with this client for some years, don't do it": Exploring the emotional and relational effects of turnover on youth in the child welfare system. *Children and Youth Services Review*, 99, 374–385. <https://doi.org/10.1016/j.childyouth.2019.01.026>
- Curry, S. R., & Abrams, L. S. (2015). Housing and social support for youth aging out of foster care: State of the research literature and directions for future inquiry. *Child & Adolescent Social Work Journal*, 32(2), 143–153. <https://doi.org/10.1007/s10560-014-0346-4>
- Dafilou, C., Feinberg, A., Mitchell, S., Baylor, R., Caleb, S., Altoonian, K., & Bodrick, N. I. (2024). Professional hats aside: How parent cafés reduce perceived power differentials to engage caregivers in adverse childhood experience prevention using the protective factors framework. *Families in Society*, 105(2), 312–323. <https://doi.org/10.1177/10443894231191158>
- Dako-Gyeke, M., Mills, A. A., & Boateng, D. A. (2023). Child protection systems in Ghana. In J. D. Berrick, N. Gilbert, & M. Skivenes (Eds.), *The Oxford Handbook of Child Protection Systems* (pp. 706–723). Oxford University Press. <https://doi.org/10.1093/oxfordhob/9780197503546.013.37>
- Damschroder, L. J., Reardon, C. M., Widerquist, M. A. O., & Lowery, J. (2022). The updated consolidated framework for implementation research based on user feedback. *Implementation Science*, 17(1), 75. <https://doi.org/10.1186/s13012-022-01245-0>
- Davis, R. J. (2006). *College Access, Financial Aid, and College Success for Undergraduates from Foster Care*. National Association of Student Financial Aid Administrators. <https://eric.ed.gov/?id=ED543361>
- Decker, S. L., Meille, G., Wu, X., & Zuvekas, S. H. (2024). Children's mental health: Living with parents who had adverse childhood experiences. *Health Affairs*, 43(12), 1698–1702. <https://doi.org/10.1377/hlthaff.2024.00562>
- DeGue, S., & Spatz Widom, C. (2009). Does out-of-home placement mediate the relationship between child maltreatment and adult criminality? *Child Maltreatment*, 14(4), 344–355. <https://doi.org/10.1177/1077559509332264>
- Dettlaff, A. J. (2022). Social work and the movement to abolish the child welfare system. In S. A. Webb (Ed.), *The Routledge Handbook of International Critical Social Work* (pp. 275–288). Routledge. <https://doi.org/10.4324/9781003211969-22>
- Dettlaff, A. J., Abrams, L. S., & Teasley, M. L. (2023). Interrogating the carceral state: Re-envisioning social work's role in systems serving children and youth. *Children and Youth Services Review*, 148, 106920. <https://doi.org/10.1016/j.childyouth.2023.106920>
- Dettlaff, A., Weber, K., Pendelton, M., Bettencourt, B., & Burton, L. (2021). *How We endUP: A Future without Family Policing*. upEND Movement. <https://upendmovement.org/wp-content/uploads/2021/06/How-We-endUP-6.18.21.pdf>
- Dolan, M., Biemer, P., Ringeisen, H., Testa, M., Keeney, J., Casanueva, C., Smith, K., & Day, O. (2023). The third National Survey of Child and Adolescent Well-Being: Design overview and methodological lessons learned during the baseline wave. *Children and Youth Services Review*, 155, 107189. <https://doi.org/10.1016/j.childyouth.2023.107189>
- Dolan, M., Smith, K., Casanueva, C., & Ringeisen, H. (2011). *NSCAW II Baseline Report: Introduction to NSCAW II* (OPRE Report #2011-27a). US Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://acf.gov/sites/default/files/documents/opre/nscaw2_intro.pdf

- Domanico, R., Ringeisen, H., Kluckman, M., White, K., & Rolock, N. (2025). Understanding the health and well-being of adults 10-15 years after adoption from the US foster care system. *Journal of Public Child Welfare*, 19(2), 253–271. <https://doi.org/10.1080/15548732.2024.2315118>
- Donnelly, D. K. (2010). Nebraska's youth need help – but was a safe haven law the best way? *University of Miami Law Review*, 64(2), 771–808. <https://repository.law.miami.edu/umlr/vol64/iss2/12>
- Dorsey, S., Burns, B. J., Southerland, D. G., Cox, J. R., Wagner, H. R., & Farmer, E. M. Z. (2012). Prior trauma exposure for youth in treatment foster care. *Journal of Child and Family Studies*, 21, 816–824. <https://doi.org/10.1007/s10826-011-9542-4>
- Doucet, M. M., Greeson, J. K. P., & Eldeeb, N. (2022). Independent living programs and services for youth 'aging out' of care in Canada and the USA: A systematic review. *Children and Youth Services Review*, 142, 106630. <https://doi.org/10.1016/j.childyouth.2022.106630>
- Doyle, J. J. (2008). Child protection and adult crime: Using investigator assignment to estimate causal effects of foster care. *Journal of Political Economy*, 116(4), 746–770. <https://doi.org/10.1086/590216>
- Drake, B. (1996a). Consumer and worker perceptions of key child welfare competencies. *Children and Youth Services Review*, 18(3), 261–279. [https://doi.org/10.1016/0190-7409\(96\)00004-7](https://doi.org/10.1016/0190-7409(96)00004-7)
- Drake, B. (1996b). Unraveling “unsubstantiated”. *Child Maltreatment*, 1(3), 261–271. <https://doi.org/10.1177/1077559596001003008>
- Drake, B. (2024). The “over-reporting” of black children to child protective services: Are we doing equity wrong? *International Journal on Child Maltreatment: Research, Policy and Practice*, 8, 25–35. <https://doi.org/10.1007/s42448-024-00202-2>
- Drake, B., & Jonson-Reid, M. (2000). Substantiation and early decision points in public child welfare: A conceptual reconsideration. *Child Maltreatment*, 5(3), 227–235. <https://doi.org/10.1177/1077559500005003003>
- Drake, B., & Jonson-Reid, M. (2007). A response to Melton based on the best available data. *Child Abuse & Neglect*, 31(4), 343–360. <https://doi.org/10.1016/j.chiabu.2006.08.009>
- Drake, B., Fluke, J. D., Kim, H., Orsi, R., & Stubblefield, J. L. (2022a). What proportion of foster care children do not have child protective services reports? A preliminary look. *Child Maltreatment*, 27(4), 596–604. <https://doi.org/10.1177/10775595211033855>
- Drake, B., Jones, D., Chen J.-H., Font, S., Putnam-Hornstein, E., Barth, R. P., & Jonson-Reid, M. (2024). Poverty or racism? A re-analysis of Briggs et al. 2022. *Research on Social Work Practice*, 34(2), 234–243. <https://doi.org/10.1177/10497315231179648>
- Drake, B., Jones, D., Kim, H., Gyourko, J. R., Garcia, A., Barth, R. P., Font, S. A., Putnam-Hornstein, E., Berrick, J. D., Greeson, J. K. P., Cook, V., Kohl, P. L., & Jonson-Reid, M. (2023). Racial/ethnic differences in child protective services reporting, substantiation and placement, with comparison to non-CPS risks and outcomes: 2005–2009. *Child Maltreatment*, 28(4), 683–699. <https://doi.org/10.1177/10775595231167320>
- Drake, B., Jonson-Reid, M., & Dvalishvili, D. (2022b). Poverty and child maltreatment. In R. D. Krugman & J. E. Korbin (Eds.), *Handbook of Child Maltreatment* (pp. 239–257). Springer. https://doi.org/10.1007/978-3-030-82479-2_11
- Drake, B., Jonson-Reid, M., Gandarilla Ocampo, M., Morrison, M., & Dvalishvili, D. (2020). A practical framework for considering the use of predictive risk modeling

- in child welfare. *The ANNALS of the American Academy of Political and Social Science*, 692(1), 162–181. <https://doi.org/10.1177/0002716220978200>
- Drake, B., Jonson-Reid, M., & Kim, H. (2017). Surveillance bias in child maltreatment: A tempest in a teapot. *International Journal of Environmental Research and Public Health*, 14(9), 971–986. <https://doi.org/10.3390/ijerph14090971>
- Drake, B., Jonson-Reid, M., Kim, H., Chiang, C.-J., & Davalishvili, D. (2021). Disproportionate need as a factor explaining racial disproportionality in the CW system. In A. J. Dettlaff (Ed.), *Racial Disproportionality and Disparities in the Child Welfare System* (pp. 159–176). Springer. https://doi.org/10.1007/978-3-030-54314-3_9
- Drake, B., Jonson-Reid, M., Way, I., & Chung, S. (2003). Substantiation and recidivism. *Child Maltreatment*, 8(4), 248–260. <https://doi.org/10.1177/1077559503258930>
- Drapeaux, B. (2024). Towards a more meaningful future: An Indian Child Welfare Law for South Dakota. *South Dakota Law Review*, 69(1), 119–147. <https://red.library.usd.edu/sdlrev/vol69/iss1/13>
- Dregan, A., & Gulliford, M. C. (2012). Foster care, residential care and public care placement patterns are associated with adult life trajectories: Population-based cohort study. *Social Psychiatry and Psychiatric Epidemiology*, 47, 1517–1526. <https://doi.org/10.1007/s00127-011-0458-5>
- Dubowitz, H. (1994). Neglecting the neglect of neglect. *Journal of Interpersonal Violence*, 9(4), 556–560. <https://doi.org/10.1177/088626094009004010>
- Dubowitz, H. (2009). Tackling child neglect: A role for pediatricians. *The Pediatric Clinics of North America*, 56(2), 363–378. <https://doi.org/10.1016/j.pcl.2009.01.003>
- Dubowitz, H., Kobulsky, J. M., & Proctor, L. J. (2022). Recent research on child neglect. In R. D. Krugman & J. E. Korbin (Eds.), *Handbook of Child Maltreatment* (pp. 35–64). Springer. https://doi.org/10.1007/978-3-030-82479-2_2
- Duffield, C. M., Roche, M. A., Homer, C., Buchan, J., & Dimitrelis, S. (2014). A comparative review of nurse turnover rates and costs across countries. *Journal of Advanced Nursing*, 70(12), 2703–2712. <https://doi.org/10.1111/jan.12483>
- Dunkerley, S., Palmer, A., Akin, B., & Brook, J. (2023). The helping relationship in the foster care context: perspectives from parent–caseworker dyads. *Journal of Family Social Work*, 26(1), 3–30. <https://doi.org/10.1080/10522158.2023.2194937>
- Dworsky, A., & Courtney, M. E. (2009). *Assessing the Impact of Extending Care beyond Age 18 on Homelessness: Emerging Findings from the Midwest Study*. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Midwest_IB2_Homelessness.pdf
- Eastman, A. L., Park, K., Herz, D., Dierkhising, C. B., McCroskey, J., & Guo, L. (2024). Contact with foster care and the juvenile delinquency court: A prospective examination from birth through age 18. *Child and Adolescent Social Work Journal*, 42, 375–388. <https://doi.org/10.1007/s10560-024-00964-1>
- Edwards, F., & Wildeman, C. (2018). Characteristics of the frontline child welfare workforce. *Children and Youth Services Review*, 89, 13–26. <https://doi.org/10.1016/j.childyouth.2018.04.013>
- Egelund, T., & Lausten, M. (2009). Prevalence of mental health problems among children placed in out-of-home care in Denmark. *Child & Family Social Work*, 14(2), 156–165. <https://doi.org/10.1111/j.1365-2206.2009.00620.x>
- Eiberg, M., & Scavenius, C. (2023). Fostering educational prosperity: A randomized controlled trial of home tutoring in foster care. *Child & Family Social Work*, 28(3), 774–787. <https://doi.org/10.1111/cfs.13003>

- Ellett, A. J. (2009). Intentions to remain employed in child welfare: The role of human caring, self-efficacy beliefs, and professional organizational culture. *Children and Youth Services Review*, 31(1), 78–88. <https://doi.org/10.1016/j.childyouth.2008.07.002>
- Ellett, A. J., Ellis, J. I., & Westbrook, T. M. (2007). A qualitative study of 369 child welfare professionals' perspectives about factors contributing to employee retention and turnover. *Children and Youth Services Review*, 29(2), 264–281. <https://doi.org/10.1016/j.childyouth.2006.07.005>
- Expert Committee (2023). *NOU 2023: 7 Safe Childhood, Secured Future*. <https://barnevernsutvalget.no/english/>
- Fadus, M. C., Squeglia, L. M., Valadez, E. A., Tomko, R. L., Bryant, B. E., & Gray, K. M. (2019). Adolescent substance use disorder treatment: An update on evidence-based strategies. *Current Psychiatry Reports*, 21(10), 96. <https://doi.org/10.1007/s11920-019-1086-0>
- Family First Prevention Services Act, Pub. L. No. 115–123, §§ 50711, 50741–43, 50753 (2018).
- Family Focused Treatment Association (n.d.). Treatment Foster Care. <https://www.ffta.org/page/DefiningTFC>
- Fang, X., Fry, D. A., Brown, D. S., Mercy, J. A., Dunne, M. P., Butchart, A. R., Corso, P. S., Maynzyuk, K., Dzhygyr, Y., Chen, Y., McCoy, A., & Swales, D. M. (2015). The burden of child maltreatment in the East Asia and Pacific region. *Child Abuse & Neglect*, 42, 146–162. <https://doi.org/10.1016/j.chiabu.2015.02.012>
- Fanshel, D. (1977). Status changes of children in foster care: Final results of the Columbia University longitudinal study. *Child Welfare*, 55(3), 143–171. <https://www.jstor.org/stable/45392406>
- Fantuzzo, J. W., LeBoeuf, W. A., Chen, C. C., Rouse, H. L., & Culhane, D. P. (2012). The unique and combined effects of homelessness and school mobility on the educational outcomes of young children. *Educational Researcher*, 41(9), 393–402. <https://doi.org/10.3102/0013189X12468210>
- Feely, M., & Bosk, E. A. (2021). That which is essential has been made invisible: The need to bring a structural risk perspective to reduce racial disproportionality in child welfare. *Race and Social Problems*, 13, 49–62. <https://doi.org/10.1007/s12552-021-09313-8>
- Field Center for Children's Policy, Practice and Research (n.d.). *Foster Care to College (FC2C)*. University of Pennsylvania. <https://fieldcenteratpenn.org/projects/current-projects/foster-care-to-college/>
- Finkelhor, D., & Jones, L. (2006). Why have child maltreatment and child victimization declined? *Journal of Social Issues*, 62(4), 685–716. <https://doi.org/10.1111/j.1540-4560.2006.00483.x>
- Finkelhor, D., & Jones, L. (2012). Have sexual abuse and physical abuse declined since the 1990s? Crimes against Children Research Center. <https://scholars.unh.edu/ccrc/61/>
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Re-victimization patterns in a national longitudinal sample of children and youth. *Child Abuse & Neglect*, 31(5), 479–502. <https://doi.org/10.1016/j.chiabu.2006.03.012>
- Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015a). A revised inventory of adverse childhood experiences. *Child Abuse & Neglect*, 48, 13–21. <https://doi.org/10.1016/j.chiabu.2015.07.011>
- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2010). Trends in childhood violence and abuse exposure: Evidence from 2 national surveys. *Archives of*

- Pediatrics and Adolescent Medicine*, 164(3), 238–242. <https://doi.org/10.1001/archpediatrics.2009.283>
- Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015b). Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children's Exposure to Violence. *JAMA Pediatrics*, 169(8), 746–754. <https://doi.org/10.1001/jamapediatrics.2015.0676>
- Fitzgerald, M. (2022, August 18). United Nations panel presses Biden officials on racial discrimination in child welfare. *The Imprint*. <https://imprintnews.org/subscriber-content/united-nations-child-welfare-racism/67233>
- Fix, R. L., & Nair, R. (2020). Racial/ethnic and gender disparities in substantiation of child physical and sexual abuse: Influences of caregiver and child characteristics. *Children and Youth Services Review*, 116, 105186. <https://doi.org/10.1016/j.childyouth.2020.105186>
- Flynn, R. J., Marquis, R. A., Paquet, M.-P., Peeke, L. M., & Aubry, T. D. (2012). Effects of individual direct-instruction tutoring on foster children's academic skills: A randomized trial. *Children and Youth Services Review*, 34(6), 1183–1189. <https://doi.org/10.1016/j.childyouth.2012.01.036>
- Font, S. A., & Fluke, J. D. (2023). Understanding and promoting child wellbeing after child welfare system involvement: Progress made and challenges ahead. *International Journal of Child Maltreatment: Research, Policy and Practice*, 7, 1–17. <https://doi.org/10.1007/s42448-023-00166-9>
- Font, S. A., & Kennedy, R. (2022). The centrality of child maltreatment to criminology. *Annual Review of Criminology*, 5(1), 371–396. <https://doi.org/10.1146/annurev-criminol-030920-120220>
- Font, S. A., & Maguire-Jack, K. (2020). It's not “just poverty”: Educational, social, and economic functioning among young adults exposed to childhood neglect, abuse, and poverty. *Child Abuse & Neglect*, 101, 104356. <https://doi.org/10.1016/j.chiabu.2020.104356>
- Font, S., & Palmer, L. (2024). Left behind? Educational disadvantage, child protection, and foster care. *Child Abuse & Neglect*, 149, 106680. <https://doi.org/10.1016/j.chiabu.2024.106680>
- Font, S. A., Berger, L. M., Cancian, M., & Noyes, J. L. (2018). Permanency and the educational and economic attainment of former foster children in early adulthood. *American Sociological Review*, 83(4), 716–743. <https://doi.org/10.1177/0003122418781791>
- Font, S. A., Berger, L. M., & Slack, K. S. (2012). Examining racial disproportionality in child protective services case decisions. *Children and Youth Services Review*, 34(11), 2188–2200. <https://doi.org/10.1016/j.childyouth.2012.07.012>
- Font, S., Berger, L. M., Slepicka, J., & Cancian, M. (2021). Foster care, permanency, and risk of prison entry. *Journal of Research in Crime and Delinquency*, 58(6), 710–754. <https://doi.org/10.1177/00224278211001566>
- Font, S., Cancian, M., Berger, L. M., & DiGiovanni, A. (2020). Patterns of intergenerational child protective services involvement. *Child Abuse & Neglect*, 99, 104247. <https://doi.org/10.1016/j.chiabu.2019.104247>
- Font, S., Jonson-Reid, M., & Siriprakorn, J. P. (2025). Who should respond to substance-exposed infants? Reflections on U.S. policies limiting the role of child protective services. *Child Protection and Practice*, 5, 100137. <https://doi.org/10.1016/j.chipro.2025.100137>

- Forrester, D., Wilkins, D., & Whittaker, C. (2021). *Motivational Interviewing for Working with Children and Families: A Practical Guide for Early Intervention and Child Protection*. Jessica Kingsley Publishers.
- Foster Care Independence Act of 1999, Pub. L. No. 106–169, 113 Stat. 1822 (1999). <https://www.congress.gov/106/statute/STATUTE-113/STATUTE-113-Pg1822.pdf>
- Fostering Connections to Success and Increasing Adoptions Act of 2008, Pub. L. No. 110–351, 122 Stat. 3949. (2008). <https://www.congress.gov/110/plaws/publ351/PLAW-110publ351.pdf>
- Foust, R., Hoonhout, J., Andrea, L. E., Prindle, J., Rebbe, R., Nghiem, H., Suthar, H., Cuccaro-Alamin, S., Mitchell, M., Dawson, W., Palmer, L., Raj, S., Ahn, E., Hammond, I., McNellan, C., Reddy, J., Chen, W., Mayfield, K., Putnam-Hornstein, E., & McCroskey, J. (2022). The Children's Data Network: Harnessing the scientific potential of linked administrative data to inform children's programs and policies. *International Journal of Population Data Science*, 6(3), 1702. <https://doi.org/10.23889/ijpds.v6i3.1702>
- Furrer, C. J., Lauzus, N., Cross, A., & Rockhill, A. (2023). Parent engagement and the child welfare system: Through a self-determination theory lens. *Families in Society*, 104(4), 490–503. <https://doi.org/10.1177/10443894231176920>
- Gandarilla Ocampo, M., Drake, B., Simon, J., & Jonson-Reid, M. (2024). Does a child maltreatment report source predict differences in immediate and subsequent report outcomes? *Child Abuse & Neglect*, 147, 106587. <https://doi.org/10.1016/j.chiabu.2023.106587>
- Garcia, A. R., & Corcoran, J. (2023). *Evidence-Based Practice Process in Social Work: Critical Thinking for Clinical Practice*. Oxford University Press.
- Garcia, A. R., Berrick, J. D., Jonson-Reid, M., Barth, R. P., Gyourko, J. R., Kohl, P., Greeson, J. K. P., Drake, B., & Cook, V. (2024a). The stark implications of abolishing child welfare: An alternative path towards support and safety. *Child & Family Social Work*, 29(4), 896–908. <https://doi.org/10.1111/cfs.13141>
- Garcia, A. R., DeNard, C., Morones, S., & Eldeeb, N. (2019). Mitigating barriers to implementing evidence-based interventions: Lessons learned from scholars and agency directors. *Children and Youth Services Review*, 100, 313–331. <https://doi.org/10.1016/j.childyouth.2019.03.005>
- Garcia, A. R., DeNard, C., Ohene, S., Morones, S. M., & Connaughton, C. (2018). “I am more than my past”: Parents’ attitudes and perceptions of the Positive Parenting Program in Child Welfare. *Children and Youth Services Review*, 88, 286–297. <https://doi.org/10.1016/j.childyouth.2018.03.023>
- Garcia, A. R., Pérez-Figueroa, R., Cozart, D., Cook, V., Damron, J., Clark, S., & Eubank, K. (2024b). “They don’t trust me”: Service providers’ reflections of father-centric treatment and engagement. *Family Relations*, 73(4), 2544–2563. <https://doi.org/10.1111/fare.13038>
- Garwood, S. K., Gerassi, L., Jonson-Reid, M., Plax, K., & Drake, B. (2015). More than poverty: The effect of child abuse and neglect on teen pregnancy risk. *Journal of Adolescent Health*, 57(2), 164–168. <https://doi.org/10.1016/j.jadohealth.2015.05.004>
- Geen, R., & Cooper, H. (2023, November 7). *The American public weighs in on our nation's child welfare system*. Bipartisan Policy Center. <https://bipartisanpolicy.org/blog/american-public-weighs-in-national-child-welfare-system/>
- Geiger, J. M., & Schelbe, L. (2021). *The Handbook on Child Welfare Practice*. Springer. <https://doi.org/10.1007/978-3-030-73912-6>
- Gerstein, M. (2023, February 22). Murdered on the job: A year after a child welfare investigator was killed, little has changed. Youth Today. <https://youthtoday.org/2023>

- /02/murdered-on-the-job-a-year-after-a-child-welfare-investigator-was-killed-little-has-changed/
- Gibbs, D. J., Konstanzer, J., Lich, K. H., Lanier, P., Ansong, D., & Chapman, M. V. (2025a). Mental health treatment delays for youth in foster care: Understanding system decisions and dynamics. *Administration and Policy in Mental Health and Mental Health Services Research*, 52, 542–560. <https://doi.org/10.1007/s10488-025-01432-3>
- Gibbs, D. J., Lanier, P., McNellan, C., & Bryant, K. (2025b). Identifying children at risk for maltreatment fatalities: Assessing the current landscape of birth match policies in the United States. *Journal of Public Child Welfare*, 19(2), 320–348. <https://doi.org/10.1080/15548732.2024.2319732>
- Gibbs, J., Coughlan, B., Morgan, T., Mikushnica, A., Phippard, S., Crozier-Roche, F., Drayak, T., Graham, D., Smith, J., & Duschinsky, R. (2024). Social workers' perceptions of the nature of child neglect: A systematic literature review. *The British Journal of Social Work*, 54(8), 3619–3637. <https://doi.org/10.1093/bjsw/bcae102>
- Gilligan, R., Brady, E., & Arnau-Sabatés, L. (2025). The educational and work progress of care experienced adults: The potential contribution of birth family adults over time. *Children and Youth Services Review*, 172, 108277. <https://doi.org/10.1016/j.childyouth.2025.108277>
- Goetz, S. L. (2020). From removal to incarceration: How the modern child welfare system and its unintended consequences catalyzed the foster care-to-prison pipeline. *University of Maryland Law Journal of Race, Religion, Gender and Class*, 20(2), 289–305. <https://digitalcommons.law.umaryland.edu/rrgc/vol20/iss2/6/>
- Gomez, A. (2024). Congregate care after the Continuum of Care Reform (CCR): A population-based study [Doctoral dissertation, University of California-Berkeley]. UC Berkeley Electronic Theses and Dissertations. <https://escholarship.org/uc/item/54h335bs>
- Gong, H., & Chen, M. (2025). Child maltreatment and multidimensional poverty among children in the welfare system of China. *Child Indicators Research*, 18(1), 217–239. <https://doi.org/10.1007/s12187-024-10186-7>
- Goodkind, S., Shook, J., Koliivoski, K., Pohligh, R., Little, A., & Kim, K. (2020). From child welfare to jail: Mediating effects of juvenile justice placement and other system involvement. *Child Maltreatment*, 25(4), 410–421. <https://doi.org/10.1177/1077559520904144>
- Gopalan, G., Kerns, S. E., Horen, M. J., & Lowe, J. (2021). Partnering for success: Factors impacting implementation of a cross-systems collaborative model between behavioral health and child welfare. *Administration and Policy in Mental Health and Mental Health Services Research*, 48(5), 839–856. <https://doi.org/10.1007/s10488-021-01135-5>
- Gottlieb, C. (2024). A path to eliminating to civil death penalty: Unbundling and transferring parental rights. *Harvard Law & Policy Review*, 19, 44–92. <http://dx.doi.org/10.2139/ssrn.4992989>
- Grasso, D. J., DiVietro, S., Beebe, R., Clough, M., & Lapidus, G. (2021). Quantifying severity of maltreatment, adversity, and trauma from child protective services case record files. *Journal of Interpersonal Violence*, 36(17–18), 8142–8163. <https://doi.org/10.1177/0886260519847774>
- Green, M. J., Tzoumakis, S., McIntyre, B., Kariuki, M., Laurens, K. R., Dean, K., Chilvers, M., Harris, F., Butler, M., Brinkman, S. A., & Carr, V. J. (2017). Childhood maltreatment and early developmental vulnerabilities at age 5 years. *Child Development*, 89(5), 1599–1612. <https://doi.org/10.1111/cdev.12928>

- Greeno, E. J., Lee, B. R., & Barth, R. P. (2019). Foster youth's perspectives on supportive relationships during the transition to adulthood: A qualitative study. *Children and Youth Services Review*, 102, 1–9. <https://doi.org/10.1016/j.childyouth.2019.104377>
- Greeson, J. K. P. (2013). Foster youth and the transition to adulthood: The theoretical and conceptual basis for natural mentoring. *Emerging Adulthood*, 1(1), 40–51. <https://doi.org/10.1177/2167696812467780>
- Greeson, J. K. P. (2019). *Caring Adults 'R' Everywhere (C.A.R.E.): A Natural Mentoring Intervention for Older Youth in Foster Care*. I Am My Life Publishing.
- Greeson, J. K. P., & Bowen, N. K. (2008). "She holds my hand": The experiences of foster youth with their natural mentors. *Children and Youth Services Review*, 30(10), 1178–1188. <https://doi.org/10.1016/j.childyouth.2008.03.003>
- Greeson, J. K. P., & Thompson, A. E. (2017). Development, feasibility, and piloting of a novel natural mentoring intervention for older youth in foster care. *Journal of Social Service Research*, 43(2), 205–222. <https://doi.org/10.1080/01488376.2016.1248269>
- Greeson, J. K. P., Thompson, A. E., Ali, S., & Wenger, R. S. (2015). It's good to know that you got somebody that's not going anywhere: Attitudes and beliefs of older youth in foster care about child welfare-based natural mentoring. *Children and Youth Services Review*, 48, 140–149. <https://doi.org/10.1016/j.childyouth.2014.12.017>
- Greeson, J. K., Usher, L., & Grinstein-Weiss, M. (2010). One adult who is crazy about you: Can natural mentoring relationships increase assets among young adults with and without foster care experience? *Children and Youth Services Review*, 32(4), 565–577. <https://doi.org/10.1016/j.childyouth.2009.12.003>
- Greiner, M. V., & Beal, S. J. (2018). Developing a health care system for children in foster care. *Health Promotion Practice*, 19(4), 621–628. <https://doi.org/10.1177/1524839917730045>
- Greiner, M. V., Beal, S. J., Dexheimer, J. W., Divekar, P., Patel, V., & Hall, E. S. (2019). Improving information sharing for youth in foster care. *Pediatrics*, 144(2). <https://doi.org/10.1542/peds.2019-0580>
- Grissom, J. A., Viano, S. L., & Selin, J. L. (2016). Understanding employee turnover in the public sector: Insights from research on teacher mobility. *Public Administration Review*, 76(2), 241–251. <https://doi.org/10.1111/puar.12435>
- Gross, J. P., Stolzenberg, E. B., & Williams, A. (2020). College choice and enrollment among youth formerly in foster care. *Journal of College Access*, 5(2), 8–31. <https://eric.ed.gov/?id=EJ1279244>
- Gross, M., & Baron, E. J. (2022). Temporary stays and persistent gains: The causal effects of foster care. *American Economic Journal: Applied Economics*, 14(2), 170–199. <https://doi.org/10.1257/app.20200204>
- Gupta-Kagan, J. (2015). The new permanency. *UC Davis Journal of Juvenile Law & Policy*, 19(1), 1–113. <https://sjlr.law.ucdavis.edu/archives/19/1/new-permanency>
- Gupta-Kagan, J. (2019). America's hidden foster care system. *Stanford Law Review*, 72, 841–913. <https://review.law.stanford.edu/wp-content/uploads/sites/3/2020/04/Gupta-Kagan-72-Stan.-L.-Rev.-841.pdf>
- Gypen, L., Vanderfaeillie, J., De Maeyer, S., Belenger, L., & Van Holen, F. (2017). Outcomes of children who grew up in foster care: Systematic-review. *Children and Youth Services Review*, 76, 74–83. <https://doi.org/10.1016/j.childyouth.2017.02.035>
- Haight, W., Sugrue, E., & Calhoun, M. (2017a). Moral injury among child protection professionals: Implications for the ethical treatment and retention of workers. *Children and Youth Services Review*, 82, 27–41. <https://doi.org/10.1016/j.childyouth.2017.08.030>

- Haight, W., Sugrue, E., Calhoun, M., & Black, J. (2017b). "Basically, I look at it like combat": Reflections on moral injury by parents involved with child protection services. *Children and Youth Services Review*, 82, 477–489. <https://doi.org/10.1016/j.childyouth.2017.10.009>
- Haight, W., Waubanascum, C., Glesener, D., & Marsalis, S. (2018). A scoping study of Indigenous child welfare: The long emergency and preparations for the next seven generations. *Children and Youth Services Review*, 93, 397–410. <https://doi.org/10.1016/j.childyouth.2018.08.016>
- Hambrick, E. P., Oppenheim-Weller, S., N'zi, A. M., & Taussig, H. N. (2016). Mental health interventions for children in foster care: A systematic review. *Children and Youth Services Review*, 70, 65–77. <https://doi.org/10.1016/j.childyouth.2016.09.002>
- Han, K., & Oh, S. (2022). The effectiveness of home visiting programs for the prevention of child maltreatment recurrence at home: A systematic review and meta-analysis. *Child Health Nursing Research*, 28(1), 41.
- Harden, B. J., & Berger, L. M. (2025, April 29). *Poverty and Child Neglect: What Do We Know?* Bipartisan Policy Center. <https://bipartisanpolicy.org/report/poverty-and-neglect-what-do-we-know/>
- Harder, K., & Toole, S. (2022). You can't hire your way out of the staff turnover crisis: Addressing the realities of staff turnover through process. *Policy & Practice*, 80(2), 22–31.
- Harper, J., & Schmidt, F. (2016). Effectiveness of a group-based academic tutoring program for children in foster care: A randomized controlled trial. *Children and Youth Services Review*, 67, 238–246. <https://doi.org/10.1016/j.childyouth.2016.06.009>
- Haug, M., & Höynck, T. (2016). Removing children from their families due to child protection in Germany. In N. Gilbert, N. Parton, & M. Skivenes (Eds.), *Child Welfare Removals by the State: A Cross-Country Analysis of Decision-Making Systems* (pp. 89–116). Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780190459567.003.0005>
- Havlicek, J. R., Garcia, A. R., & Smith, D. C. (2013). Mental health and substance use disorders among foster youth transitioning to adulthood: Past research and future directions. *Children and Youth Services Review*, 35(1), 194–203. <https://doi.org/10.1016/j.childyouth.2012.10.003>
- Havlicek, J., Holland, S., & Taussig, H. N. (2025). Navigating relationships with birth family after aging out of foster care: Experiences of young people. *Families in Society*. Advance online publication. <https://doi.org/10.1177/10443894241303193>
- He, A. S., Grenier, A., & Bell, K. (2020). *Comprehensive Organizational Health Assessment: Public Workforce Excellence Sites: Cross-Site Summary Report: September 2020*. National Child Welfare Workforce Institute. <https://ncwwi-dms.org/resourcemenu/resource-library/change-implementation/workforce-development-planning/1584-comprehensive-organizational-health-assessment-public-workforce-excellence-sites-cross-site-summary-report/file>
- He, A. S., Lizano, E., & Stahlschmidt, M. J. (2021). When doing the right thing feels wrong: Moral distress among child welfare caseworkers. *Children and Youth Services Review*, 122, 105914. <https://doi.org/10.1016/j.childyouth.2020.105914>
- Hearn, J. (2011). Unmet needs in addressing child neglect: Should we go back to the drawing board? *Children and Youth Services Review*, 33(5), 715–722. <https://doi.org/10.1016/j.childyouth.2010.11.011>

- Hempenstall, K. (2020). Teaching reading through direct instruction: A role for educational psychologists? *Educational and Developmental Psychologist*, 37(2), 133–139. <https://doi.org/10.1017/edp.2020.13>
- Heradstveit, O., Gjertsen, N., Iversen, A. C., Nilsen, S. A., Askeland, K. G., Christiansen, Ø., & Hysing, M. (2020). Substance-related problems among adolescents in child welfare services: A comparison between individuals receiving in-home services and those in foster care. *Children and Youth Services Review*, 118, 105344. <https://doi.org/10.1016/j.chidyouth.2020.105344>
- Herbert, L., Comeau, J., Smith, C., Smith-Carrier, T., Saxby, C., & Botelho, N. (2023). Child maltreatment and adult economic outcomes: A systematic review. *Children and Youth Services Review*, 144, 106711. <https://doi.org/10.1016/j.chidyouth.2022.106711>
- Herd, T., Font, S., Palmer, L., Selin, C., Shipe, S., Olson, A., Diercks, C., Brown, K., Mullins, C., Jonson-Reid, M., Toth, S. L., & Noll, J. G. (2022). *Disentangling Neglect from Poverty*. Social Science Research Institute at Pennsylvania State University. <https://evidence2impact.psu.edu/resources/disentangling-neglect-from-poverty/>
- Herz, D. C., Dierkhising, C. B., Raithel, J., Schretzman, M., Gultinan, S., Goerge, R. M., Cho, Y., Coulton, C., & Abbott, S. (2019). Dual system youth and their pathways: A comparison of incidence, characteristics and system experiences using linked administrative data. *Journal of Youth and Adolescence*, 48(12), 2432–2450. <https://doi.org/10.1007/s10964-019-01090-3>
- Herz, D. C., Eastman, A. L., Suthar, H., & McCroskey, J. (2025). Exploring child welfare pathways and dual system involvement. *Journal of Criminal Justice*, 98, 102421. <https://doi.org/10.1016/j.jcrimjus.2025.102421>
- Hilal, S., & Litsey, B. (2020). Reducing police turnover: Recommendations for the law enforcement agency. *International Journal of Police Science & Management*, 22(1), 73–83. <https://doi.org/10.1177/1461355719882443>
- Ho, G. W. K., Bettencourt, A., & Gross, D. A. (2017). Reporting and identifying child physical abuse: How well are we doing? *Research in Nursing & Health*, 40(6), 519–527. <https://doi.org/10.1002/nur.21818>
- Hoffmeister, M. R. (2024). Examining the influence of public child welfare caseworker turnover on case decisions and child outcomes [Doctoral dissertation, University of Wisconsin–Madison]. UW–Madison Library Catalog. <https://asset.library.wisc.edu/1711.dl/YJCLKKV6KT5VL85/R/file-f37b2.pdf>
- Hohman, M. (2021). *Motivational Interviewing in Social Work Practice* (2nd ed.). Guilford Press.
- Holland, S., Taussig, H., & Havlicek, J. (2025). Hurt, loss, joy, and forgiveness: Foster care-experienced young adults' relationships with their birth parents. *Family Relations*. Advance online publication. <https://doi.org/10.1111/fare.13184>
- Hollingsworth, L. D. (2004). Child custody loss among women with persistent severe mental illness. *Social Work Research*, 28(4), 199–209. <https://www.jstor.org/stable/42659567>
- Hollinshead, D. M. (2012). Do outcomes reflect performance, demographic dividends, or policy artifacts? A study of the effects of child welfare policies, practices, and demographics on state child maltreatment recurrence rates (Publication No. 3539943) [Doctoral dissertation, Brandeis University]. ProQuest. <https://www.proquest.com/docview/1095731295>
- Holochwost, S. J., Wang, G., Kolacz, J., Mills-Koonce, W. R., Klika, J. B., & Jaffee, S. R. (2021). The neurophysiological embedding of child maltreatment. *Development and Psychopathology*, 33(3), 1107–1137. <https://doi.org/10.1017/S0954579420000383>

- Huey Jr., S. J., Tilley, J. L., Jones, E. O., & Smith, C. A. (2014). The contribution of cultural competence to evidence-based care for ethnically diverse populations. *Annual Review of Clinical Psychology*, 10, 305–338. <https://doi.org/10.1146/annurev-clinpsy-032813-153729>
- Hughes, R. C., & Rycus, J. S. (2013). Discussion of issues in differential response. *Research on Social Work Practice*, 23(5), 563–577. <https://doi.org/10.1177/1049731513493674>
- Huhr, S., & Wulczyn, F. (2022). Do intensive in-home services prevent placement? A case study of Youth Villages' Intercept program. *Children and Youth Services Review*, 132, 106294. <https://doi.org/10.1016/j.childyouth.2021.106294>
- Humphreys, K. L., Piersiak, H. A., Panlilio, C. C., Lehman, E. B., Verdiglione, N., Dore, S., & Levi, B. H. (2021). A randomized control trial of a child abuse mandated reporter training: Knowledge and attitudes. *Child Abuse & Neglect*, 117, 105033. <https://doi.org/10.1016/j.chiabu.2021.105033>
- Hunkin, H., Malvaso, C. G., Chittleborough, C. R., Gialamas, A., Montgomerie, A., Falster, K., Lynch, J., & Pilkington, R. M. (2025). Systematic review and meta-analysis: Multisystemic therapy and functional family therapy targeting antisocial behavior in adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 64(4), 427–446. <https://doi.org/10.1016/j.jaac.2024.10.008>
- Hussey, J. M., Marshall, J. M., English, D. J., Knight, E. D., Lau, A. S., Dubowitz, H., & Kotch, J. B. (2005). Defining maltreatment according to substantiation: Distinction without a difference? *Child Abuse & Neglect*, 29(5), 479–492. <https://doi.org/10.1016/j.chiabu.2003.12.005>
- Jacquet, S. E., & Hermon, S. R. (2017). Job expectations and career goals of Title IV-E child welfare social workers with varying levels of work experience: How do they differ? *Journal of Public Child Welfare*, 12(1), 42–59. <https://doi.org/10.1080/15548732.2017.1311289>
- Jaffee, S. R., & Maikovich-Fong, A. K. (2011). Effects of chronic maltreatment and maltreatment timing on children's behavior and cognitive abilities. *Journal of Child Psychology and Psychiatry*, 52(2), 184–194. <https://doi.org/10.1111/j.1469-7610.2010.02304.x>
- James Bell Associates (2025). Cross-Site Evaluation of Child Welfare Implementation Centers and National Resource Centers. <https://www.jbassoc.com/project/cross-site-evaluation-child-welfare-implementation-centers-national-resource-centers/>
- Janczewski, C. E., & Nitkowski, J. (2023). Predicting mental and behavioral health service utilization among child welfare-involved caregivers: A machine learning approach. *Children and Youth Services Review*, 155, 107150. <https://doi.org/10.1016/j.childyouth.2023.107150>
- Jenkins, L., Wisdom, D., LaBrenz, C. A., & Ryan, S. D. (2025). Examining a decade of Title IV-E outcomes: A scoping review. *Journal of Public Child Welfare*. Advance online publication. <https://doi.org/10.1080/15548732.2025.2458484>
- Jenny, C., & Isaac, R. (2006). The relation between child death and child maltreatment. *Archives of Disease in Childhood*, 91(3), 265–269. <https://doi.org/10.1136/adc.2004.066696>
- JMACforFamilies (n.d.). Who we are. <https://jmacforfamilies.org/who-we-are>
- John Burton Advocates for Youth (2021). *2020–21 Statewide Analysis of Supportive Housing for Former Foster Youth in California*. <https://jbay.org/resources/2020-21-supportive-housing-for-ffy/>
- Johnson-Motoyama, M., Ginther, D. K., Phillips, R., Beer, O. W., Merkel-Holguin, L., & Fluke, J. (2023). Differential response and the reduction of child maltreatment and

- foster care services utilization in the U.S. from 2004 to 2017. *Child Maltreatment*, 28(1), 152–162. <https://doi.org/10.1177/10775595211065761>
- Johnston Archive (n.d.). *Historical Statistics on Adoption in the United States, plus Statistics on Child Population and Welfare*. <https://www.johnstonsarchive.net/policy/adoptionstats.html>
- Jones, B. C., & Gates, M. (2007). The costs and benefits of nurse turnover: A business case for nurse retention. *The Online Journal of Issues in Nursing*, 12(3). <https://doi.org/10.3912/OJIN.Vol12No03Man04>
- Jones, D., & Jonson-Reid, M. (2025). Child protective services reports after reunification: An examination of the risk of being rereported to child protective services after returning home from foster care. *Child Maltreatment*, 30(1), 136–149. <https://doi.org.libproxy.wustl.edu/10.1177/10775595231208705>
- Jones, D., Drake, B., Kim, H., Chen, J. H., Font, S., Putnam-Hornstein, E., Barth, R. P., Huang, T. H., & Jonson-Reid, M. (2023). Poverty indicators in the national child abuse and neglect data system child file: Challenges and opportunities. *Research on Social Work Practice*, 34(3), 325–337. <https://doi.org/10.1177/10497315231179658>
- Jones, D. J., Gonzalez, M., Ward, D. S., Vaughn, A., Emunah, J., Miller, L., & Anton, M. (2013). Should child obesity be an issue for child protective services? A call for more research on this critical public health issue. *Trauma, Violence, & Abuse*, 15(2), 113–125. <https://doi.org/10.1177/1524838013511544>
- Jones, D., Orsi-Hunt, R., Kim, H., Jonson-Reid, M., & Drake, B. (2024). Life-course trajectories of children through the US foster care system. *Child Abuse & Neglect*, 153, 106837. <https://doi.org/10.1016/j.chiabu.2024.106837>
- Jones, L. (2014). The role of social support in the transition from foster care to emerging adulthood. *Journal of Family Social Work*, 17(1), 81–96. <https://doi.org/10.1080/10522158.2013.865287>
- Jonson-Reid, M. (2002). Exploring the relationship between child welfare intervention and juvenile corrections involvement. *American Journal of Orthopsychiatry*, 72(4), 559–576. <https://doi.org/10.1037/0002-9432.72.4.559>
- Jonson-Reid, M. (2003). Foster care and future risk of maltreatment. *Children and Youth Services Review*, 25(4), 271–294. [https://doi.org/10.1016/S0190-7409\(03\)00012-4](https://doi.org/10.1016/S0190-7409(03)00012-4)
- Jonson-Reid, M. (2004). Child welfare services and delinquency: The need to know more. *Child Welfare*, 83(2), 157–173. <https://www.jstor.org/stable/45400319>
- Jonson-Reid, M., & Chiang, C. J. (2019). Problems in understanding program efficacy in child welfare. In B. Lonne, D. Scott, D. Higgins, & T. I. Herrenkohl (Eds.), *Re-visioning Public Health Approaches for Protecting Children* (pp. 349–377). Springer. https://doi.org/10.1007/978-3-030-05858-6_21
- Jonson-Reid, M., & Drake, B. (2016). Child well-being: Where is it in our data systems? *Journal of Public Child Welfare*, 10(4), 457–465. <https://doi.org/10.1080/15548732.2016.1155524>
- Jonson-Reid, M., & Drake, B. (2018). *After the Cradle Falls: What Child Abuse Is, How We Respond to It, and What You Can Do About It*. Oxford University Press.
- Jonson-Reid, M., Chance, T., & Drake, B. (2007). Risk of death among children reported for nonfatal maltreatment. *Child Maltreatment*, 12(1), 86–95.
- Jonson-Reid, M., Chiang, C. J., Kohl, P., Drake, B., Brown, D., Guo, S., Kim, H., & McBride, T. (2019). Repeat reports among cases reported for child neglect: A scoping review. *Child Abuse & Neglect*, 92, 43–65. <https://doi.org/10.1016/j.chiabu.2019.03.013>
- Jonson-Reid, M., Chung, S., Way, I., & Jolley, J. (2010a). Understanding service use and victim patterns associated with re-reports of alleged maltreatment perpetrators.

- Children and Youth Services Review*, 32(6), 790–797. <https://doi.org/10.1016/j.childyouth.2010.01.013>
- Jonson-Reid, M., Drake, B., Constantino, J. N., Tandon, M., Pons, L., Kohl, P., Roesch, S., Wideman, E., Dunnigan, A., & Auslander, W. (2018). A randomized trial of home visitation for CPS-involved families: The moderating impact of maternal depression and CPS history. *Child Maltreatment*, 23(3), 281–293. <https://doi.org/10.1177/1077559517751671>
- Jonson-Reid, M., Drake, B., & Gandarilla Ocampo, M. (2023). Too much, too little, or just right? How integrated data helps identify impact and opportunity. In C. M. Connell & D. M. Crowley (Eds.), *Strengthening Child Safety and Well-Being through Integrated Data Solutions* (pp. 81–99). Springer. https://doi.org/10.1007/978-3-031-36608-6_6
- Jonson-Reid, M., Drake, B., Kim, J. Y., Porterfield, S., & Han, L. (2004). A prospective analysis of the relationship between reported child maltreatment and special education eligibility among poor children. *Child Maltreatment*, 9(4), 382–394. <https://doi.org/10.1177/1077559504269192>
- Jonson-Reid, M., Drake, B., & Kohl, P. L. (2009). Is the overrepresentation of the poor in child welfare caseloads due to bias or need? *Children and Youth Services Review*, 31(3), 422–427. <https://doi.org/10.1016/j.childyouth.2008.09.009>
- Jonson-Reid, M., Drake, B., & Kohl, P. L. (2017a). Childhood maltreatment, public service system contact, and preventable death in young adulthood. *Violence and Victims*, 32(1), 93–109. <https://doi.org/10.1891/0886-6708.VV-D-14-00133>
- Jonson-Reid, M., Drake, B., Kohl, P., Guo, S., Brown, D., McBride, T., Kim, H., & Lewis, E. (2017b). What do we really know about usual care child protective services? *Children and Youth Services Review*, 82, 222–229. <https://doi.org/10.1016/j.childyouth.2017.09.019>
- Jonson-Reid, M., Drake, B., & Zhou, P. (2013). Neglect subtypes, race, and poverty: Individual, family, and service characteristics. *Child Maltreatment*, 18(1), 30–41. <https://doi.org/10.1177/1077559512462452>
- Jonson-Reid, M., Emery, C. R., Drake, B., & Stahlschmidt, M. J. (2010b). Understanding chronically reported families. *Child Maltreatment*, 15(4), 271–281. <https://doi.org/10.1177/1077559510380738>
- Jonson-Reid, M., Kohl, P. L., & Drake, B. (2012). Child and adult outcomes of chronic child maltreatment. *Pediatrics*, 129(5), 839–845. <https://doi.org/10.1542/peds.2011-2529>
- Katz, C. C., Gopalan, G., & Wall, E. (2024). Screening and assessment of suicidal behavior in transition-age youth with foster care involvement. *Child and Adolescent Social Work Journal*, 41(5), 667–679. <https://doi.org/10.1007/s10560-023-00913-4>
- Katz, S. (2013). The value of permanency: State implementation of legal guardianship under the Adoption and Safe Families Act of 1997. *Michigan State Law Review*, 2013, 1079–1111. <http://dx.doi.org/10.34944/dspace/6297>
- Kedell, E. (2015). The ethics of predictive risk modelling in the Aotearoa/New Zealand child welfare context: Child abuse prevention or neoliberal tool? *Critical Social Policy*, 35(1), 69–88. <https://doi.org/10.1177/0261018314543224>
- Keefe, R. J., Cummings, A., Van Horne, B., & Greeley, C. (2021). A comparison study of mental health diagnoses of foster and non-foster children on Medicaid. *Pediatrics*, 147(3), 83–84. <https://doi.org/10.1542/peds.147.3MA1.83>
- Keeney, A. J., Glass, S., Vizcarra, E., Krzywicki, L., & Jones, L. (2024). Effectiveness of education focused wraparound services to improve academic success for foster

- youth: A pilot study. *Child Abuse & Neglect*, 155, 106976. <https://doi.org/https://doi.org/10.1016/j.chiabu.2024.106976>
- Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., & Silver, H. K. (1962). The battered child syndrome. *JAMA*, 181(1), 17–24. <https://doi.org/10.1001/jama.1962.03050270019004>
- Kennedy, A. K., Kaushik, G., Dubinsky, E. L., Huseynli, A., JonsonReid, M., & Plax, K. (2022a). Direct and indirect cost savings from sexually transmitted infection testing, treatment, and counseling among foster youth. *Sexually Transmitted Diseases*, 49(1), 86–89. <https://doi.org/10.1097/OLQ.0000000000001511>
- Kennedy, R. S., Potter, M. H., & Font, S. A. (2022b). A meta-regression of racial disparities in wellbeing outcomes during and after foster care. *Trauma, Violence, & Abuse*, 24(4), 2711–2725. <https://doi.org/10.1177/15248380221111481>
- Kern, L. M., Bynum, J. P. W., & Pincus, H. A. (2024). Care fragmentation, care continuity, and care coordination: How they differ and why it matters. *JAMA Internal Medicine*, 184(3), 236–237. <https://doi.org/10.1001/jamainternmed.2023.7628>
- Kessler, R. C., Pecora, P. J., Williams, J., Hiripi, E., O'Brien, K., English, D., White, J., Zebre, R., Downs, A. C., Plotnick, R., Hwang, I., & Sampson, N. A. (2008). Effects of enhanced foster care on the long-term physical and mental health of foster care alumni. *Archives of General Psychiatry*, 65(6), 625–633. <https://doi.org/10.1001/archpsyc.65.6.625>
- Khan, A., & Ungar, M. (2024). Youth receiving child welfare services and their preferred relationships with their service providers. *Research on Social Work Practice*. Advance online publication. <https://doi.org/10.1177/10497315241280547>
- Kids Count Data Center (n.d.). The Kids Count Data Center. Annie E. Casey Foundation. <https://datacenter.aecf.org>
- Kim, H., & Drake, B. (2018). Child maltreatment risk as a function of poverty and race/ethnicity in the USA. *International Journal of Epidemiology*, 47(3), 780–787. <https://doi.org/10.1093/ije/dyx280>
- Kim, H., & Drake, B. (2019). Cumulative prevalence of onset and recurrence of child maltreatment reports. *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(12), 1175–1183. <https://doi.org/10.1016/j.jaac.2019.02.015>
- Kim, H., & Kao, D. (2014). A meta-analysis of turnover intention predictors among U.S. child welfare workers. *Children and Youth Services Review*, 47, 214–223. <https://doi.org/10.1016/j.childyouth.2014.09.015>
- Kim, H. K., & Leve, L. D. (2011). Substance use and delinquency among middle school girls in foster care: A three-year follow-up of a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 79(6), 740–750. <https://doi.org/10.1037/a0025949>
- Kim, H., & Maguire-Jack, K. (2021). Longitudinal changes in child maltreatment reports. *American Journal of Orthopsychiatry*, 91(5), 635–646. <https://doi.org/10.1037/ort0000565>
- Kim, H., Drake, B., & Jonson-Reid, M. (2018). An examination of class-based visibility bias in national child maltreatment reporting. *Children and Youth Services Review*, 85, 165–173. <https://doi.org/10.1016/j.childyouth.2017.12.019>
- Kim, H. K., Pears, K. C., Leve, L. D., Chamberlain, P., & Smith, D. K. (2013). Intervention effects on health-risking sexual behavior among girls in foster care: The role of placement disruption and tobacco and marijuana use. *Journal of Child and Adolescent Substance Abuse*, 22(5), 370–387. <https://doi.org/10.1080/1067828X.2013.788880>

- Kim, H., Wildeman, C., Jonson-Reid, M., & Drake, B. (2017). Lifetime prevalence of investigating child maltreatment among US children. *American Journal of Public Health, 107*(2), 274–280. <https://doi.org/10.2105/AJPH.2016.303545>
- Kisely, S., Strathearn, L., & Najman, J. M. (2020). Child maltreatment and mental health problems in 30-year-old adults: A birth cohort study. *Journal of Psychiatric Research, 129*, 111–117. <https://doi.org/10.1016/j.jpsychires.2020.06.009>
- Klein, S., Merritt, D. H., & Snyder, S. M. (2016). Child welfare supervised children's participation in center-based early care and education. *Children and Youth Services Review, 68*, 80–91. <https://doi.org/10.1016/j.childyouth.2016.06.021>
- Klein, S., Mihalec-Adkins, B., Benson, S., & Lee, S. Y. (2018). The benefits of early care and education for child welfare-involved children: Perspectives from the field. *Child Abuse & Neglect, 79*, 454–464. <https://doi.org/10.1016/j.chiabu.2018.02.015>
- Koegel, P., Melamid, E., & Burnam, M. A. (1995). Childhood risk factors for homelessness among homeless adults. *American Journal of Public Health, 85*(12), 1642–1649. <https://doi.org/10.2105/ajph.85.12.1642>
- Kohl, P. L., Jonson-Reid, M., & Drake, B. (2009). Time to leave substantiation behind: Findings from a national probability study. *Child Maltreatment, 14*(1), 17–26. <https://doi.org/10.1177/1077559508326030>
- Kugler, K. C., Guastaferro, K., Shenk, C. E., Beal, S. J., Zadzora, K. M., & Noll, J. G. (2019). The effect of substantiated and unsubstantiated investigations of child maltreatment and subsequent adolescent health. *Child Abuse & Neglect, 87*, 112–119. <https://doi.org/10.1016/j.chiabu.2018.06.005>
- Kvist, T., Dahllöf, G., Svedin, C. G., & Annerbäck, E. M. (2020). Child physical abuse, declining trend in prevalence over 10 years in Sweden. *Acta Paediatrica, 109*(7), 1400–1408. <https://doi.org/10.1111/apa.15215>
- LaBrenz, C., Jenkins, L., Choi, M. J., Kim, J., Ryan, S., & Wildberger, M. S. (2023). Sinking or swimming: Perspectives of the children without placement crisis. *Journal of Public Child Welfare, 18*(3), 621–647. <https://doi.org/10.1080/15548732.2023.2237421>
- LaBrenz, C. A., Wisdom, D., Ryan, S. D., Jenkins, L., & Baiden, P. (2025). State investment in Title IV-E stipend programs and child length of stay in foster care: A national study. *Journal of Public Child Welfare*. Advance online publication. <https://doi.org/10.1080/15548732.2025.2454409>
- Lamari-Fisher, A., & Bond, M. A. (2021). Protective factors in preventing delinquency: Caregiver support, caregiver monitoring, and school engagement. *Journal of Community Psychology, 49*(7), 2818–2837. <https://doi.org/10.1002/jcop.22554>
- Landsman, M. J., & D'Aunno, L. E. (2023). In-home child welfare services. In R. Denby-Brinson & C. Ingram (Eds.), *Child and Family-Serving Systems: Compendium of Policy & Practice* (Vol. 3, pp. 219–243). CWLA Press.
- Laulié, L., & Morgeson, F. P. (2020). The end is just the beginning: Turnover events and their impact on those who remain. *Personnel Psychology, 74*(3), 387–409. <https://doi.org/10.1111/peps.12422>
- Lawrence, D. M., Hunt, A., Mathews, B., Haslam, D. M., Malacova, E., Dunne, M. P., Erskine, H. E., Higgins, D. J., Finkelhor, D., Pacella, R., Meinck, F., Thomas, H. J., & Scott, J. G. (2023). The association between child maltreatment and health risk behaviours and conditions throughout life in the Australian Child Maltreatment Study. *Medical Journal of Australia, 218*(56), S34–S39. <https://doi.org/10.5694/mja2.51877>

- Lee, B. R., Bright, C. L., Svoboda, D. V., Fakunmoju, S., & Barth, R. P. (2011). Outcomes of group care for youth: A review of comparative studies. *Research on Social Work Practice, 21*(2), 177–189. <https://doi.org/10.1177/1049731510386243>
- Lee, B. R., Hwang, J., Socha, K., Pau, T., & Shaw, T. V. (2013). Going home again: Transitioning youth to families after group care placement. *Journal of Child and Family Studies, 22*(4), 447–459. <https://doi.org/10.1007/s10826-012-9596-y>
- Lee, E., Kirkland, K., Miranda-Julian, C., & Greene, R. (2018). Reducing maltreatment recurrence through home visitation: A promising intervention for child welfare involved families. *Child Abuse & Neglect, 86*, 55–66. <https://doi.org/10.1016/j.chiabu.2018.09.004>
- Lee, J. S., Courtney, M. E., & Tajima, E. (2014a). Extended foster care support during the transition to adulthood: Effect on the risk of arrest. *Children and Youth Services Review, 42*, 34–42. <https://doi.org/10.1016/j.childyouth.2014.03.018>
- Lee, J. Y., Steelesmith, D. L., Chaiyachati, B. H., Kirsch, J., Rao, S., & Fontanella, C. A. (2024). Child welfare system-level factors associated with all-cause mortality among children in foster care in the United States, 2009–2018. *Child Maltreatment, 29*(4), 684–699. <https://doi.org/10.1177/10775595231177313>
- Lee, L., Tran, S., Braun, M. T., LaSota, R., & Fuller, T. L. (2020). *Child Welfare Workforce Task Force: Literature Review, Employer Survey, and Recommendations*. University of Illinois Children & Family Research Center. https://www.cfric.illinois.edu/pubs/rp_20210205_ChildWelfareWorkforceTaskForce:LiteratureReviewEmployerSurveyandRecommendations.pdf
- Lee, M. Y., & Jonson-Reid, M. (2009). Needs and outcomes for low income youth in special education: Variations by emotional disturbance diagnosis and child welfare contact. *Children and Youth Services Review, 31*(7), 722–731. <https://doi.org/10.1016/j.childyouth.2009.01.005>
- Lee, S., Jonson-Reid, M., & Drake, B. (2012). Foster care re-entry: Exploring the role of foster care characteristics, in-home child welfare services and cross-sector services. *Children & Youth Services Review, 34*, 1825–1833. <https://doi.org/10.1016/j.childyouth.2012.05.007>
- Lee, S. J., Grogan-Kaylor, A., & Berger, L. M. (2014b). Parental spanking of 1-year-old children and subsequent child protective services involvement. *Child Abuse & Neglect, 38*(5), 875–883. <https://doi.org/10.1016/j.chiabu.2014.01.018>
- Leffler, K., & Ahn, H. (2022). Foster parent perspectives and experiences with public child welfare. *Journal of Public Child Welfare, 16*(2), 233–248. <https://doi.org/10.1080/15548732.2021.1874592>
- Leiter, J. (2007). School performance trajectories after the advent of reported maltreatment. *Children and Youth Services Review, 29*(3), 363–382. <https://doi.org/10.1016/j.childyouth.2006.09.002>
- Leiter, J., & Johnsen, M. C. (1994). Child maltreatment and school performance. *American Journal of Education, 102*(2), 154–189. <https://doi.org/10.3102/00028312034003563>
- Leiter, J., Myers, K. A., & Zingraff, M. T. (1994). Substantiated and unsubstantiated cases of child maltreatment: Do their consequences differ? *Social Work Research, 18*(2), 67–82. <https://doi.org/10.1093/swr/18.2.67>
- Lery, B., Rhodes, E., Thompson, D., & Haight, J. (2024). Impact findings from a randomized controlled trial of a supportive housing demonstration programme for homeless, child welfare-involved families. *Child & Family Social Work*. Advance online publication. <https://doi.org/10.1111/cfs.13238>

- Leschied, A. W., Chiodo, D., Whitehead, P. C., & Hurley, D. (2005). The relationship between maternal depression and child outcomes in a child welfare sample: Implications for treatment and policy. *Child & Family Social Work, 10*(4), 281–291. <https://doi.org/10.1111/j.1365-2206.2005.00365.x>
- Leslie, L. K., Hurlburt, M. S., James, S., Landsverk, J., Slymen, D. J., & Zhang, J. (2005). Relationship between entry into child welfare and mental health service use. *Psychiatric Services, 56*(8), 981–987. <https://doi.org/10.1176/appi.ps.56.8.981>
- Leve, L. D., Khurana, A., & Reich, E. B. (2015). Intergenerational transmission of maltreatment: A multilevel examination. *Development and Psychopathology, 27*, 1429–1442. <https://doi.org/10.1017/S0954579415000851>
- Lewis, E. M., Murugan, V., Williams, K. A., Barth, R. P., & Lee, B. R. (2022). Relationships matter: Exploring the implementation of the Quality Parenting Initiative and the foster parent experience. *Child & Family Social Work, 27*(4), 593–603. <https://doi.org/10.1111/cfs.12908>
- Li, Y., & Jones, C. B. (2012). A literature review of nursing turnover costs. *Journal of Nursing Management, 21*(3), 405–418. <https://doi.org/10.1111/j.1365-2834.2012.01411.x>
- Lietz, C. A. (2009). Examining families' perceptions of intensive in-home services: A mixed methods study. *Children and Youth Services Review, 31*(12), 1337–1345. <https://doi.org/10.1016/j.childyouth.2009.06.007>
- Lindner, A. R., & Hanlon, R. (2024). Outcomes of youth with foster care experiences based on permanency outcomes—Adoption, aging out, long-term foster care, and reunification: A systematic review. *Children and Youth Services Review, 156*, 1–9. <https://doi.org/10.1016/j.childyouth.2023.107366>
- Lindquist, M. J., & Santavirta, T. (2014). Does placing children in foster care increase their adult criminality? *Labour Economics, 31*, 72–83. <https://doi.org/10.1016/j.labeco.2014.10.001>
- Lindsey, M. A., Brandt, N. E., Becker, K. D., Lee, B. R., Barth, R. P., Daleiden, E. L., & Chorpita, B. F. (2014). Identifying the common elements of treatment engagement interventions in children's mental health services. *Clinical Child and Family Psychology Review, 17*, 283–298. <https://doi.org/10.1007/s10567-013-0163-x>
- Lizano, E. L., He, A. S., & Leake, R. (2021). Caring for our child welfare workforce: A holistic framework of worker well-being. *Human Service Organizations: Management, Leadership and Governance, 45*(4), 281–292. <https://doi.org/10.1080/23303131.2021.1932658>
- Lloyd, E. C., & Barth, R. P. (2011). Developmental outcomes after five years for foster children returned home, remaining in care, or adopted. *Children and Youth Services Review, 33*(8), 1383–1391. <https://doi.org/10.1016/j.childyouth.2011.04.008>
- Lorthridge, J., McCroskey, J., Pecora, P. J., Chambers, R., & Fatemi, M. (2012). Strategies for improving child welfare services for families of color: First findings of a community-based initiative in Los Angeles. *Children and Youth Services Review, 34*(1), 281–288. <https://doi.org/10.1016/j.childyouth.2011.10.025>
- Loveday, S., Hall, T., Constable, L., Paton, K., Sanci, L., Goldfeld, S., & Hiscock, H. (2022). Screening for adverse childhood experiences in children: A systematic review. *Pediatrics, 149*(2), e2021051884. <https://doi.org/10.1542/peds.2021-051884>
- Luu, B., Collings, S., Ciftci, S., & McLaine, M. (2025). Strengths, compliance, or deficits: Examining professional viewpoints on the 'realistic possibility of reunification' for parents with children in care. *Journal of Public Child Welfare*. Advance online publication. <https://doi.org/10.1080/15548732.2025.2503200>

- Lyons, J. S. (2009). *Communimetrics: A Communication Theory of Measurement in Human Service Settings*. Springer. <https://doi.org/10.1007/978-0-387-92822-7>
- Maalouf, O., Daigneault, I., Dargan, S., McDuff, P., & Frappier, J. Y. (2020). Relationship between child sexual abuse, psychiatric disorders and infectious diseases: A matched-cohort study. *Journal of Child Sexual Abuse*, 29(7), 749–768. <https://doi.org/10.1080/10538712.2019.1709242>
- Mack, L. J. M., & Barth, R. P. (2023). Reinstating parental rights that have been terminated: Finding ways to restore legal connections for children who had been in foster care. *Journal of Public Child Welfare*, 17(4), 769–787. <https://doi.org/10.1080/15548732.2022.2113200>
- MacKenzie, M. J., Nicklas, E., Brooks-Gunn, J., & Waldfogel, J. (2011). Who spans infants and toddlers? Evidence from the fragile families and child well-being study. *Children and Youth Services Review*, 33(8), 1364–1373. <https://doi.org/10.1016/j.childyouth.2011.04.007>
- Madden, E. E., Scannapieco, M., & Painter, K. (2014). An examination of retention and length of employment among public child welfare workers. *Children and Youth Services Review*, 41, 37–44. <https://doi.org/10.1016/j.childyouth.2014.02.015>
- Maguire, D., May, K., McCormack, D., & Fosker, T. (2024). A systematic review of the impact of placement instability on emotional and behavioural outcomes among children in foster care. *Journal of Child & Adolescent Trauma*, 17, 641–655. <https://doi.org/10.1007/s40653-023-00606-1>
- Maguire-Jack, K., & Negash, T. (2016). Parenting stress and child maltreatment: The buffering effect of neighborhood social service availability and accessibility. *Children and Youth Services Review*, 60, 27–33. <https://doi.org/10.1016/j.childyouth.2015.11.016>
- Maloney, T., Jiang, N., Putnam-Hornstein, E., Dalton, E., & Vaithianathan, R. (2017). Black–White differences in child maltreatment reports and foster care placements: A statistical decomposition using linked administrative data. *Maternal and Child Health Journal*, 21(3), 414–420. <https://doi.org/10.1007/s10995-016-2242-3>
- Martin, K. (2022, August 15). FAQ: What happened with Cherokee County’s Department of Social Services? Get caught up on the unprecedented NC situation, which has left the county responsible for \$53 million in penalties and payments. *Carolina Public Press*. <https://carolinapublicpress.org/55887/faq-what-happened-with-cherokee-countys-department-of-social-services/>
- Mathews, B., & Bross, D. C. (2008). Mandated reporting is still a policy with reason: Empirical evidence and philosophical grounds. *Child Abuse & Neglect*, 32(5), 511–516. <https://doi.org/10.1016/j.chiabu.2007.06.010>
- Maxfield, M., Li, X., & Widom, C. S. (2023). Childhood maltreatment and midlife cognitive functioning: A longitudinal study of the roles of social support and social isolation. *Neuropsychology*, 37(8), 943–954. <https://doi.org/10.1037/neu0000911>
- McCafferty, P., Duffy, J., & Hayes, D. (2021). Permanency decisions in child welfare: A qualitative study. *The British Journal of Social Work*, 51(6), 2134–2154. <https://doi.org/10.1093/bjsw/bcab095>
- McCarthy, L. P., Lee, B. R., Schagrin, J., & Loysen, S. (2020). “Knowing that I wasn’t alone”: An evaluation of a therapeutic camp reunifying siblings in foster care. *Children and Youth Services Review*, 117, 105296. <https://doi.org/10.1016/j.childyouth.2020.105296>
- McCoppin, R. (2024, June 6). AJ Freund caseworker gets 6 months in jail for child endangerment. *Chicago Tribune*. <https://www.chicagotribune.com/2024/06/06/aj-freund-caseworker-get-6-months-in-jail-for-child-endangerment/>

- McCrae, J. S., Barth, R. P., & Guo, S. Y. (2010). Changes in maltreated children's emotional-behavioral problems following typically provided mental health services. *American Journal of Orthopsychiatry*, 80(3), 350–361. <https://doi.org/10.1111/j.1939-0025.2010.01039.x>
- McCrae, J. S., Cahalane, H., & Fusco, R. A. (2011). Directions for developmental screening in child welfare based on the ages and stages questionnaires. *Children and Youth Services Review*, 33(8), 1412–1418. <https://doi.org/10.1016/j.childyouth.2011.04.011>
- McCroskey, J., Pecora, P. J., Franke, T., Christie, C. A., Lorthridge, J., & Lothridge, J. (2012). Strengthening families and communities to prevent child abuse and neglect: Lessons from the Los Angeles Prevention Initiative Demonstration Project. *Child Welfare*, 91(2), 39–60. <https://www.jstor.org/stable/45466891>
- McGuire, A., Gabrielli, J., Hambrick, E., Abel, M. R., Guler, J., & Jackson, Y. (2021). Academic functioning of youth in foster care: The influence of unique sources of social support. *Children and Youth Services Review*, 121, 105867. <https://doi.org/10.1016/j.childyouth.2020.105867>
- McKenzie, E. F., Thompson, C. M., Hurren, E., Tzoumakis, S., & Stewart, A. (2024). Intergenerational (dis)continuity of child maltreatment: Variation by parents' childhood victimization experiences and sex. *Child Maltreatment*, 29(1), 24–36. <https://doi.org/10.1177/10775595221138551>
- McLoon, A. (2023, September 27). Lincoln man who allegedly shot DHHS caseworker during child welfare check will appear in court Thursday. *KETV Omaha*. <https://www.ketv.com/article/lincoln-man-who-allegedly-shot-dhhs-caseworker-during-child-welfare-check-will-appear-in-court/45344917>
- McMahon, K., Hoertel, N., Wall, M. M., Okuda, M., Limosin, F., & Blanco, C. (2015). Childhood maltreatment and risk of intimate partner violence: A national study. *Journal of Psychiatric Research*, 69, 42–49. <https://doi.org/10.1016/j.jpsychires.2015.07.026>
- McTavish, J. R., McKee, C., Tanaka, M., & MacMillan, H. L. (2022). Child welfare reform: A scoping review. *International Journal of Environmental Research and Public Health*, 19(21), 14071. <https://doi.org/10.3390/ijerph192114071>
- McTavish, J. R., Santesso, N., Amin, A., Rejnders, M., Ali, M. U., Fitzpatrick-Lewis, D., & MacMillan, H. L. (2021). Psychosocial interventions for responding to child sexual abuse: A systematic review. *Child Abuse & Neglect*, 116(1), 104203. <https://doi.org/10.1016/j.chiabu.2019.104203>
- Melton, G. B. (2005). Mandated reporting: A policy without reason. *Child Abuse & Neglect*, 29(1), 9–18. <https://doi.org/10.1016/j.chiabu.2004.05.005>
- Merkel-Holguin, L., Drury, I., Gibley-Reed, C., Lara, A., Jihad, M., Grint, K., & Marlowe, K. (2022). Structures of oppression in the U.S. child welfare system: Reflections on administrative barriers to equity. *Societies*, 12(1), 26. <https://doi.org/10.3390/soc12010026>
- Merritt, D. H. (2021). Lived Experiences of Racism Among Child Welfare-Involved Parents. *Race and Social Problems*, 13(1), 63–72. <https://doi.org/10.1007/s12552-021-09316-5>
- Merritt, D. H., Ludeke, R. D., Halverson, J., Chew, J., & Kaul, U. (2025). Mandated reporting and child welfare surveillance: Protection or subordination. *Families in Society*, 106(2), 480–499. <https://doi.org/10.1177/10443894251322200>
- Mersky, J. P., & Janczewski, C. (2013). Adult well-being of foster care alumni: Comparisons to other child welfare recipients and a non-child welfare sample in

- a high-risk, urban setting. *Children and Youth Services Review*, 35(3), 367–376. <https://doi.org/10.1016/j.childyouth.2012.11.016>
- Mersky, J. P., Topitzes, J., & Reynolds, A. J. (2011). Unsafe at any age: Linking childhood and adolescent maltreatment to delinquency and crime. *Journal of Research in Crime and Delinquency*, 49(2), 295–318. <https://doi.org/10.1177/0022427811415284>
- Mertz, M., & Andersen, S. H. (2017). The hidden cost of foster-care: New evidence on the inter-generational transmission of foster-care experiences. *The British Journal of Social Work*, 47(5), 1377–1393. <https://doi.org/10.1093/bjsw/bcw132>
- Messing, J. T., Campbell, J., Holly, D., & Corwin, D. (2024). The Lethality Assessment Program 2.0: Adjusting intimate partner violence risk assessment to account for strangulation risk. *Policing: A Journal of Policy and Practice*, 18, paee060. <https://doi.org/10.1093/police/paae060>
- Millett, L. S. (2016). The healthy immigrant paradox and child maltreatment: A systematic review. *Journal of Immigrant and Minority Health*, 18(5), 1199–1215. <https://doi.org/10.1007/s10903-016-0373-7>
- Millett, L. S. (2019). Outcomes from early child maltreatment prevention program in child protective services. *Children and Youth Services Review*, 101, 329–340. <https://doi.org/10.1016/j.childyouth.2019.04.009>
- Mobley, J. L. (2020, January 10). VA's Warrior to Soulmate (W2SM) Program. US Department of Veteran Affairs. <https://news.va.gov/70144/vas-warrior-soulmate-w2sm-program/>
- Monahan, E. K., Grewal-Kök, Y., Cusick, G., & Anderson, C. (2023). *Economic and Concrete Supports: An Evidence-Based Service for Child Welfare Prevention*. Chapin Hall at the University of Chicago. https://familyfirstact.org/sites/default/files/Economic%20and%20Concrete%20Supports-and-FFPSA-Brief_FINAL-4.13.23.pdf
- Montoya-Williams, D., Williamson, V. G., Cardel, M., Fuentes-Afflick, E., Maldonado-Molina, M., & Thompson, L. (2021). The Hispanic/Latinx perinatal paradox in the United States: A scoping review and recommendations to guide future research. *Journal of Immigrant and Minority Health*, 23(5), 1078–1091. <https://doi.org/10.1007/s10903-020-01117-z>
- Morello, L., Caputi, M., Scaini, S., & Forresi, B. (2022). Parenting programs to reduce recurrence of child maltreatment in the family environment: A systematic review. *International Journal of Environmental Research and Public Health*, 19(20), 13283. <https://doi.org/10.3390/ijerph192013283>
- Moyer, A. M., & Goldberg, A. E. (2020). Foster youth's educational challenges and supports: Perspectives of teachers, foster parents, and former foster youth. *Child and Adolescent Social Work Journal*, 37(2), 123–136. <https://doi.org/10.1007/s10560-019-00640-9>
- Müller, S. G. (2024). Reclaiming childhood: Indigenous child welfare, Bill C-92, and Canada's shadows of colonialism (Publication No. 9174123) [Bachelor's thesis, Lund University]. Lund University Libraries. <https://lup.lub.lu.se/student-papers/search/publication/9174123>
- Munger, K. F., Stegenga, S. M., Storie, S. O., & Wennerstrom, E. K. (2023). Addressing challenges at the intersection of early intervention and child welfare. *Child Abuse & Neglect*, 142, 105852. <https://doi.org/10.1016/j.chiabu.2022.105852>
- Munson, M. R., Smalling, S. E., Spencer, R., Scott, L. D., Jr., & Tracy, E. M. (2010). A steady presence in the midst of change: Non-kin natural mentors in the lives of older youth exiting foster care. *Children and Youth Services Review*, 32(4), 527–535. <https://doi.org/10.1016/j.childyouth.2009.11.005>

- National Association of Social Workers (2013). *NASW Standards for Social Work Practice in Child Welfare*. <https://www.socialworkers.org/LinkClick.aspx?fileticket=Fc9G3FOg1Bs%3d&portalid=0>
- National Child Welfare Workforce Institute (2016). *Why the Workforce Matters*. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://ncwwi.org/files/Why_the_Workforce_Matters.pdf
- National Conference of State Legislatures (2019). *Differential Response in Child Protective Services: Analysis of State Legislative Provisions*. <https://www.ncsl.org/research/human-services/statelegislation-differential-response.aspx>
- New York State Office of Children and Family Services (2010). *Flexibility in Sleeping Arrangement Requirements for Sibling Foster Care Placements* (Transmittal No. 10-OCFS-INF-07). https://ocfs.ny.gov/main/policies/external/OCFS_2010/INF/10-OCFS-INF-07%20Flexibility%20in%20Sleeping%20Arrangement%20Requirements%20for%20Sibling%20Foster%20Care%20Placements.pdf
- Oakland Unified School District (2021). *Community Schools Progress Report*. <https://www.ousd.org/communityschools>
- Office of the Assistant Secretary for Planning and Evaluation (2020). *The Multiethnic Placement Act and Transracial Adoption 25 Years Later*. US Department of Health and Human Services. <https://aspe.hhs.gov/reports/multiethnic-placement-act-transracial-adoption-25-years-later>
- Okpych, N. J. (2015). Receipt of independent living services among older youth in foster care: An analysis of national data from the U.S. *Children and Youth Services Review*, 51, 74–86. <https://doi.org/10.1016/j.childyouth.2015.01.021>
- Okpych, N. J., & Courtney, M. E. (2023). *When Foster Youth Go to College: Assessing Barriers and Supports to Degree Completion for College Students with Foster Care Histories*. University of Wisconsin–Madison, Institute for Research on Poverty. <https://www.irlp.wisc.edu/resource/when-foster-youth-go-to-college-assessing-barriers-and-supports-to-degree-completion-for-college-students-with-foster-care-histories/>
- Okpych, N. J., Park, S., & Courtney, M. E. (2019). *Memo from CalYOUTH: Early Findings on the Impact of Extended Foster Care on Foster Youths' Postsecondary Education Enrollment and Persistence*. Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/PDF/CalYouth-College-Enrollment-and-Persistence.pdf>
- Okpych, N. J., Whitman, K., Lee, J., Neria-Piña, L., Jackson, L. A., & Day, M. (2025). Secondary and postsecondary education outcomes of students with experience in foster care: Systematic review of the literature from 2000–2023. *AERA Open*, 11(1), 1–23. <https://doi.org/10.1177/23328584251331454>
- Olaniyan, O. S., Hetland, H., Hystad, S. W., Iversen, A. C., & Ortiz-Barreda, G. (2020). Lean on me: A scoping review of the essence of workplace support among child welfare workers. *Frontiers in Psychology*, 11, 287. <https://doi.org/10.3389/fpsyg.2020.00287>
- Orsi-Hunt, R., Harrison, C. L., Rockwell, K. E., & Barbee, A. P. (2023). Addressing secondary traumatic stress, burnout, resilience and turnover in the child welfare workforce: Results from a 6-month, cluster-randomized control trial of Resilience Alliance. *Children and Youth Services Review*, 151, 107044. <https://doi.org/10.1016/j.childyouth.2023.107044>

- Ortega, R. M., & Faller, K. C. (2011). Training child welfare workers from an intersectional cultural humility perspective: A paradigm shift. *Child Welfare, 90*(5), 27–49. <https://www.jstor.org/stable/48623301>
- Ortega, R. M., Chang, O. D., Ortega, M. B., Teriberry, L., VanSickle, R., & Faller, K. C. (2025). What cultural humility teaches us about protecting children. *Child Protection and Practice, 5*, 100178. <https://doi.org/10.1016/j.chipro.2025.100178>
- Pac, J., Collyer, S., Berger, L., O'Brien, K., Parker, E., Pecora, P., Rostad, W., Waldfogel, J., & Wimer, C. (2023). The effects of child poverty reductions on child protective services involvement. *Social Service Review, 97*(1), 43–91. <https://doi.org/10.1086/723219>
- Palmer, L., Font, S., Eastman, A. L., Guo, L., & Putnam-Hornstein, E. (2022). What does child protective services investigate as neglect? A population-based study. *Child Maltreatment, 29*(1), 96–105. <https://doi.org/10.1177/10775595221114144>
- Palusci, V. J., & Botash, A. S. (2021). Race and bias in child maltreatment diagnosis and reporting. *Pediatrics, 148*(1), e2020049625. <https://doi.org/10.1542/peds.2020-049625>
- Park, K., Courtney, M. E., Okpych, N. J., & Nador, M. (2020). *Trends in Justice System Involvement from Ages 17 to 21*. Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/CJ-involvement-memo.pdf>
- Park, S., Okpych, N. J., Hart, J. S., & Courtney, M. E. (2023). County-level factors matter: The role of contextual factors in foster youths' extended foster care participation and human capital outcomes. *Child Maltreatment, 28*(2), 332–344. <https://doi.org/10.1177/10775595221088226>
- Pasian, M. S., Benitez, P., & Lacharité, C. (2020). Child neglect and poverty: A Brazilian study. *Children and Youth Services Review, 108*, 104655. <https://doi.org/10.1016/j.childyouth.2019.104655>
- Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111–148, 124 Stat. 119 (2010). <https://www.congress.gov/111/plaws/publ148/PLAW-111publ148.pdf>
- Pears, K. C., Kim, H. K., & Fisher, P. A. (2012). Effects of a school readiness intervention for children in foster care on oppositional and aggressive behaviors in kindergarten. *Children and Youth Services Review, 34*(12), 2361–2366. <https://doi.org/10.1016/j.childyouth.2012.08.015>
- Pedersen, A. W., & Kuhnle, S. (2017). The Nordic welfare state model. In O. Knutsen (Ed.), *The Nordic Models in Political Science* (pp. 219–238). Fagbokforlaget.
- Pelton, L. H. (1978). Child abuse and neglect: The myth of classlessness. *American Journal of Orthopsychiatry, 48*(4), 608–617. <https://doi.org/10.1111/j.1939-0025.1978.tb02565.x>
- Pelton, L. H. (1994). The role of material factors in child abuse and neglect. *Child Abuse & Neglect, 41*, 30–39. <https://doi.org/10.1016/j.chiabu.2014.08.001>
- Pelton, L. H. (2015). The continuing role of material factors in child maltreatment and placement. *Child Abuse & Neglect, 41*, 30–39. <https://doi.org/10.1016/j.chiabu.2014.08.001>
- Peterson, C., Florence, C., & Kleven, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect, 86*, 178–183. <https://doi.org/10.1016/j.chiabu.2018.09.018>
- Pierce, R. L., & Pierce, L. H. (1996). Moving toward cultural competence in the child welfare system. *Children and Youth Services Review, 18*(8), 713–731. [https://doi.org/10.1016/S0190-7409\(96\)00032-1](https://doi.org/10.1016/S0190-7409(96)00032-1)
- Pilkington, R., Montgomerie, A., Grant, J., Gialamas, A., Malvaso, C., Smithers, L., Chittleborough, C., & Lynch, J. (2019). *An Innovative Linked Data Platform to*

- Improve the Wellbeing of Children: The South Australian Early Childhood Data Project.* Australian Institute of Health and Welfare. <https://www.aihw.gov.au/getmedia/75c9f692-c72c-438d-b68b-91318f780154/australias-welfare-chapter-8-summary-18sept2019.pdf.aspx>
- Piper, K. A., Rycus, J. S., Hughes, R. C., Vandervort, F., Schunk, S., Kelly, C., & Holzrichter, J. (2020). *Issues in Differential Response: Revisited*. Center for Child Policy. <https://www.researchgate.net/publication/341736943>
- Plummer, D. L., Stone, R. T., Powell, L., & Allison, J. (2016). Patterns of adult cross-racial friendships: A context for understanding contemporary race relations. *Cultural Diversity & Ethnic Minority Psychology*, 22(4), 479–494. <https://doi.org/10.1037/cdp0000079>
- Pösö, T., Skivenes, M., & Thoburn, J. (Eds.). (2021). *Adoption from Care: International Perspectives on Children's Rights, Family Preservation and State Intervention*. Bristol University Press. <https://doi.org/10.2307/j.ctvln1brv7>
- Preston, R., & Samuel, M. (2021, June 17). End 'staggering misuse' of children's social workers to allow more direct work, says Care Review. Community Care. <https://www.communitycare.co.uk/2021/06/17/end-staggering-misuse-childrens-social-workers-allow-direct-work-says-care-review/>
- Price, J. M., Chamberlain, P., Landsverk, J., Reid, J. B., Leve, L. D., & Laurent, H. (2008). Effects of a foster parent training intervention on placement changes of children in foster care. *Child Maltreatment*, 13(1), 64–75. <https://doi.org/10.1177/1077559507310612>
- Prince, J., & Austin, M. J. (2005). Inter-agency collaboration in child welfare and child mental health systems. *Social Work in Mental Health*, 4(1), 1–16. https://doi.org/10.1300/J200v04n01_01
- Pryce, J., Brown, D., Woods, M., & Zhang, Y. (2018). *Children's Home Society: CaseAIM Evaluation*. Florida State University, Florida Institute for Child Welfare. <https://www.chsfl.org/wp-content/uploads/2021/09/FR-CaseAim-Final-071618.pdf>
- Pub. L. 95–608, 92 Stat. 3069. Indian Child Welfare Act. <https://www.govinfo.gov/content/pkg/STATUTE-92/pdf/STATUTE-92-Pg3069.pdf>
- Pullmann, M. D., VanHooser, S., Hoffman, C., & Heflinger, C. A. (2010). Barriers to and supports of family participation in a rural system of care for children with serious emotional problems. *Community Mental Health Journal*, 46(3), 211–220. <https://doi.org/10.1007/s10597-009-9208-5>
- Putnam-Hornstein, E., & Needell, B. (2011). Predictors of child protective service contact between birth and age five: An examination of California's 2002 birth cohort. *Children and Youth Services Review*, 33(11), 2400–2407. <https://doi.org/10.1016/j.childyouth.2011.07.010>
- Putnam-Hornstein, E., Ahn, E., Prindle, J., Magruder, J., Webster, D., & Wildeman, C. (2021). Cumulative rates of child protection involvement and terminations of parental rights in a California birth cohort, 1999–2017. *American Journal of Public Health*, 111(6), 1157–1163. <https://doi.org/10.2105/AJPH.2021.306214>
- Putnam-Hornstein, E., Cederbaum, J. A., King, B., Eastman, A. L., & Trickett, P. K. (2015). A population-level and longitudinal study of adolescent mothers and intergenerational maltreatment. *American Journal of Epidemiology*, 181(7), 496–503. <https://doi.org/10.1093/aje/kwu321>
- Putnam-Hornstein, E., Cleves, M. A., Licht, R., & Needell, B. (2013a). Risk of fatal injury in young children following abuse allegations: Evidence from a prospective, population-based study. *American Journal of Public Health*, 103, e39–344.

- Putnam-Hornstein, E., Needell, B., King, B., & Johnson-Motoyama, M. (2013b). Racial and ethnic disparities: A population-based examination of risk factors for involvement with child protective services. *Child Abuse & Neglect*, 37(1), 33–46. <https://doi.org/10.1016/j.chiabu.2012.08.005>
- Quality Improvement Center for Workforce Development (n.d.). About us. <https://www.qic-wd.org/about-us>
- Quality Improvement Center for Workforce Development (2021). *Secondary Traumatic Stress, Burnout and Resilience in the Child Welfare Workforce: Early Results from Nebraska's Randomized Controlled Trial of Resilience Alliance*. <https://www.qic-wd.org/blog/secondary-traumatic-stress-burnout-and-resilience-child-welfare-workforce-early-results>
- Quality Parenting Initiative (n.d.). What is QPI? <https://qpi4kids.org/what-is-qpi/>
- Rapp, A., Fall, G., Radomsky, A. C., & Santarossa, S. (2021). Child maltreatment during the COVID-19 pandemic: A systematic rapid review. *Pediatric Clinics of North America*, 68(5), 991–1009. <https://doi.org/10.1016/j.pcl.2021.05.006>
- Rasch, L., Alayli, A., Ballmeyer, C., Franco, J. V. A., & De Bock, F. (2025). Frameworks, models and theories for prevention of child maltreatment: Protocol for a scoping review from a population health perspective. *BMJ Open*, 15(5), e098429. <https://doi.org/10.1136/bmjopen-2024-098429>
- Raz, M., Gupta-Kagan, J., & Asnes, A. G. (2024). Should I call child protection? Guidelines for clinicians. *JAMA Pediatrics*, 178(11), 1095–1096. <https://doi.org/10.1001/jamapediatrics.2024.3624>
- Rebbe, R. (2018). What is neglect? State legal definitions in the United States. *Child Maltreatment*, 23(3), 303–315. <https://doi.org/10.1177/1077559518767337>
- Rebbe, R., Mienko, J. A., & Martinson, M. L. (2020). Incidence and risk factors for abusive head trauma: A population-based study. *Child Abuse Review*, 29(3), 195–207. <https://doi.org/10.1002/car.2630>
- Reddy, J., Williams-Isom, A., & Putnam-Hornstein, E. (2022). Racial sensitivity training: An inadequate solution to systemic racial disparities in child protection systems. *Child Abuse & Neglect*, 128, 105584. <https://doi.org/10.1016/j.chiabu.2022.105584>
- Reilly, T., & Schlinkert, D. (2024). Transition from foster care: A cross sectional comparison of youth outcomes twenty years apart. *Child and Adolescent Social Work Journal*, 41(4), 485–498. <https://doi.org/10.1007/s10560-022-00901-0>
- Reyes-Velarde, A. (2020, July 15). Charges dismissed against social workers linked to Gabriel Fernandez's killing. *Los Angeles Times*. <https://www.latimes.com/california/story/2020-07-15/charges-against-the-social-workers-linked-to-gabriel-fernandez-killing-will-be-dropped>
- Rittenhouse, K., Lacey, L., & Simon, D. (2024, November 21–23). Child welfare contact and child well-being: Using administrative data to identify causal effects [Conference presentation]. 2024 APPAM Fall Research Conference, National Harbor, MD, United States. <https://appam.confex.com/appam/2024/meetingapp.cgi/Paper/53780>
- Rizk, H. (2023). Child protection in Lebanon. In J. D. Berrick, N. Gilbert, & M. Skivenes (Eds.), *The Oxford Handbook of Child Protection Systems* (pp. 794–813). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780197503546.013.25>
- Roberts, D. (2022a). How Covid revealed the folly of our child protection system. *The Nation*. <https://www.thenation.com/article/society/child-foster-care-coronavirus/>
- Roberts, D. (2022b). *Torn Apart: How the Child Welfare System Destroys Black Families—and How Abolition Can Build a Safer World*. Basic Books.

- Robinson, H., Gandarilla Ocampo, M., Jonson-Reid, M., Sulaiman, S., & Kohl, P. (2023). Sharing our story in a safe space: Using community cafés to empower African American voices in child welfare intervention research. *APSAC Advisor*, 35(3), 50–69. <http://apsaclibrary.org/publications/2023%20Number%201/10724.pdf>
- Rodriguez, C. M., Lee, S. J., Ward, K. P., & Pu, D. F. (2020). The perfect storm: Hidden risk of child maltreatment during the COVID-19 pandemic. *Child Maltreatment*, 26(2), 139–151. <https://doi.org/10.1177/1077559520982066>
- Roscoe, J. N., Lery, B., & Chambers, J. E. (2018). Understanding child protection decisions involving parents with mental illness and substance abuse. *Child Abuse and Neglect*, 81, 235–248. <https://doi.org/10.1016/j.chiabu.2018.05.005>
- Roscoe, J. N., Lery, B., & Thompson, D. (2021). Child safety decisions and parental mental health problems: A new analysis of mediating factors. *Child Abuse & Neglect*, 120, 105202. <https://doi.org/10.1016/j.chiabu.2021.105202>
- Rosenberg, R., & Abbott, S. (2019). *Supporting Older Youth beyond Age 18: Examining Data and Trends in Extended Foster Care*. Child Trends. https://www.childtrends.org/publications/supporting-older-youth-beyond-age-18-examining-data-and-trends-in-extended-foster-care#_edn20
- Rosholm, M., Bodilsen, S. T., Michel, B., & Nielsen, A. S. (2024). Predictive risk modeling for child maltreatment detection and enhanced decision-making: Evidence from Danish administrative data. *PLoS ONE*, 19(7), e0305974. <https://doi.org/10.1371/journal.pone.0305974>
- Rosinsky, K., Fischer, M., & Hass, M. (2023). *Child Welfare Financing, SFY 2020*. Child Trends. https://cms.childtrends.org/wp-content/uploads/2023/04/ChildWelfareFinancingReport_ChildTrends_May2023.pdf
- Rousson, A. N., Merelas, S., Tajima, E. A., Orlando, L., Lund, J. J., & Barkan, S. (2025). “At the mercy of our system”: Structural and programmatic changes for supporting parents with children in out-of-home care. *Children and Youth Services Review*, 175, 108370. <https://doi.org/10.1016/j.chilyouth.2025.108370>
- Rucker, K. (2022, March 15). Fresno County, social workers sued in wrongful death lawsuit of 8-year-old JaeLuv Smith. *CBS47 News*. <https://www.yourcentralvalley.com/news/fresno-county-social-workers-sued-in-wrongful-death-lawsuit-of-8-year-old-jaeluv-smith/>
- Runyan, D. K., & Gould, C. L. (1985). Foster care for child maltreatment: Impact on delinquent behavior. *Pediatrics*, 75(3), 562–568. <https://doi.org/10.1542/peds.75.3.562>
- Russ, E., Lonne, B., & Lynch, D. (2020). Increasing child protection workforce retention through promoting a relational-reflective framework for resilience. *Child Abuse & Neglect*, 110, 104245. <https://doi.org/10.1016/j.chiabu.2019.104245>
- Ryan, J. P., & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review*, 27(3), 227–249. <https://doi.org/10.1016/j.chilyouth.2004.05.007>
- Ryan, J. P., Jacob, B. A., Gross, M., Perron, B. E., Moore, A., & Ferguson, S. (2018). Early exposure to child maltreatment and academic outcomes. *Child Maltreatment*, 23(4), 365–375. <https://doi.org/10.1177/1077559518786815>
- Sabourin, C., Huang, T. H., Washington-Flowers, C., & Jonson-Reid, M. (2024). Supporting the educational success of children in foster care: The Educational Advocacy Program. *Journal of Public Child Welfare*. Advance online publication. <https://doi.org/10.1080/15548732.2024.2421241>
- Saini, M., Laajasalo, T., & Platt, S. (2020). Gatekeeping by allegations: An examination of verified, unfounded, and fabricated allegations of child maltreatment within the

- context of resist and refusal dynamics. *Family Court Review*, 58(2), 417–431. <https://doi.org/10.1111/fcre.12480>
- Saitadze, I. (2021). Mediating effects of early childhood programs and high quality home environments on the cognitive development of poor children involved in the child welfare system. *Children and Youth Services Review*, 120, 105736. <https://doi.org/10.1016/j.childyouth.2020.105736>
- Salazar, A. M., Keller, T. E., Gowen, L. K., & Courtney, M. E. (2013). Trauma exposure and PTSD among older adolescents in foster care. *Social Psychiatry and Psychiatric Epidemiology*, 48(4), 545–551. <https://doi.org/10.1007/s00127-012-0563-0>
- Salazar, A. M., Spiers S. S., Bennett, M., Haggerty, K. P. (2023). Fostering higher education: Preliminary findings from a small randomized pilot study. *Children and Youth Services Review*, 150, 106991. <https://doi.org/10.1016/j.childyouth.2023.106991>
- Salazar, A. M., Spiers, S. S., & Pfister, F. R. (2020). Authentically engaging youth with foster care experience: Definitions and recommended strategies from youth and staff. *Journal of Youth Studies*, 24(8), 1015–1032. <https://doi.org/10.1080/13676261.2020.1792863>
- Sanders, J. E., & Fallon, B. (2018). Child welfare involvement and academic difficulties: Characteristics of children, families, and households involved with child welfare and experiencing academic difficulties. *Children and Youth Services Review*, 86, 98–109. <https://doi.org/10.1016/j.childyouth.2018.01.024>
- Scarborough, A. A., Lloyd, E. C., & Barth, R. P. (2009). Maltreated infants and toddlers: Predictors of developmental delay. *Journal of Developmental and Behavioral Pediatrics*, 30(6), 489–498. <https://doi.org/10.1097/dbp.0b013e318c35df6>
- Schelbe, L., Geiger, J. M., Schoborg, C., & Jackson, L. A. (2024). How do students involved with a campus support program for students with a history of foster care, relative care, or homelessness fare after graduation? *Child & Youth Care Forum*, 53(1), 25–49. <https://doi.org/10.1007/s10566-023-09746-9>
- Schelbe, L., Radey, M., & Panisch, L. S. (2017). Satisfaction and stressors experienced by recently-hired frontline child welfare workers. *Children and Youth Services Review*, 78, 56–63. <https://doi.org/10.1016/j.childyouth.2017.05.007>
- Schudrich, W., Auerbach, C., Liu, J., Fernandes, G., McGowan, B., & Claiborne, N. (2012). Factors impacting intention to leave in social workers and child care workers employed at voluntary agencies. *Children and Youth Services Review*, 34(1), 84–90. <https://doi.org/10.1016/j.childyouth.2011.09.004>
- Sciaccia, A. (June 12, 2023). Hundreds of Kids in Texas Foster Care Were Still Sleeping in Hotels or Other Unlicensed Placements Last Month The Imprint. 100s of Texas Foster Kids Slept in Unlicensed Housing Last Month/242191.
- Scottish Children's Reporter Administration (2023). *Annual Report 2022/2023*. <https://www.scra.gov.uk/wp-content/uploads/2023/10/Annual-Report-2022-2023-final.pdf>
- Sedlak, A. J., & Broadhurst, D. D. (1996a). *Executive Summary of the Third National Incidence Study of Child Abuse and Neglect*. US Department of Health and Human Services, Administration for Children and Families, National Center on Child Abuse and Neglect. <http://www.fact.on.ca/Info/vac/nis3.pdf>
- Sedlak, A., & Broadhurst, D. (1996b). *The Third National Incidence Study of Child Abuse and Neglect (NIS-3)*. US Department of Health and Human Services, Administration for Children and Families, National Center on Child Abuse and Neglect. https://www.govinfo.gov/content/pkg/GOVPUB-HE23_1200-PURL-gpo106221/pdf/GOVPUB-HE23_1200-PURL-gpo106221.pdf

- Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. US Department of Health and Human Services, Administration for Children and Families. <https://acf.gov/opre/report/fourth-national-incidence-study-child-abuse-and-neglect-nis-4-report-congress>
- Shaw, T. V. (2021). Trial home visits and foster care reentry. *Journal of Public Child Welfare*, 15(1), 6–21. <https://doi.org/10.1080/15548732.2020.1854920>
- Shaw, T. V., Barth, R. P., Mattingly, J., Ayer, D., & Berry, S. (2013). Child welfare birth match: Timely use of child welfare administrative data to protect newborns. *Journal of Public Child Welfare*, 7(2), 217–234. <https://doi.org/10.1080/15548732.2013.766822>
- Simón, C., Avgerinos, E., & Revilla, E. (2022). Quits versus discharges across job levels: Revisiting the positive side of turnover. *Journal of Management*, 49(8), 2667–2694. <https://doi.org/10.1177/01492063221108921>
- Simon, J. D., Gandarilla Ocampo, M., Drake, B., & Jonson-Reid, M. (2022). A review of screened-out families and child protective services involvement: A missed opportunity to prevent future maltreatment with community-based services. *Child Maltreatment*, 27(4), 693–706. <https://doi.org/10.1177/10775595211033597>
- Skinner, G. C. M., Bywaters, P. W. B., Bilson, A., Duschinsky, R., Clements, K., & Hutchinson, D. (2021). The ‘toxic trio’ (domestic violence, substance misuse and mental ill-health): How good is the evidence base? *Children and Youth Services Review*, 120, 105678. <https://doi.org/10.1016/j.chilyouth.2020.105678>
- Slack, K. S., Berger, L. M., Reilly, A., Reynders, R., & Cai, J. Y. (2022). Preventing child protective services system involvement by asking families what they need: Findings from a multi-site RCT of the Community Response Program (CRP). *Children and Youth Services Review*, 141, 106569. <https://doi.org/10.1016/j.chilyouth.2022.106569>
- Slingsby, B., Bachim, A., Leslie, L. K., & Moffatt, M. E. (2024). Child health needs and the child abuse/pediatrics workforce: 2020–2040. *Pediatrics*, 153(2), e2023063678F. <https://doi.org/10.1542/peds.2023-063678F>
- Slopen, N., Shonkoff, J. P., Albert, M. A., Yoshikawa, H., Jacobs, A., Stoltz, R., & Williams, D. R. (2016). Racial disparities in child adversity in the US: Interactions with family immigration history and income. *American Journal of Preventive Medicine*, 50(1), 47–56. <https://doi.org/10.1016/j.amepre.2015.06.013>
- Smith, B. D., & Pressley, T. D. (2019). Do surprisingly low child maltreatment rates in rural southern counties reflect lower rates of substantiation? *Children and Youth Services Review*, 107, 104493. <https://doi.org/10.1016/j.chilyouth.2019.104493>
- Smith, B. D., Kay, E. S., & Pressley, T. D. (2018). Child maltreatment in rural southern counties: Another perspective on race, poverty and child welfare. *Child Abuse & Neglect*, 80, 52–61. <https://doi.org/10.1016/j.chiabu.2018.03.012>
- Smith, D. K., Leve, L. D., & Chamberlain, P. (2011). Preventing internalizing and externalizing problems in girls in foster care as they enter middle school: Impact of an intervention. *Prevention Science*, 12(3), 269–277. <https://doi.org/10.1007/s11121-011-0211-z>
- Smith, N. L., Adams, A., Abshire, A., & Cheatham, L. P. (2025). Barriers and facilitators to healthcare access among youth transitioning out of foster care: A scoping review. *Children and Youth Services Review*, 173, 108317. <https://doi.org/10.1016/j.chilyouth.2025.108317>

- Snyder, S. M., & Smith, R. E. (2015). Do youth with substantiated child maltreatment investigations have distinct patterns of delinquent behaviors? *Children and Youth Services Review*, 58, 82–89. <https://doi.org/10.1016/j.childyouth.2015.09.008>
- Somers, C. L., Goutman, R. L., Day, A., Enright, O., Crosby, S., & Taussig, H. (2020). Academic achievement among a sample of youth in foster care: The role of school connectedness. *Psychology in the Schools*, 57(12), 1845–1863. <https://doi.org/10.1002/pits.22433>
- Sorensen, L. C., & Ladd, H. F. (2020). The hidden costs of teacher turnover. *AERA Open*, 6(1), 1–24. <https://doi.org/10.1177/2332858420905812>
- Stahlschmidt, M. J., Jonson-Reid, M., Pons, L., Constantino, J., Kohl, P. L., Drake, B., & Auslander, W. (2018). Trying to bridge the worlds of home visitation and child welfare: Lessons learned from a formative evaluation. *Evaluation and Program Planning*, 66, 133–140. <https://doi.org/10.1016/j.evalprogplan.2017.10.001>
- Stalker, C. A., Mandell, D., Frensch, K. M., Harvey, C., & Wright, M. (2007). Child welfare workers who are exhausted yet satisfied with their jobs: How do they do it? *Child & Family Social Work*, 12(2), 182–191. <https://doi.org/10.1111/j.1365-2206.2006.00472.x>
- Staudt, M., & Drake, B. (2002). Intensive family preservation services: Where's the crisis? *Children and Youth Services Review*, 24(9–10), 777–795. [https://doi.org/10.1016/S0190-7409\(02\)00228-1](https://doi.org/10.1016/S0190-7409(02)00228-1)
- Stevenson Wojciak, A., Simpson, J. E., Tomfohrde, O., & Wang, G. (2024). Barriers and facilitators of sibling relationships of youth in foster care from an ecological perspective. *Children and Youth Services Review*, 157, 107408. <https://doi.org/10.1016/j.childyouth.2023.107408>
- Stewart, C. J., Kum, H.-C., Barth, R. P., & Duncan, D. F. (2014). Former foster youth: Employment outcomes up to age 30. *Children and Youth Services Review*, 36, 220–229. <https://doi.org/10.1016/j.childyouth.2013.11.024>
- Stiffman, A. R., Pescosolido, B., & Cabassa, L. J. (2004). Building a model to understand youth service access: The gateway provider model. *Mental Health Services Research*, 6, 189–198. <https://doi.org/10.1023/B:MHSR.0000044745.09952.33>
- Stith, S. M., Liu, T., Davies, C., Boykin, E. L., Alder, M. C., Harris, J. M., Som, A., McPherson, M., & Dees, J. E. M. E. G. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior*, 14(1), 13–29. <https://doi.org/10.1016/j.avb.2006.03.006>
- Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R. A., & van IJzendoorn, M. H. (2015). The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. *Child Abuse Review*, 24(1), 37–50. <https://doi.org/10.1002/car.2353>
- Strathearn, L., Giannotti, M., Mills, R., Kisely, S., Najman, J., & Abajobir, A. (2020). Long-term cognitive, psychological, and health outcomes associated with child abuse and neglect. *Pediatrics*, 146(4), e20200438. <https://doi.org/10.1542/peds.2020-0438>
- Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24(10), 1257–1273. [https://doi.org/10.1016/s0145-2134\(00\)00190-3](https://doi.org/10.1016/s0145-2134(00)00190-3)
- Suomi, A., Lucas, N., Pasalich, D., & McArthur, M. (2024). Contact with mothers for children in out-of-home-care: Group-based trajectory modelling from the Pathways of Care Longitudinal Study (POCLS). *Child Abuse & Neglect*, 149, 106199. <https://doi.org/10.1016/j.chiabu.2023.106199>

- Swanson, A. S., & Font, S. A. (2025). Receipt and timeliness of mental health assessment, treatment, and acute services following foster care entry. *Child Maltreatment*. Advance online publication. <https://doi.org/10.1177/10775595251318934>
- Taussig, H. N., & Culhane, S. E. (2010). Impact of a mentoring and skills group program on mental health outcomes for maltreated children in foster care. *Archives of Pediatrics & Adolescent Medicine*, 164(8), 739–746. <https://doi.org/10.1001/archpediatrics.2010.124>
- Taussig, H., & Munson, M. R. (2024). It's complicated: A longitudinal exploration of young people's perceptions of out-of-home care and their reflections on how to change the child welfare system. *International Journal on Child Maltreatment: Research, Policy and Practice*, 7(1), 85–104. <https://doi.org/10.1007/s42448-022-00137-6>
- Taussig, H. N., Dmitrieva, J., Garrido, E. F., Cooley, J. L., & Crites, E. (2021). Fostering healthy futures preventive intervention for children in foster care: Long-term delinquency outcomes from a randomized controlled trial. *Prevention Science*, 22(8), 1120–1133. <https://doi.org/10.1007/s1121-021-01235-6>
- Taussig, H. N., Weiler, L. M., Garrido, E. F., Rhodes, T., Boat, A., & Fadell, M. (2019). A positive youth development approach to improving mental health outcomes for maltreated children in foster care: Replication and extension of an RCT of the Fostering Healthy Futures program. *American Journal of Community Psychology*, 64(3–4), 405–417. <https://doi.org/10.1002/ajcp.12385>
- Taylor, E. (2024). *Addressing Challenges and Support for Youth Formerly in Foster Care*. Trellis Strategies. <https://www.trellisstrategies.org/research-studies/addressing-challenges-and-support-for-youth-formerly-in-foster-care/>
- Tejeda, Y., Jones, D., & Drake, B. (2024). The Hispanic paradox in child maltreatment: Does it fade over time? *Child Abuse & Neglect*, 156, 107007. <https://doi.org/10.1016/j.chiabu.2024.107007>
- Testa, M. F., & Kelly, D. (2020). The evolution of federal child welfare policy through the Family First Prevention Services Act of 2018: Opportunities, barriers, and unintended consequences. *The ANNALS of the American Academy of Political and Social Science*, 692(1), 68–96. <https://doi.org/10.1177/0002716220976528>
- Thielen, F. W., ten Have, M., de Graaf, R., Cuijpers, P., Beekman, A., Evers, S., & Smit, F. (2016). Long-term economic consequences of child maltreatment: A population-based study. *European Child & Adolescent Psychiatry*, 25, 1297–1305. <https://doi.org/10.1007/s00787-016-0850-5>
- Think of Us (2021). Our work. <https://www.thinkof-us.org/>
- Thoburn, J. (2023). Child welfare and child protection services in England. In J. D. Berrick, N. Gilbert, & M. Skivenes (Eds.), *The Oxford Handbook of Child Protection Systems* (pp. 135–155). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780197503546.013.2>
- Thornberry, T. P., Henry, K. L., Ireland, T. O., & Smith, C. A. (2010). The causal impact of childhood-limited maltreatment and adolescent maltreatment on early adult adjustment. *Journal of Adolescent Health*, 46(4), 359–365. <https://doi.org/10.1016/j.jadohealth.2009.09.011>
- Tilbury, C., & Ramsay, S. (2018). A systematic scoping review of parental satisfaction with child protection services. *Evaluation and Program Planning*, 66, 141–146. <https://doi.org/10.1016/j.evalprogplan.2017.10.010>
- Torrado, M. C., & Strauch, E. D. (2023). The Colombian child protection system. In J. D. Berrick, N. Gilbert, & M. Skivenes (Eds.), *The Oxford Handbook of Child*

- Protection Systems* (pp. 648–665). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780197503546.013.46>
- Traube, D. E., James, S., Zhang, J., & Landsverk, J. (2012). A national study of risk and protective factors for substance use among youth in the child welfare system. *Addictive Behaviors*, 37(5), 641–650. <https://doi.org/10.1016/j.addbeh.2012.01.015>
- Trubey, R., Evans, R., McDonald, S., Noyes, J., Robling, M., Willis, S., Boffey, M., Wooders, C., Vinnicombe, S., & Melendez-Torres, G. J. (2024). Effectiveness of mental health and wellbeing interventions for children and young people in foster, kinship, and residential care: Systematic review and meta-analysis. *Trauma, Violence, & Abuse*, 25(4), 2829–2844. <https://doi.org/10.1177/15248380241227987>
- Uretsky, M. C., & Henneberger, A. K., (2020). Fifth year persisters: High school, college, and early career outcomes for persisting non-graduates. *Children and Youth Services Review*, 115, Article 105058. <https://doi.org/10.1016/j.childyouth.2020.105058>
- US Department of Health and Human Services (2025). AFCARS Dashboard. https://tableau-public.acf.gov/views/afcars_dashboard_main_page/mainpage?%3Aembed=y&%3AisGuestRedirectFromVizportal=y
- US Government Accountability Office (2003). *Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff* (Report No. GAO-03-357). <https://www.gao.gov/products/gao-03-357>
- US Government Accountability Office (2015). *Foster Care: HHS Could Do More to Support States' Efforts to Keep Children in Family-Based Care* (Report No. GAO-16-85). <https://www.gao.gov/products/gao-16-85>
- US Government Accountability Office (2019). *Foster Care: States with Approval to Extend Care Provide Independent Living Options for Youth up to Age 21* (Report No. GAO-19-411). <https://www.gao.gov/products/gao-19-411>
- US Government Accountability Office (2019). *Foster Care: States with Approval to Extend Care Provide Independent Living Options for Youth up to Age 21* (Report No. GAO-19-411). <https://www.gao.gov/products/gao-19-411>
- US Government Accountability Office (2024). *Foster Youth: Most States Provide Independent Living Services, but Some Report Challenges in Reaching Youth* (Report No. GAO-25-107154). <https://www.gao.gov/products/gao-25-107154>
- Vaithianathan, R., Cuccaro-Alamin, S., & Putnam-Hornstein, E. (2023). Improving child welfare practice through predictive risk modeling: Lessons from the field. In C. M. Connell & D. M. Crowley (Eds.), *Strengthening Child Safety and Well-Being through Integrated Data Solutions* (pp. 115–126). Springer. https://doi.org/10.1007/978-3-031-36608-6_8
- Vaithianathan, R., Maloney, T., Putnam-Hornstein, E., & Jiang, N. (2013). Children in the public benefit system at risk of maltreatment: Identification via predictive modeling. *American Journal of Preventive Medicine*, 45(3), 354–359. <https://doi.org/10.1016/j.amepre.2013.04.022>
- VanBronkhorst, S. B., Abraham, E., Dambreville, R., Ramos-Olazagasti, M. A., Wall, M., Saunders, D. C., Monk, C., Alegría, M., Canino, G. J., Bird, H., & Duarte, C. S. (2023). Sociocultural risk and resilience in the context of adverse childhood experiences. *JAMA Psychiatry*, 81(4), 406–413. <https://doi.org/10.1001/jamapsychiatry.2023.4900>
- Van der Put, C. E., Assink, M., & van Solinge, N. F. B. (2017). Predicting child maltreatment: A meta-analysis of the predictive validity of risk assessment instruments. *Child Abuse & Neglect*, 73, 71–88. <https://doi.org/10.1016/j.chiabu.2017.09.016>

- Varga, S. M., & Zaff, J. F. (2017). Webs of support: An integrative framework of relationships, social networks, and social support for positive youth development. *Adolescent Research Review*, 3(1), 1–11. <https://doi.org/10.1007/s40894-017-0076-x>
- Vial, A., van der Put, C., Stams, G. J. J. M., Kossakowski, J., & Assink, M. (2020). Exploring the interrelatedness of risk factors for child maltreatment: A network approach. *Child Abuse & Neglect*, 107, 104622. <https://doi.org/10.1016/j.chiabu.2020.104622>
- Vinnerljung, B., Öman, M., & Gunnarson, T. (2005). Educational attainments of former child welfare clients: A Swedish national cohort study. *International Journal of Social Welfare*, 14(4), 265–276. <https://doi.org/10.1111/j.1369-6866.2005.00369.x>
- Wareham, J., Smith, B., & Lambert, E. (2013). Rates and patterns of law enforcement turnover: A research note. *Criminal Justice Policy Review*, 26(4), 345–370. <https://doi.org/10.1177/0887403413514439>
- Washington State Office of the Family and Children's Ombuds (2022). *Annual Report 2022*. https://ofco.wa.gov/sites/default/files/2022-11/2022_OFCO_Annual_Report.pdf
- Webb, C. J., Bennett, D. L., & Bywaters, P. (2024). Austerity, poverty, and children's services quality in England: Consequences for child welfare and public services. *Social Policy and Society*, 23(2), 278–299. <https://doi.org/10.1017/S147474642200001X>
- Webster-Stratton, C., & Reid, M. (2010). Adapting the incredible years, an evidence-based parenting programme, for families involved in the child welfare system. *Journal of Children's Services*, 5(1), 25–42. <https://doi.org/10.5042/jcs.2010.0115>
- Wekerle, C. (2013). Resilience in the context of child maltreatment: Connections to the practice of mandatory reporting. *Child Abuse & Neglect*, 37(2–3), 93–101. <https://doi.org/10.1016/j.chiabu.2012.11.005>
- West, S., & Castro, A. (2023). Impact of guaranteed income on health, finances, and agency: Findings from the Stockton randomized controlled trial. *Journal of Urban Health*, 100(2), 227–244. <https://doi.org/10.1007/s11524-023-00723-0>
- Westad, C., & McConnell, D. (2012). Child welfare involvement of mothers with mental health issues. *Community Mental Health Journal*, 48(1), 29–37. <https://doi.org/10.1007/s10597-011-9374-0>
- Whitaker, T., Reich, S., Reid, L. V. B., Williams, M., & Woodside, C. (2004). "If you're right for the job, it's the best job in the world": The National Association of Social Workers' Child Welfare Specialty Practice Section Members Describe Their Experiences in Child Welfare. National Association of Social Workers. http://web.archive.org/web/20081107034640if_/http://www.socialworkers.org/practice/children/NASWChildWelfareRpt062004.pdf
- White, K. R., Rolock, N., Marra, L., Faulkner, M., Ocasio, K., & Fong, R. (2021a). Understanding wellbeing and caregiver commitment after adoption or guardianship from foster care. *Journal of Public Child Welfare*, 15(1), 105–130. <https://doi.org/10.1080/15548732.2020.1850601>
- White, K. R., Testa, M. F., & Rolock, N. (2021b). Evaluation of the Illinois adoption and preservation and linkages (APAL) program using a regression discontinuity design. *Journal of Public Child Welfare*, 15(2), 154–181. <https://doi.org/10.1080/15548732.2019.1674234>
- White, O. G., Hindley, N., & Jones, D. P. (2015). Risk factors for child maltreatment recurrence: An updated systematic review. *Medicine, Science and the Law*, 55(4), 259–277. <https://doi.org/10.1177/0025802414543855>

- White, S., & Persson, S. (2022, October 13). *Racial Discrimination in Child Welfare Is a Human Rights Violation – Let's Talk about It That Way*. American Bar Association. <https://www.americanbar.org/groups/litigation/resources/newsletters/childrens-rights/racial-discrimination-child-welfare-human-rights-violation-lets-talk-about-it-way/>
- Whittaker, J., Holmes, L., Fernandez, J.C., & James, S. (2022). *Revitalizing Residential Care for Children and Youth: Cross-National Trends and Challenges*. Oxford University Press.
- Widom, C. S. (1991). The role of placement experiences in mediating the criminal consequences of early childhood victimization. *American Journal of Orthopsychiatry*, 61(2), 195–209. <https://doi.org/10.1037/h0079252>
- Widom, C. S. (2014). Longterm consequences of child maltreatment. In J. Korbin & R. Krugman (Eds.), *Handbook of Child Maltreatment* (pp. 225–247). Springer. https://doi.org/10.1007/978-94-007-7208-3_12
- Widom, C. S., Czaja, S. J., Bentley, T., & Johnson, M. S. (2012). A prospective investigation of physical health outcomes in abused and neglected children: New findings from a 30-year follow-up. *American Journal of Public Health*, 102(6), 1135–1144. <https://doi.org/10.2105/AJPH.2011.300636>
- Widom, C. S., Czaja, S. J., & DuMont, K. A. (2015). Intergenerational transmission of child abuse and neglect: Real or detection bias? *Science*, 347(6229), 1480–1485. <https://doi.org/10.1126/science.1259917>
- Wildeman, C., & Emanuel, N. (2014). Cumulative risks of foster care placement by age 18 for U.S. children, 2000–2011. *PloS ONE*, 9(3), e92785. <https://doi.org/10.1371/journal.pone.0092785>
- Wildeman, C., Edwards, F. R., & Wakefield, S. (2020). The cumulative prevalence of termination of parental rights for U.S. children, 2000–2016. *Child Maltreatment*, 25(1), 32–42. <https://doi.org/10.1177/1077559519848499>
- Williams, S. C., Rosenberg, R., Martinez, V., & Ball, J. (2025). Are mandated reporting policies contributing to disparities in child welfare? A discussion of their history and unintended consequences. *Families in Society*, 106(2), 447–462. <https://doi.org/10.1177/10443894241310081>
- Wilson, D., & Horner, W. (2005). Chronic child neglect: Needed developments in theory and practice. *Families in Society*, 86(4), 471–481. <https://doi.org/10.1606/1044-3894.3452>
- Wilson, D., Barth, R. P., Sebastian, T., & Schagrin, J. (2025). Child welfare futures: Toward more poverty responsive child welfare services. *Journal of Public Child Welfare*. Advance online publication. <https://doi.org/10.1080/15548732.2025.2459281>
- Wilson, S. J., Price, C. S., Kerns, S. E. U., Dastrup, S. D., & Brown, S. R. (2019). *Handbook of Standards and Procedures: Version 1.0*. Title IV-E Prevention Services Clearinghouse. https://preventionservices.acf.hhs.gov/sites/default/files/2023-11/psc_handbook_v1_final_508_compliant.pdf
- Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and wellbeing of children removed from the home for maltreatment. *Cochrane Database of Systematic Reviews*, 2014(1), CD006546. <https://doi.org/10.1002/14651858.CD006546.pub3>
- Woodgate, R. L., Morakinyo, O., & Martin, K. M. (2017). Interventions for youth aging out of care: A scoping review. *Children and Youth Services Review*, 82, 280–300. <https://doi.org/10.1016/j.childyouth.2017.09.031>

- Wulczyn, F. (2020). Foster care in a life course perspective. *The ANNALS of the American Academy of Political and Social Science*, 692(1), 227–252. <https://doi.org/10.1177/0002716220976535>
- Wulczyn, F., Alpert, L., Martinez, Z., & Weiss, A. (2015). *Within and Between State Variation in the Use of Congregate Care*. The Center for State Child Welfare Data. <https://fcda.chapinhall.org/publication/within-and-between-state-variation-in-the-use-of-congregate-care/>
- Wulczyn, F., Parolini, A., Schmits, F., Magruder, J., & Webster, D. (2020). Returning to foster care: Age and other risk factors. *Children and Youth Services Review*, 116, 105166. <https://doi.org/10.1016/j.childyouth.2020.105166>
- Wulczyn, F., Zhou, X., McClanahan, J., Huhr, S., Hislop, K., Moore, F., & Rhodes, E. (2023). Race, poverty, and foster care placement in the United States: Longitudinal and cross-sectional perspectives. *International Journal of Environmental Research and Public Health*, 20(16), 6572. <https://doi.org/10.3390/ijerph20166572>
- Yoder, J., Orsi, R., Brown, S., & Halac, T. (2020). Timely integration of protective factors: Impacts on children's health and behavioral outcomes among families investigated for maltreatment. *Journal of Child and Family Studies*, 29, 2091–2103. <https://doi.org/10.1007/s10826-020-01734-0>
- Yoon, M., Bender, A. E., & Park, J. (2018). The association between out-of-home placement and offending behavior among maltreated youth: A systematic review. *Children and Youth Services Review*, 95, 263–281. <https://doi.org/10.1016/j.childyouth.2018.11.006>
- Yoon, S., Quinn, C. R., Shockley McCarthy, K., & Robertson, A. A. (2019). The effects of child protective services and juvenile justice system involvement on academic outcomes: Gender and racial differences. *Youth & Society*, 53(1), 131–152. <https://doi.org/10.1177/0044118X19844392>
- Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention. *American Psychologist*, 67(4), 272–284. <https://doi.org/10.1037/a0028015>
- Young, T. L., Williams, J., Nelson-Gardell, D., Edwards, S. L., & Thorington, V. A. (2016). Assessing the helpfulness of one parenting assistance helpline. *Journal of Child and Family Studies*, 25, 2236–2245. <https://doi.org/10.1007/s10826-016-0387-8>
- Youth Villages (2025). LifeSet: Empowering young people from foster care to adulthood. <https://youthvillages.org/services/lifaset/>
- Zhang, S., Conner, A., Lim, Y., & Lefmann, T. (2021). Trauma-informed care for children involved with the child welfare system: A meta-analysis. *Child Abuse & Neglect*, 122, 105296. <https://doi.org/10.1016/j.chiabu.2021.105296>
- Zhang, W. B., Jia, F. F., Liu, B. P., Li, Q., & Jia, C. X. (2024). Explaining how childhood physical abuse and physical neglect influence adult depression: An analysis with multiple sequential mediators. *Child Abuse & Neglect*, 152, 106771. <https://doi.org/10.1016/j.chiabu.2024.106771>
- Zill, N., & Bramlett, M. D. (2014). Health and well-being of children adopted from foster care. *Children and Youth Services Review*, 40, 29–40. <https://doi.org/10.1016/j.childyouth.2014.02.008>
- Zima, B. T., Bussing, R., Yang, X., & Belin, T. R. (2000). Help-seeking steps and service use for children in foster care. *Journal of Behavioral Health Services & Research*, 27(3), 271–285. <https://doi.org/10.1007/BF02291736>

- Zimmer, M. H., & Panko, L. M. (2006). Developmental status and service use among children in the child welfare system: A national survey. *Archives of Pediatrics & Adolescent Medicine*, 160(2), 183–188. <https://doi.org/10.1001/archpedi.160.2.183>
- Zolotor, A. J., Theodore, A. D., Chang, J. J., Berkoff, M. C., & Runyan, D. K. (2008). Speak softly—and forget the stick: Corporal punishment and child physical abuse. *American Journal of Preventive Medicine*, 35(4), 364–369. <https://doi.org/10.1016/j.amepre.2008.06.031>

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