

An Annotated Bibliography of Child Maltreatment & Child Welfare Research:

Systemic Implications:

Prepared for the California Department of Social Services by the Center for Social Services Research, UC Berkeley

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RISK ASSESSMENT & DECISION MAKING

Citation	Description of Data	Major Findings/Implications
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. <i>Children and Youth Services Review</i> , 31, 903-910.	Survey data and evaluations of frontline employees, from multiple sites utilizing the tool.	Given the positive responses for Structured Analysis Family Evaluation (SAFE) regarding increased thoroughness, this study adds to evidence that SAFE may lead to both improved practice and more accurate home studies.
Cross, T. P., & Casanueva, C. (2009). Caseworker judgments and substantiation. <i>Child Maltreatment</i> , 14(1), 38-52.	Data for this study were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW).	The findings underline previous researchers' conclusions that substantiation is a flawed measure of child maltreatment and suggest that policy and practice related to substantiation are due for a fresh appraisal by state child welfare service agencies.
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? <i>Child Abuse & Neglect</i> , 29, 479-492.	Longitudinal data were drawn from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) in four US study sites.	In this high-risk sample, the behavioral and developmental outcomes of 8-year-old children with unsubstantiated and substantiated maltreatment reports are indistinguishable. These findings are consistent with work by other researchers, who found no significant association between substantiation status and eight out of nine school and delinquency outcomes.
Jonson-Reid, M., Emery, C. R., Drake, B., & Stahlschmidt, M. J. (2010). Understanding chronically reported families. <i>Child Maltreatment</i> , 15(4), 271-281.	Crosssector, longitudinal data were drawn from a number of administrative data sources in a Midwestern metropolitan area.	Findings demonstrate that some factors which predict initial recurrence lose their predictive value at later stages, whereas others remain predictive across stages. In-home child welfare services and mental health treatment emerged as consistent predictors of reduced recurrence. This study suggests that chronically reported families differ from other re-reported families in several risk domains and highlights the potential for targeted services.

Regehr, C., Bogo, M., Shlonsky, A., & LeBlanc, V. (2010). Confidence and professional judgment in assessing children's risk of abuse, <i>Research on Social Work Practice</i> , 20(6), 621-628.	Interviews of ninety-six child welfare workers at twelve different offices about their subjective views of their own decision making and performance in utilizing risk assessment measures to evaluate families.	The results of the study demonstrate considerable variability in risk appraisals, suggesting that despite high rates of worker confidence, there is need for ongoing consultation and increased decision support strategies, even among highly skilled and trained workers.
Shlonsky, A., & Wagner, D. (2005). The next step: integrating actuarial risk assessment and clinical judgment into an evidence-based practice framework in CPS case management. <i>Children and Youth Services Review</i> , 27, 409-427.	Literature Review.	Assessment in child welfare involves at least two distinct processes: an assessment of risk (prediction of future harm) and a contextual assessment of child and family functioning used to develop case plans. Actuarial risk assessment instruments have the greatest potential to reliably and accurately estimate the recurrence of child maltreatment but do not indicate which clinical factors are most important to address or which services are most likely to be effective. The process of evidence-based practice and the establishment of structural supports are the next step in the evolution of child protective services.

RECURRENCE OF MALTREATMENT

Citation	Description of Data	Major Findings/Implications
Bae, H., Solomon, P. L., Gelles, R. J. (2009). Multiple child maltreatment recurrence relative to single recurrence and no recurrence. <i>Children and Youth Services Review</i> , 31, 617-624.	Data were drawn from the Florida Department of Children and Families Florida Abuse Hotline Information System (FAHIS) regarding seven Florida counties.	Study findings show that younger child victims, single mother or stepparent, and large family significantly predicted the likelihood of multiple child maltreatment recurrence relative to single recurrence as well as no recurrence. Also reporter type, contacts by CPS workers, intensity of investigation level, and service type were significantly associated with the likelihood of multiple recurrences.
Connell, C. M., Bergeron, N., Katz, K. H., Saunders, L., & Kraemer Tebes, J. (2007). Re-referral to child protective services: The influence of child, family, and case characteristics on risk status. <i>Child Abuse & Neglect</i> , 31, 573-588.	A longitudinal dataset of all referrals to CPS in Rhode Island was created using state submissions to the National Child Abuse and Neglect Data System (NCANDS).	Consistent with other research in this area, the initial 6-month period following case disposition is the period of greatest risk of re-referral. Family poverty was the strongest predictor of re-referral, though a number of child and case characteristics were significantly related to recurrence. Cases that were substantiated at index were significantly less likely to result in a new allegation, though substantiated cases of physical abuse or those receiving post-investigation services were at higher risk.
Connell, C. M., Vanderploeg, J. J., Katz, K. H., Caron, C., Saunders, L., & Tebes, J. K. (2009). Maltreatment following reunification: Predictors of subsequent	A longitudinal dataset of all reunified cases were matched against new substantiated maltreatment investigations in Rhode Island using	Supports are needed for families about to be reunified, particularly when the removal was prompted by incidents of abuse or neglect. Incidents of neglect

<p>Child Protective Services contact after children return home. <i>Child Abuse & Neglect</i>, 33, 218-228.</p>	<p>state submissions to the National Child Abuse and Neglect Data System (NCANDS).</p>	<p>are particularly likely and appropriate services should target factors contributing to neglect. Cases involving youth with a history of repeated foster care placement or in which nonrelative placements are utilized may need additional supports.</p>
<p>Drake, B., Jonson-Reid, M., Way, I., & Chung, S. (2003). Substantiation and recidivism. <i>Child Maltreatment</i>, 8, 248-260.</p>	<p>Child welfare data were drawn from Missouri's family centered services (FCS), and family preservation files. Data were also drawn from the U.S. Census.</p>	<p>Findings suggest that unsubstantiated cases are at high risk for recidivism, in many cases as high a risk as substantiated cases. The authors suggest a "two-track" paradigm (e.g., Missouri and Florida) in which attempts are made to follow a more evidentiary and criminal justice paradigm in severe cases while employing a community support ("friendly visitor") approach in other situations.</p>
<p>Fluke, J. D., Shusterman, G. R., Hollinshead, D. M., & Yuan, Y. T. (2008). Longitudinal analysis of repeated child abuse reporting and victimization: Multistate analysis of associated factors. <i>Child Maltreatment</i>, 13, 76-88.</p>	<p>A longitudinal dataset for multiple U.S. states were drawn using state submissions to the National Child Abuse and Neglect Data System (NCANDS).</p>	<p>Younger, white and mixed race children, those with disabilities, and those whose caregivers abused alcohol were more likely to be rereported and subsequent reports substantiated. Service provision, including foster care placement, was associated with increased likelihood of subsequent events.</p>
<p>Fuller, T., & Nieto, M. (2009). Substantiation and maltreatment rereporting: A propensity score analysis. <i>Child Maltreatment</i>, 14(1), 27-37.</p>	<p>Statewide child welfare data were obtained from the Illinois Department of Children and Family Services administrative database.</p>	<p>Findings support the predictive validity of the substantiation disposition and its continued use as one factor to consider when allocating limited post-investigation services.</p>
<p>Jonson-Reid, M., Chung, S., Way, I., & Jolley, J. (2010). Understanding service use and victim patterns associated with re-reports of alleged maltreatment perpetrators. <i>Children and Youth Services Review</i>, 32, 790-797.</p>	<p>Statewide administrative child welfare data were drawn down and linked to AFDC and Medicaid data.</p>	<p>In-home child welfare services were initially associated with lower recidivism but this effect moderates over time. Receipt of AFDC at study start did not impact likelihood of recidivism but receipt of AFDC (or later TANF) after the first report appears to lower the risk of recurrence. Among low income women, a history of mental health or substance abuse treatment was associated with higher recurrence. Caucasian caregivers and older perpetrators were less likely to have an alleged recurrence involving a new child. Women with mental health (but not substance abuse) treatment histories and those who had child welfare services after the first report were more likely to be re-reported for alleged maltreatment of a new child.</p>
<p>Kahn, J. M., & Schwalbe, C. (2010). The timing to and risk factors associated with child welfare system recidivism at two decision-making points. <i>Children and Youth Services Review</i>, 32, 1035-1044.</p>	<p>Data for this study were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW).</p>	<p>Consistent with previous literature, results indicate that prior involvement with the child welfare system strongly predicted re-report in both groups. In addition, childhood vulnerability, caretaker disadvantage, and poverty predicted re-reports.</p>

Kohl, P. L., Jonson-Reid, M., & Drake, B. (2009). Time to leave substantiation behind: findings from a national probability study. <i>Child Maltreatment</i> , 14(1), 17-26.	Data for this study were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW).	Findings suggest that risk of recidivism is similar regardless of substantiation status of the investigation. The authors suggest that the substantiation label be removed from field use.
Thompson, R., & Wiley, T. R. (2009). Predictors of re-referral to child protective services: A longitudinal follow-up of an urban cohort maltreated as infants. <i>Child Maltreatment</i> , 14(1), 89-99.	Longitudinal data were drawn from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) in one US study site.	In this sample of children maltreated as infants and followed for at least 11 years, there were no effects of the potentially modifiable characteristics of caregiver depression, caregiver substance use, harsh parenting tactics, child behavior problems, or caregiver utilization of mental health services on risk for repeated referrals to CPS.

FAMILY MAINTENANCE/FAMILY PRESERVATION

Citation	Description of Data	Major Findings/Implications
Bagdasaryan, S. (2005). Evaluating family preservation services: Reframing the question of effectiveness. <i>Children and Youth Services Review</i> , 27, 615-635.	Case-file data from families who received family preservation services in Los Angeles County were analyzed.	The author suggests specific family and service characteristics associated with successful outcomes. In addition, duration of services emerged as a key predictor of outcome. The longer families received services, the greater the likelihood for a successful outcome.
Barth, R., Greeson, J. K. P., Guo, S., Green, R. L., Hurley, S., & Sisson, J. (2007). Changes in family functioning and child behavior following intensive in-home therapy. <i>Children and Youth Services Review</i> , 29, 988-1009.	Data from closed case files were drawn from a large provider of behavioral health services for troubled children and their families with locations throughout the Southeast.	Findings suggest that risk and demographic factors explain as much or more variation in outcomes than the three assessment measures. More maltreatment types, and past partial hospitalization, residential treatment, or inpatient treatment predict less likelihood of living with family, and greater likelihood of out-of-home placement. Age is a predictor of experiencing trouble with the law.
Bitonti, C. (2002). Formative evaluation in family preservation: Lessons from Nevada. <i>Children and Youth Services Review</i> , 24, 653-672.	Closed case-file data from families who received family preservation services in Nevada were analyzed.	Findings suggest that unsuccessful family preservation cases were different from successful cases in several ways: lower motivation at intake, greater number of behavior problems in children, greater presence of a health condition in the caretaker, and more unresolved problems at closure. Service patterns differed between the two groups as well, with unsuccessful cases receiving more hours of collateral contact and concrete services.
Damashek, A., Doughty, D., Ware, L., & Silovsky, J. (2011). Predictors of client engagement and attrition in home-based child maltreatment prevention services. <i>Child Maltreatment</i> , 16(1), 9-20.	Participant data were taken from a larger randomized clinical trial investigating the effectiveness of home-based child maltreatment prevention service versus a standard community care program.	Findings support the primary role of program and provider factors in client enrollment and completion of services. Family risk variables included intimate partner psychological aggression, substance abuse, and depression.
Lindsey, D., Martin, S., & Doh, J. (2002). The failure of intensive casework services to reduce foster care placements: An examination of family	Literature Review.	Analysis suggests that the more rigorous a study's research design, the more convincing the evidence that family preservation services made little

preservation studies. <i>Children and Youth Services Review</i> , 24, 743-775.		difference averting placement or protecting the safety of endangered children.
Ryan, J. P., & Schuerman, J. R. (2004). Matching family problems with specific family preservation services: A study of service effectiveness. <i>Children and Youth Services Review</i> , 26, 347-372.	Interview, contact log and administrative data from the Evaluation of Family Preservation and Reunification Programs Study for four U.S. states were analyzed.	There was no evidence to support the relationship between specific services and positive changes in family functioning. However, there was evidence to suggest that the provision of problem-related services was associated with a decreased risk of maltreatment and substitute care placement.

HOME VISITING

Citation	Description of Data	Major Findings/Implications
Duggan, A., Caldera, D., Rodriguez, K., Burrell, L., Rohde, C., & Crowne, S. S. (2007). Impact of a statewide home visiting program to prevent child abuse. <i>Child Abuse & Neglect</i> , 31, 801-827.	Outcome and survey data from a randomized clinical trial investigating 6 Healthy Families Alaska (HFAK) programs.	The study revealed that there was no overall program effect on maltreatment reports, and most measures of potential maltreatment. There was no program impact on parental risks. There was no impact on outcomes for families with a 'high dose' of home visiting.
Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S. M., & Windham, A. (2004). Randomized trial of a statewide home visiting program: Impact in preventing child abuse and neglect. <i>Child Abuse & Neglect</i> , 28(597-622).	Outcome and survey data from a randomized clinical trial investigating Hawaii Healthy Start Program (HSP) programs operated by three community-based agencies.	Findings suggest that the program did not prevent child abuse or promote use of nonviolent discipline. The program had a modest impact in preventing neglect.
Gessner, B. D. (2008). The effect of Alaska's home visitation program for high-risk families on trends in abuse and neglect. <i>Child Abuse & Neglect</i> , 32, 317-333.	Enrollment data for Healthy Families Alaska were linked to administrative child welfare data and birth certificates and followed for a two year period.	Study concludes that little evidence exists that Alaska's home visitation program had a measurable impact on child maltreatment outcomes.
LeCroy, C. W., & Krysik, J. (2010). Measurement issues in home visitation: A research note. <i>Children and Youth Services Review</i> , 32, 1483-1486.	Literature Review.	The field of home visitation to prevent child abuse and neglect provides a good example of issues in outcome measurement that have not undergone sufficient critique. Some frequently used measures have not been specifically designed for outcome measurement and therefore have limitations. In particular, some of these measures are not well equipped to document changes that are intended to result from intervention programs. Outcome measurement in home visitation can be improved with more attention to measurement issues.
Reynolds, A. J., Mathieson, L. C., & Topitzes, J. W. (2009). Do early childhood interventions prevent child maltreatment? A review of research. <i>Child Maltreatment</i> , 14(2), 182-206.	Literature Review.	Findings suggest that the evidence base for programs in early childhood to prevent child maltreatment remains relatively weak.
Rodriguez, M. L., Dumont, K., Mitchell-Herzfeld, S. D., Walden, N. J., & Greene, W. R. (2010). Effects of Healthy Families New York on the	Microlevel observational assessments of mother-child interactions in the third wave of a randomized controlled trial.	The study concludes that the Health Families New York (HFNY) program was successful in promoting positive parenting among mothers at risk for

promotion of maternal parenting competencies and the prevention of harsh parenting. <i>Child Abuse & Neglect</i> , 34, 711-723.		child abuse and neglect.
Sar, B. K., Antie, B. F., Bledsoe, L. K., Barbee, A. P., Van Zyl, M. A. (2010). The importance of expanding home visitation services to include strengthening family relationships for the benefit of children. <i>Children and Youth Services Review</i> , 32, 198-205.	Literature Review.	The authors argue that programmatic attention has not been paid to couple relationships, father involvement, and parenting interactions in the context of home visiting programs. These relationships, if not nurtured, can heighten the risks for maltreatment. Therefore, the research on the impact of these relationships for children's wellbeing are reviewed, examples of evidence-based programs to strengthen these relationships are provided, and changes to existing home visiting policies and programs to include strengthening family relationships for the benefit of children are recommended.
Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. <i>Child Development</i> , 75(5), 1435-1456.	Meta-Analytic Review.	Findings suggest that home visiting does seem to help families with young children, but the extent to which this help is worth the cost of creating and implementing programs has yet to be determined. What exactly makes a home visiting program successful is unclear at this time.

RACIAL DISPROPORTIONALITY/DISPARITY

Citation	Description of Data	Major Findings/Implications
Berger, L. M., McDaniel, M., & Paxson, C. (2005). Assessing parenting behaviors across racial groups: Implications for the child welfare system. <i>Social Service Review</i> , 79(4), 653-688.	Survey data are drawn from an in-home module called the Fragile Families and Child Wellbeing Study (FFCWS).	Findings suggest that there is evidence of racial bias in <i>some</i> measures of interviewer-assessed parenting behaviors. Racial bias is more pronounced for measures that require subjective assessments on the part of interviewers.
Drake, B., & Jonson-Reid, M. (2011). NIS interpretations: Race and the National Incidence Studies of Child Abuse and Neglect. <i>Children and Youth Services Review</i> , 33(1), 16-20.	Data are drawn from a series of National Incidence Studies (NIS) of Child Abuse and Neglect.	Study concludes that the NIS-2 and NIS-3 did not, as is commonly believed, show equivalence between Black and White maltreatment rates and that the NIS-2, NIS-3 and NIS-4 do not differ markedly in their racial findings. Further, the large historical increase in the Black/White income gap cited in the NIS-4 race supplement derives from a simple failure to account for inflation. The authors claim that if left unaddressed, misinterpretations of NIS data will continue to misinform policy, cloud the issue of racial bias in the child welfare system and obscure the ongoing role of concentrated poverty in driving racial disproportionality.
Drake, B., Lee, S. M., & Jonson-Reid, M. (2009). Race and child maltreatment:	Administrative data are drawn from the U.S. Census and child welfare report	The authors did not find evidence for high levels of racial disproportionality,

Are Blacks overrepresented? <i>Children and Youth Services Review</i> , 31, 309-316.	data in Missouri.	once poverty was controlled. Poverty is generally associated with higher rates of reporting for both races. The authors found some evidence of differential sensitivity, with the relationship between poverty and report rate being somewhat stronger for Whites than for Blacks.
Dworsky, A., Roller White, C., O'Brien, K., Pecora, P., Courtney, M., Kessler, R., Sampson, N., & Hwang, I. (2010). Racial and ethnic differences in the outcomes of former foster youth. <i>Children and Youth Services Review</i> , 32, 902-912.	Data from two studies, the Midwest Evaluation of the Adult Functioning of Former Foster Youth and the Northwest Foster Care Alumni Study were analyzed.	Findings suggest that racial or ethnic differences in youth outcomes are more an exception than the rule, and that some of those differences can be explained by other factors.
Knott, T., & Donovan, K. (2010). Disproportionate representation of African-American children in foster care: Secondary analysis of the National Child Abuse and Neglect Data System, 2005. <i>Children and Youth Services Review</i> , 32, 679-684.	A longitudinal dataset for multiple U.S. states were drawn using state submissions to the National Child Abuse and Neglect Data System (NCANDS).	After controlling for child, caregiver, household and abuse characteristics African-American children had higher odds of foster care placement when compared with Caucasian children. This study supports the cumulative evidence that African-American racial identity is a significant predictor of foster care services.
Magruder, J., & Shaw, T. V. (2008). Children ever in care: an examination of cumulative disproportionality. <i>Child Welfare</i> , 87(2), 169-188.	Administrative data from California's child welfare system were analyzed.	Findings suggest the experience of African American families, and probably Native American families, within the child welfare system is much different from other families.
Shaw, T. V., Putnam-Hornstein, E., Magruder, J., & Needell, B. (2008). Measuring racial disparity in child welfare. <i>Child Welfare</i> , 87(2), 23-36.	Statistical Analysis.	The paper analyzes statistical methods for measuring disproportionality. The authors suggest a relative rate measure of representation—a "Disparity Index"—as the primary instrument for assessing racial disparity in child welfare.
Wells, S. J., Merritt, L. M., & Briggs, H. E. (2009). Bias, racism and evidence-based practice. <i>Children and Youth Services Review</i> , 31, 1160-1171.	Literature Review.	The authors address current concerns regarding disproportionality in child welfare services, summarize current research on bias and racism, and identify mechanisms that may be contributing to racially disproportionate outcomes.

FATHERS AND NON-BIOLOGICAL MALE CAREGIVERS

Citation	Description of Data	Major Findings/Implications
Berger, L. M., Paxson, C., & Waldfogel, J. (2009). Mothers, men, and child protective services involvement. <i>Child Maltreatment</i> , 14(3), 263-276.	Survey data are drawn from an in-home module called the Fragile Families and Child Wellbeing Study (FFCWS) of children born between 1998 and 2000 in 20 U.S. cities.	Results indicate that families in which the mother is living with a man who is not the biological father of all children and those in which she is not romantically involved are significantly more likely to be contacted by CPS than those in which she is living with the biological father of all resident children.
Bellamy, J. (2009). A national study of male involvement among families in contact with the child welfare system.	Data for this study were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW).	Results indicate that most caregivers report male involvement, and that distinct types of male involvement are

<p><i>Child Maltreatment</i>, 14(3), 255-262.</p>		<p>related to the likelihood of out-of-home care. Results also indicate that households that include non-parental adult males are perceived by caseworkers as relatively risky. No male involvement was related to maltreatment rereport. Implications include the need to appropriately assess, include, and engage adult male family members across diverse family systems.</p>
<p>Coakley, T. M. (2008). Examining African American fathers' involvement in permanency planning: An effort to reduce racial disproportionality in the child welfare system. <i>Children and Youth Services Review</i>, 30, 407-417.</p>	<p>Secondary analysis on longitudinal data on from the Guilford County Department of Social Services Child Welfare Division.</p>	<p>Findings show that children were reunited with birth families more often and had shorter stays in foster care when their fathers were involved.</p>
<p>English, D. J., Brummel, S., Martens, P. (2009). Fatherhood in the child welfare system: Evaluation of a pilot project to improve father involvement. <i>Journal of Public Child Welfare</i>, 3, 213-234.</p>	<p>Data come from the Father Involvement in Child Welfare (FICW) pilot project conducted in a Northwestern state child welfare agency. As voluntary participants in the FICW pilot, agency administrators agreed to participate in an agency self-assessment at start up and one year after project implementation.</p>	<p>This study provides some useful insights about father involvement in child welfare cases that can inform future, more rigorous research in this area. Following an emphasis and training on involving fathers, social workers will increase efforts to identify and locate fathers, involve fathers in case planning, and involve the fathers' extended family in case planning and placement.</p>
<p>Francis, K., J., & Wolfe, D. A. (2008). Cognitive and emotional differences between abusive and non-abusive fathers. <i>Child Abuse & Neglect</i>, 32, 1127-1137.</p>	<p>Survey data were gathered from fathers involved in the child welfare system.</p>	<p>Findings suggest that abusive fathers require comprehensive assessment that includes mental health screening. Interventions should be selected carefully to target abusive fathers' high levels of negative affect and negative perceptions. Treatment strategies should address problems related to parenting style as well as their personal adjustment.</p>
<p>Guterman, N. B., Lee, Y., Lee, S. J., Waldfogel, J., & Rathouz, P. J. (2009). Fathers and maternal risk for physical abuse. <i>Child Maltreatment</i>, 14(3), 277-290.</p>	<p>In-home and phone interviews were conducted with mothers involved in child welfare.</p>	<p>Multivariate findings suggest that marriage per se does not appear to be a protective factor for maternal physical child abuse. Rather, it may serve as a proxy for other father-related protective factors.</p>
<p>Lam, W. K. K., Fals-Stewart, W., & Kelley, M. L. (2009). Parent training with behavioral couples therapy for fathers' alcohol abuse. <i>Child Maltreatment</i>, 14(3), 24-254.</p>	<p>Survey data were gathered from male patients voluntarily entering outpatient treatment for an alcohol use disorder and randomly assigned to three treatment groups.</p>	<p>This pilot study examined effects of Parent Skills with Behavioral Couples Therapy (PSBCT) on substance use, parenting, and relationship conflict among fathers with alcohol use disorders. PSBCT for fathers may enhance parenting couple- or individual-based treatment, and warrants examination in a larger, randomized efficacy trial.</p>
<p>Malm, K. E., & Zielewski, E. H. (2009). Nonresident father support and reunification outcomes for children in foster care. <i>Children and Youth Services Review</i>, 31, 1010-1018.</p>	<p>Data were collected through telephone interviews with caseworkers in Arizona, Massachusetts, Minnesota, and Tennessee. Survey data were linked to administrative child welfare data in the four sites.</p>	<p>Findings suggest that the sample of foster children with nonresident fathers who provided financial support, nonfinancial support, or both types of supports, were far more likely to experience a reunification outcome than children whose fathers did not provide</p>

		these supports.
Strega, S., Fleet, C., Brown, L., Dominelli, L., Callahan, M., & Walmsley, C. (2008). Connecting father absence and mother blame in child welfare policies and practice. <i>Children and Youth Services Review</i> , 30, 705-716.	Randomly chosen case-file data from a mid-size Canadian city were analyzed.	Findings are consistent with other literature describing father absence and mother blaming in child welfare policy, practice and discourse. The dominant discourse is that mothers are primarily responsible for the safety, wellbeing and care of children. This discourse is routinely enacted in child welfare even when fathers are present and involved. Fathers whose children are involved with child welfare continue to be seen through a lens of absence, dangerousness and marginality.

OUT-OF-HOME FOSTER CARE PLACEMENT SERVICES

Citation	Description of Data	Major Findings/Implications
Barth, R. P., Green, R., Webb, M. B., Wall, A., Gibbons, C., & Craig, C. (2008). Characteristics of out-of-home caregiving environments provided under child welfare services. <i>Child Welfare</i> , 87(3), 5-39.	Survey data from the National Survey of Child and Adolescent Well-Being (NSCAW) were matched with caregiver surveys and interviews. Comparisons were also made to other nationally representative samples, including the U.S. Census and the National Survey of America's Families.	Among foster families, the study found high numbers of children cared for, under stimulating environments, use of punitive punishment, and low educational levels of caregivers. These findings generate concerns and suggestions for practice with foster families.
Barth, R. P., Lee, C. K., Wildfire, J., & Guo, S. (2006). A comparison of the governmental costs of long-term foster care and adoption. <i>Social Service Review</i> , 80(1), 127-158.	Administrative data from the North Carolina Division of Social Services are analyzed against state foster care board rates and state adoption subsidy rates.	The data show that a sizable proportion of children who are not adopted will leave foster care but that an offsetting proportion of the children who remain will be transitioned to substantially more expensive placements than those used by adopted children. On balance, adoption achieves substantial governmental savings.
Berrick, J. D. (2006). Neighborhood-based foster care: A critical examination of location-based placement criteria. <i>Social Service Review</i> , 80(4), 569-583.	Literature Review.	This article offers a critical examination of the neighborhood approach to foster care placement. Although neighborhood foster care placements have potential benefits for some children, the research reviewed in this paper does not fully support the existence of these benefits for the development and well-being of many children. An evidence-based practice approach that takes into account many factors besides neighborhoods is more likely to produce beneficial outcomes for children placed in out-of-home care.

D'Andrade, A., Frame, L., & Berrick, J. D. (2006). Concurrent planning in public child welfare agencies: Oxyoron or work in progress? <i>Children and Youth Services Review</i> , 28, 78-95.	Quantitative data were extracted from case files of children in California counties entering out-of-home care before and after implementation of concurrent planning legislation. Interviews and focus groups from the same counties contextualize these findings.	Results from the study help to identify factors that may facilitate or hinder successful implementation of concurrent planning.
Havlicek, J. (2010). Patterns of movement in foster care: An optimal matching analysis. <i>Social Service Review</i> , 84(3), 403-435.	Data from the Illinois Department of Children and Family Services (DCFS) were compared to placement event records, drawn from the Child and Youth Centered Information System (CYCIS), which was connected to a sample of Illinois youth in the Midwest Study of the Adult Functioning of Former Foster Youth.	Five distinct patterns of movement are differentiated: Late Movers, Settled with Kin, Community Care, Institutionalized, and Early Entry. These patterns suggest high but variable rates of movement. Numerous implications for child welfare policy and service provision are discussed.
Price, J. M., Chamberlain, P., Landsverk, J., Reid, J., Leve, L. D., Laurent, H. (2008). Effects of a foster parent training intervention on placement changes of children in foster care. <i>Child Maltreatment</i> , 13, 64-75.	Families were randomly assigned to participate in a foster parent training and support intervention (KEEP) or a control group. Foster parents were asked at the termination assessment if the child had remained in the home or had moved, and assessors coded the timing and reason for these exits.	Findings suggest that the number of prior placements was predictive of negative exits from current foster placements. The intervention increased chances of a positive exit (e.g., parent/child reunification) and mitigated the risk-enhancing effect of a history of multiple placements. The KEEP intervention may improve placement outcomes for children in foster care.
Zinn, A. (2009). Foster family characteristics, kinship, and permanence. <i>Social Service Review</i> , 83(2), 185-219.	Administrative data describing foster family placements in Illinois were analyzed.	Results suggest that the age and race or ethnicity of foster parents, as well as foster family wage income and fostering history, predict the disposition and timing of children's exit from care. Results also suggest that the relation between foster family kinship status and permanence is moderated by several foster family characteristics. Results also suggest that the relation between child race and adoption is moderated by foster parent race.

SUBSTANCE ABUSE, PRENATAL EXPOSURE & TREATMENT

Citation	Description of Data	Major Findings/Implications
Berger, L. M., Slack, K. S., Waldfogel, J., & Bruch, S. K. (2010). Caseworker-perceived caregiver substance abuse and child protective services outcomes. <i>Child Maltreatment</i> , 15(3), 199-210.	Data for this study were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW).	Findings suggest that, all else equal, caseworker-perceived caregiver substance abuse is associated with increased caseworker perceptions that children are at severe risk of harm. Caseworker perception is also associated with an increased probability of each of the CPS outcomes except termination of parental rights. These findings imply that CPS decisions are heavily influenced by caseworker perceptions of caregiver substance abuse, regardless of the presence of other risk factors for child maltreatment.

<p>Choi, S., & Ryan, J. (2006). Completing substance abuse treatment in child welfare: The role of co-occurring problems and primary drug of choice. <i>Child Maltreatment</i>, 11(4), 313-325.</p>	<p>Data for this study were drawn from the Title IV-E AODA waiver demonstration in the state of Illinois. It includes two measures: the JCAP assessment, evaluating alcohol and drug use, and the Treatment Alternative for Safe Communities (TASC) survey provides information on caregivers' status of substance abuse treatment.</p>	<p>The multivariate models indicate that age, employment status, and legal involvement were significantly associated with the likelihood of completing substance abuse treatment. Heroin users were significantly less likely to complete treatment as compared with alcohol, cocaine, and marijuana users.</p>
<p>Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. <i>Child Maltreatment</i>, 12(1), 43-59.</p>	<p>Outcome data are compared for 250 family treatment drug court (FTDC) participants to those of similar parents who did not receive FTDC services in four sites.</p>	<p>Results show that FTDC parents, compared to comparison parents, entered substance abuse treatment more quickly, stayed in treatment longer, and completed more treatment episodes. Furthermore, children of FTDC parents entered permanent placements more quickly and were more likely to be reunified with their parents.</p>
<p>Green, B. L., Rockhill, A., Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. <i>Children and Youth Services Review</i>, 29, 460-473.</p>	<p>Administrative child welfare data were matched with Oregon Client Process Management System (CPMS) data, a statewide system that monitors alcohol and/or drug treatment services.</p>	<p>Results indicate that when women entered treatment more quickly, spent more time in treatment, or completed at least one treatment episode, their children spent fewer days in foster care and were more likely to be reunified with their parents. These findings were significant even controlling for families' levels of risk including child welfare history, substance abuse frequency and chronicity, and demographic risks.</p>
<p>Howell, M. L. (2008). Decisions with good intentions: Substance use allegations and child protective services screening decisions. <i>Journal of Public Child Welfare</i>, 2(3), 293-316.</p>	<p>In one southeastern state, 86 child welfare intake supervisors reviewed 10 scenarios alleging maltreatment. Participants decided which reports to accept for investigation, identified influential decision-making factors, and rated personal and organizational values surrounding parental drug use on a scale developed by the researcher.</p>	<p>Participants' decision-making patterns suggest that when their values and child welfare policies conflicted in their desire to protect children, supervisors were willing to compromise policy standards for initiating investigations.</p>
<p>Ryan, J., Choi, S., Hong, J. S., Hernandez, P., & Larrison, C. R. (2008). Recovery coaches and substance exposed births: An experiment in child welfare. <i>Child Abuse & Neglect</i>, 32, 1072-1079.</p>	<p>Researchers used an experimental design, assigning 261 substance abusing women to the control group, and 670 to the experimental group. Women in the experimental group received traditional services plus the services of a recovery coach. Administrative records were analyzed to determine substance exposure of children at birth.</p>	<p>The use of recovery coaches in child welfare significantly decreases the risk of substance exposure at birth. Integrated and comprehensive approaches are necessary for addressing the complex and co-occurring needs of families involved with child protection.</p>
<p>Sun, A., Freese, M. P., Fitzgerald, M. (2007). An exploratory study of drug-exposed infants: Case substantiation and subsequent child maltreatment. <i>Child Welfare</i>, 86(3), 33-50.</p>	<p>Administrative data from an urban Nevada county were analyzed.</p>	<p>Results indicate that: (1) drug-exposed infant case substantiation was related to the type of drug exposure and the unit to which the case was assigned, but not to the mother's ethnicity; and (2) subsequent maltreatment among drug-exposed infants was related to the mother's age and prior parental alcohol abuse, but not to the type of drug exposure, nor to the initial drug-exposed infant status of case substantiation. Child welfare workers should be</p>

		provided with training specific to alcohol and drug use.
Twomey, J. E., Caldwell, D., Soave, R., Fontaine, L. A., Lester, B. M. (2010). Vulnerable infants program of Rhode Island: Promoting permanency for substance-exposed infants. <i>Child Welfare</i> , 89(3), 121-142.	Standardized measures were used with substance-using women participating in the Vulnerable Infants Program of Rhode Island (VIP-RI) to screen for substance use, mental health, and parenting attitudes.	The initial four years of VIP-RI show promising findings for promoting permanency for substance-exposed infants. Time infants spent in the newborn nursery decreased, permanency for more than half of the infants was with a biological parent, and 84% of infants were in homes identified as permanent placements by their first birthdays. Mothers who participated in the program showed improvement in functioning in the areas of substance abuse, mental health, and parenting attitudes.
Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. <i>Child Maltreatment</i> , 12(2), 137-149.	Literature Review.	This review provides a summary of the available data; provides estimates of the overlap between populations, including the number of infants born each year with prenatal substance exposure; and suggests important opportunities to close the data gap between the systems. Findings underscore both the need for obtaining accurate data within the child welfare and AOD systems and the opportunities for states to improve their cross-system data efforts as part of their outcome monitoring.

FAMILY GROUP DECISION MAKING (FGDM)

Citation	Description of Data	Major Findings/Implications
Berzin, S. C. (2006). Using sibling data to understand the impact of family group decision-making on child welfare outcomes. <i>Children and Youth Services Review</i> , 28, 1449-1458.	This study utilized sibling data from California's Title IV-E Waiver Demonstration Project Evaluation in Fresno and Riverside Counties to compare child welfare outcomes for children of families randomly assigned to receive FGDM and children of families assigned to receive traditional child welfare services.	Consistent with previous analysis of the California Title IV-E Waiver data that showed neutral outcomes for children in the FGDM treatment group and those receiving traditional services, this study involving sibling data showed similar child welfare outcomes for youth receiving and not receiving FGDM.
Berzin, S. C., Cohen, E., Thomas, K., & Dawson, W. C. (2008). Does Family Group Decision Making affect child welfare outcomes? Findings from a randomized control study. <i>Child Welfare</i> , 87(4), 35-54.	This study utilized data from California's Title IV-E Waiver Demonstration Project Evaluation in Fresno and Riverside Counties to compare child welfare outcomes for children of families randomly assigned to receive FGDM or traditional child welfare services.	Overall, results did not indicate more positive outcomes for children receiving the intervention, but did indicate that children were not worse than those receiving traditional services.
Crea, T. M., & Berzin, S. C. (2009). Family involvement in child welfare decision-making: Strategies and research on inclusive practices. <i>Journal of Public Child Welfare</i> , 3, 305-327.	Literature Review.	The research reviewed in this article demonstrates generally high levels of family and worker satisfaction for family involvement approaches, but mixed outcomes.
Rauktis, M. E., McCarthy, S., Krackhardt, D., & Cahalane, H. (2010). Innovation in child welfare: The	A mixed methods design was employed, using geographic autocorrelation modeling and analysis of qualitative	Findings suggest that to facilitate the adoption of FGDM, funders should look to strategically place new programs

adoption and implementation of Family Group Decision Making in Pennsylvania. <i>Children and Youth Services Review</i> , 32, 732-739.	data about barriers and facilitators.	close to established programs, provide start-up funding and utilize networks established through system collaboration activities.
Weigensberg, E. C., Barth, R. P., & Guo, S. (2009). Family group decision making: A propensity score analysis to evaluate child and family services at baseline and after 36-months. <i>Children and Youth Services Review</i> , 31(3), 383-390.	Data for this study were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW).	Analysis using the matched comparison group showed that around the time of the initial case assessment a higher percentages of children who experienced FGDM meetings than those who had not experienced FGDM were connected with some services. After 36 months, however, receipt of child and family services was not statistically different between children who experienced FGDM meetings and those who did not.

DIFFERENTIAL RESPONSE

Citation	Description of Data	Major Findings/Implications
Conley, A. (2007). Differential response: A critical examination of a secondary prevention model. <i>Children and Youth Services Review</i> , 29, 1454-1468.	The Another Road to Safety Program, an example of a differential response program utilizing home visiting as a service delivery mechanism, is critically assessed to determine support for program assumptions in the child welfare literature base.	The research literature supports certain aspects of the ARS model while casting doubt on others. While this literature review has not found profound evidence for all of the program assumptions of the ARS model, there are many reasons to believe that this program model can achieve positive outcomes for the families it serves.
Conley, A., & Berrick, J. D. (2010). Community-based child abuse prevention: Outcomes associated with a differential response program in California. <i>Child Maltreatment</i> , 15(4), 282-292.	This study examined child-welfare trajectories for families receiving "Track 1" differential response services in one California county. Treatment group children were compared to children eligible for services but denied due to program capacity.	Findings suggest no statistically significant differences between groups on the likelihood of a re-report following program participation, timing of maltreatment reports, or report investigations.
Marshall, S. K., Charles, G., Kendrick, K., Pakalniskiene, V. (2010). Comparing differential responses within child protective services: A longitudinal examination. <i>Child Welfare</i> , 89(3), 57-77.	Administrative child welfare data on treatment group children were compared to control group children from one region of British Columbia, Canada.	Comparisons between family development response (FDR) and cases assigned to regular investigation (INV) suggest that FDR does not decrease recidivism to CPS. However, fewer children in the FDR group were removed than children in the INV group.

DEATH

Citation	Description of Data	Major Findings/Implications
Chadwick, D. L., Castillo, E. M., Kuelbs, C., Cox, S. A., & Lindsay, S. P. (2010). Missed and missing cases of abusive injuries: The magnitude and the measurement of the problem. <i>Child Abuse & Neglect</i> , 34, 943-950.	Determination, comparison, and explanation of the case-fatality-rate disparity in four injury databases were derived from hospitalized injury cases.	A large disparity between the case fatality rates (CFRs) of inflicted and unintentional injuries exists in a number of injury databases. Inflicted injuries have much higher CFRs than unintentional injuries. Present diagnostic criteria for physically abusive (inflicted) injuries are forensically-driven and too conservative for public health purposes. New public-health oriented case

		definitions for “inflicted injury” are needed.
Chance, T., & Scannapieco, M. (2002). Ecological correlates of child maltreatment: Similarities and differences between child fatality and nonfatality cases. <i>Child and Adolescent Social Work Journal</i> , 19(2), 139-161.	Utilizing case record analysis, thirty-eight fatality cases were compared to a matched group of non-fatality cases to determine which factors are related to fatality in a large Southwestern metropolitan area.	The results provide a profile of numerous child, parent, environmental, and situational characteristics that may place a child at higher risk of fatal maltreatment.
Graham, J. C., Stepura, K., Baumann, D. J., & Kern, H. (2010). Predicting child fatalities among less-severe CPS investigations. <i>Children and Youth Services Review</i> , 32, 274-280.	Using only the cases that did not initially present severe features, information from CPS investigations prior to a child fatality were compared to information from investigations that did not result in a fatality.	Findings resulted in three categories of predictive indicators: 1) more actionable and indicative of reduced risk, 2) mostly more actionable and indicative of increased risk, and 3) less actionable and indicative of increased risk. The authors suggest that risk assessment tools and training be designed around the study’s findings.
Palusci, V. J., Wirtz, S. J., Covington, T. (2010). Using capture-recapture methods to better ascertain the incidence of fatal child maltreatment. <i>Child Abuse & Neglect</i> , 34, 396-402.	Child maltreatment deaths were identified in four existing administrative data sources. Capture-recapture pair-wise and pooled comparisons were then applied to estimate the numbers of abuse and total maltreatment deaths and were compared to the number of cases identified by independent case review.	Capture-recapture methods allow for more accurate estimation of the true number of child <i>physical</i> abuse deaths than does using existing sources of child fatality information. However, deaths from causes other than abuse are undercounted. Local and/or state teams conducting ongoing intensive case review may yet remain the best way to identify the total number of child maltreatment deaths.
Putnam-Hornstein, E. (in press). Report of maltreatment as a risk factor for injury death: A prospective birth cohort study. <i>Child Maltreatment</i> .	This analysis is based on a unique dataset constructed by establishing child-level linkages between vital birth records, administrative child protective service records, and vital death records.	Findings indicate that after adjusting for risk factors at birth, children with a prior allegation of maltreatment died from intentional injuries at a rate that was 5.9 times greater than unreported children and died from unintentional injuries at twice the rate of unreported children. A prior allegation to child protective services is the strongest independent risk factor for injury mortality before the age of five.
Schnitzer, P. G., & Ewigman, B. G. (2005). Child deaths resulting from inflicted injuries: Household risk factors and perpetrator characteristics. <i>Pediatrics</i> , 116(5), 687-693.	A population-based, case-control study of all children <5 years of age who died in Missouri between 1992 and 1999 were analyzed. Cases all involved children with injuries inflicted by a parent or caregiver. Two age-matched controls per case child were selected randomly from children who died of natural causes.	Young children who reside in households with unrelated adults are at exceptionally high risk for inflicted-injury death. Most perpetrators are male, and most are residents of the decedent child’s household at the time of injury.
Stiffman, M. N., Schnitzer, P. G., Adam, P., Kruse, R. L., & Ewigman, B. G. (2002). Household composition and risk of fatal child maltreatment. <i>Pediatrics</i> , 109(4), 615-621.	Population-based, case-control study using data from the Missouri Child Fatality Review Panel system, 1992–1994. Cases were all maltreatment injury deaths among children <5 years old. Controls were randomly selected from natural-cause deaths during the same period and frequency-matched to cases on age.	Children living in households with 1 or more male adults that are not related to them are at increased risk for maltreatment injury death. This risk is not elevated for children living with a single parent, as long as no other adults live in the home.

OLDER YOUTH AND EMANCIPATION

Citation	Description of Data	Major Findings/Implications
Berzin, S. C. (2008). Difficulties in the transition to adulthood: using propensity scoring to understand what makes foster youth vulnerable. <i>Social Service Review</i> , 82(2), 171-196.	Using data from the National Longitudinal Survey of Youth 1997 and eight distinct matching schemes, this study compares outcomes of foster youth to those of other youth.	Results locate similar outcomes for foster youth and youth matched on pre-placement characteristics. The results suggest that risk factors, and not foster care itself, contribute to difficulties that occur in the transition to adulthood.
Cheng, T. C., & Lo, C. C. (2010). Drug use among maltreated adolescents receiving child welfare services. <i>Children and Youth Services Review</i> , 32, 1735-1739.	Data for this study were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW).	Social workers should assess whether adolescents are using hard drugs when making initial contact with youth. Social workers should refer adolescents who use hard drugs to appropriate drug treatment, and pay particular attention to victims of sexual maltreatment. A social worker should also arrange frequent visitations between foster-care adolescents and their biological parents who serve as a protective factor against adolescent hard drug use. In addition, regardless of the placement, family therapy or family activities should be provided to promote quality parent-child relationships.
Connell, C. M., Katz, K. H., Saunders, L., & Tebes, J. K. (2006). Leaving foster care--the influence of child and case characteristics on foster care exit rates. <i>Children and Youth Services Review</i> , 28(7), 780-798.	This longitudinal study examines characteristics associated with the timing of three potential foster care outcomes—reunification, adoption, and running away from care (i.e., AWOL) for a statewide sample of children entering care in Rhode Island following implementation of the Adoption and Safe Families Act (ASFA).	A number of child and case characteristics were associated with likelihood of exiting foster care. In many cases, the characteristics operated differently depending on exit type, though in other instances there was consistency indicating that some risk factors are likely to be associated with delays in achieving permanency (e.g., removal due to sexual abuse, presence of child emotional/behavioral disorder).
Courtney, M. E., Dworsky, A., Lee, J. S., Raap, M., Cusick, G. R., Keller, T., Havlicek, J., Perez, A., Terao, S., & Bost, N. (2010). Midwest Evaluation of the Adult Functioning of Former Foster Youth. Retrieved from http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth .	Survey data were collected from former foster youth in Iowa, Wisconsin, and Illinois. Baseline survey data was collected when youth were 17 or 18 years old, and participants were re-interviewed at ages 19, 21, and 23 or 24.	The Midwest Study provides a comprehensive picture of how foster youth are faring during this transition since the Foster Care Independence Act of 1999 became law. The Midwest Study also presents an opportunity to compare the outcomes of young people from one state (i.e., Illinois) that allows foster youth to remain in care until their 21st birthday to the outcomes of young people from two other states. The data suggest that extending foster care until age 21 may be associated with better outcomes.
Courtney, M. E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster care youth transitions to adulthood: A longitudinal view of youth leaving care. <i>Child Welfare</i> , 80(6), 685-717.	The Foster Youth Transitions to Adulthood Study tracked the experiences of young adults who left care in Wisconsin in 1995 and 1996 for the first 12 – 18 months after they left care.	The findings suggest that the transition to independence is a difficult time for youth leaving the out-of-home care system.
Dworsky, A. & Courtney, M. (2010). The risk of teenage pregnancy among	This study used data from the first two waves of the Midwest Evaluation of the	Findings provide additional evidence of the need for a more concerted effort by

<p>transitioning foster youth: Implications for extending state care beyond age 18. <i>Children and Youth Services Review</i>, 32(10), 1351-1356.</p>	<p>Adult Functioning of Former Foster Youth, a longitudinal study of foster youth making the transition to adulthood in three Midwestern states, as well as the National Longitudinal Study of Adolescent Health .</p>	<p>child welfare agencies to help youth in foster care avoid becoming pregnant and suggest that allowing young people to remain in foster care beyond age 18 may be one way to reduce teenage pregnancy among this population.</p>
<p>Kerman, B. (2002). Outcomes for young adults who experienced foster care. <i>Children and Youth Services Review</i>, 24(5), 319-344.</p>	<p>Child welfare case records and qualitative interviews were conducted for former foster youth.</p>	<p>This paper highlights the role of extending support to foster youth during the critical transition to young adulthood. Adoptees and children who remained in foster care into young adulthood were functioning better than those who exited at age 18 or before. Moreover, youth who remained for extended support in foster care were doing as well as those who were adopted.</p>
<p>Osgood, D. W., Foster, E. M., & Courtney, M. E. (2010). Vulnerable populations and the transition to adulthood. <i>The Future of Children</i>, 20(1), 209-229.</p>	<p>The authors review current public policies directed toward vulnerable youth in transition.</p>	<p>The authors discuss policy options that can help create a developmentally appropriate and socially inclusive system of support for vulnerable youth. Among the options are strengthening all programs for youth in transition, improving the existing systems of care for children and adolescents, addressing the loss of access to services at the age of majority, and coordinating today's multiple systems into a single coherent system.</p>
<p>Peters, C., Dworsky, A., Courtney, M. E., Pollack, H. (2009). Extending Foster Care to Age 21: Weighing the Costs to Government against the Benefits to Youth. Retrieved from http://www.chapinhall.org/research/report/extending-foster-care-age-21-weighing-costs-government-against-benefits-youth.</p>	<p>This report analyzes the potential benefits and costs of allowing foster youth to remain in care until age 21. Estimates of costs are based on survey data from a longitudinal study of young people aging out of care in three Midwestern states as well as information about placement costs provided by the Illinois Department of Children and Family Services. Estimates of benefits focus on the increase in postsecondary educational attainment associated with extending care and the resulting increase in lifetime earnings associated with postsecondary education.</p>	<p>Findings suggest that the costs associated with extending foster care to age 21—an option that will soon be much less costly to states as a result of the Fostering Connections Act—are more than offset by the potential benefits to foster youth and society.</p>
<p>Simmel, C. (2010). Why do adolescents become involved with the child welfare system? Exploring risk factors that affect young adolescents. <i>Children and Youth Services Review</i>, 32, 1831-1836.</p>	<p>Data for this study were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW).</p>	<p>Results suggest that while some of the reasons for adolescent entry to care are similar to those for younger youth, other youth may also become involved due to child characteristics rather than factors solely attributable to caregivers. Current child welfare policies and practices are primarily geared toward younger age groups. To effectively serve the broad spectrum of children who come into contact with child welfare, it is critical that child welfare services and policies recognize the entire developmental spectrum of</p>

		challenges and needs faced by youth and their families.
Stott, T., & Gustavsson, N. (2010). Balancing permanency and stability for youth in foster care. <i>Children and Youth Services Review</i> , 32, 619-625.	Literature Review.	For youth in care, the search for legal permanency can result in placement instability and may diminish the ability of youth to attain relational and ecological permanency. The pursuit of permanency, when not balanced with youths' well-being, can hinder youths' willingness to engage in relationships. The child welfare system must include policy provisions which allow for stable placements even if they do not initially meet the standards of legal permanence.

PARENTAL INCARCERATION

Citation	Description of Data	Major Findings/Implications
Hayward, R. A., & DePanfilis, D. (2007). Foster children with an incarcerated parent: Predictors of reunification. <i>Children and Youth Services Review</i> , 29, 1320-1334.	Data for this study were drawn from the Adoption and Foster Care Administrative Reporting System (AFCARS).	School age children and children with behavioral or substance abuse problems were more likely to reunify with incarcerated parents. In contrast, the following factors significantly decreased the likelihood of reunification for children with at least one incarcerated parent: kinship foster care placement, African American ethnicity, age under 2, child disability, housing problems, single-parent family structure, and placement history.
Johnson, E. I., & Waldfogel, J. (2002). Parental incarceration: Recent trends and implications for child welfare. <i>Social Service Review</i> , 76(3), 460-479.	The study analyzed trends in parental incarceration using the 1986 and 1991 National Survey of Inmates in State Correctional Facilities, and the 1997 Survey of Inmates in State and Federal Correctional Facilities.	Results indicate that children with incarcerated parents have become an increasingly large share of the foster care population since the mid-1980s and a notable share of U.S. children living with grandparent caregivers. Findings underscore the need to develop and implement specific child welfare and criminal justice policies for serving these families.
Phillips, S. D., & Dettlaff, A. J. (2009). More than parents in prison: The broader overlap between the criminal justice and child welfare systems. <i>Journal of Public Child Welfare</i> , 3, 3-22.	Data for this study were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW).	Given the lack of an effective criminal justice system response to parent problems that are associated with the risk of child maltreatment, it is imperative for CPS agencies to address these problems in order to improve outcomes of safety, permanency, and well-being for children. CPS workers need to be aware that when they encounter caregivers with an arrest history, there is an increased likelihood of the family experiencing problems related to substance abuse, domestic violence, and extreme poverty.

PRIMARY PREVENTION AND PUBLIC HEALTH APPROACHES

Citation	Description of Data	Major Findings/Implications
Multiple Authors. (2009). Preventing Child Maltreatment. <i>The Future of Children</i> , 19(2).	Literature Review.	Contributors to this volume of <i>The Future of Children</i> present the best available research on policies and programs designed to prevent maltreatment. They examine a gradual shift in the field of child maltreatment toward prevention and explore how insights into the risk factors for maltreatment can help target prevention efforts. They assess whether programs such as community-wide interventions, parenting programs, home-visiting, drug and alcohol treatment, and school-based educational programs on sexual abuse, can prevent maltreatment. They also explore how CPS agencies might take a more active role in prevention.
Calam, R., Sanders, M. R., Miller, C., Carmont, S. (2008). Can technology and the media help reduce dysfunctional parenting and increase engagement with preventative parenting interventions? <i>Child Maltreatment</i> , 13(4), 347-361.	In an evaluation of the television series "Driving Mum and Dad Mad," 723 families were randomly assigned to either a standard or technology enhanced viewing condition (included additional Web-support). Following the intervention, participants completed questionnaires and parenting scales.	Media interventions depicting evidence-based parenting programs may be a useful means of reaching hard to engage families in population-level child maltreatment prevention programs.
Klevens, J., & Whitaker, D. J. (2007). Primary Prevention of Child Physical Abuse and Neglect: Gaps and Promising Directions. <i>Child Maltreatment</i> , 12(4), 364-377.	Systematic Review.	A review of 188 primary prevention interventions revealed that few had been rigorously evaluated, and only a handful demonstrated impact on child maltreatment or its risk factors. From a public health perspective, interventions that target prevalent and neglected risk factors such as poverty, partner violence, teenage pregnancy, and social norms tolerating violence toward children need to be developed and evaluated.
O'Donnell, M., Nassar, N., Leonard, H., Jacoby, P., Mathews, R., Patterson, Y., & Stanley, F. (2010). Rates and types of hospitalizations for children who have subsequent contact with the child protection system: a population based case-control study. <i>Journal of Epidemiology & Community Health</i> , 64(9), 784-788.	Data for this study of children born in Western Australia between 1990 and 2005 were drawn from de-identified record linked Child Protection and Hospital Morbidity databases.	The hospital system plays not only an important role both in the surveillance of maltreatment related injuries and conditions but also in the role of prevention in the referral of families who may need support and assistance. This research highlights the importance of moving to electronic patient records in identifying children who have high rates of admissions and the types of conditions they present with.
O'Donnell, M., Scott, D., & Stanley, F. (2008). Child abuse and neglect - is it time for a public health approach? <i>Australian and New Zealand Journal of Public Health</i> , 32(4), 325-330.	Literature Review.	This paper raises alternative thinking as to the overall approaches to child abuse and neglect with a greater focus on prevention.
Reading, R., Bissell, S., Goldhagen, J., Harwin, J., Masson, J., Moynihan, S.,	Literature Review.	The authors present literature on how a children's rights perspective provides a

Parton, N., Pais, M. S., Thorburn, J., Webb, E. (2009). Promotion of children's rights and prevention of child maltreatment. <i>Lancet</i> , 373, 332-343.		different approach to child maltreatment, and can contribute to both public-health and protective responses.
Reynolds, A. J., Mathieson, L. C., Topitzes, J. W. (2009). Do early childhood interventions prevent child maltreatment? A review of research. <i>Child Maltreatment</i> , 14(2), 182-206.	Literature Review.	Of programs showing significant reductions in substantiated rates of child maltreatment, three provide strong evidence of preventive effects. Only the Child-Parent Centers (CPCs) and the Nurse-Family Partnership (NFP) assessed longer term preventive effects. Common elements of these effective programs included implementation by professional staff, relatively high dosage and intensity, and comprehensiveness of scope. The evidence base for programs in early childhood to prevent child maltreatment remains relatively weak. To advance the field, longer term studies of a variety of intervention models are needed.
Waldfoegel, J. (2009). Prevention and the child protection system. <i>The Future of Children</i> , 19(2), 195-210.	Literature Review	Preventive services delivered by CPS to high-risk families typically include case management and supervision. Researchers generally find little evidence, however, that these services reduce the risk of subsequent maltreatment, although there is some promising evidence on the role of child care. Preventive services for lower-risk families often focus on increasing parents' understanding of the developmental stages of childhood and on improving their child-rearing competencies. The evidence base on the effectiveness of these services remains thin. Most research focuses on home-visiting and parent education programs. Studies of home visiting have provided some promising evidence. Little is as yet known about the effects of parent education.
Zimmerman, F., & Mercy, J. A. (2010). A better start: child maltreatment as a public health priority: Zero to Three. Retrieved from http://www.zerotothree.org/maltreatment/child-abuse-neglect/30-5-zimmerman.pdf .	Literature Review.	The authors describe how a public health approach to child maltreatment addresses the range of conditions that place children at risk for abuse or neglect and include strategies at the individual, family, community, and societal levels to promote health and well-being.

SOCIAL/EMOTIONAL HEALTH OF CHILDREN

Citation	Description of Data	Major Findings/Implications
Chuang, E., Wells, R. (2010). The role of inter-agency collaboration in	Data for this study were drawn from the National Survey of Child and	This study is one of the first to examine empirically the influence of inter-

<p>facilitating receipt of behavioral health services for youth involved with child welfare and juvenile justice. <i>Children and Youth Services Review</i>, 32, 1814-1822.</p>	<p>Adolescent Well-Being (NSCAW), the Child Welfare League of America National Data Analysis System (NDAS), the 2000 Area Resource File (ARF), and the National Survey of Substance Abuse Treatment Services (NSSATS).</p>	<p>agency collaboration between child welfare and juvenile justice agencies on youths' receipt of behavioral health services. The current study found that designating a single agency as responsible for youths' care and linking administrative databases were associated with youth odds of receiving behavioral health services.</p>
<p>Courtney, M. E., Zinn, A. (2009). Predictors of running away from out-of-home care. <i>Children and Youth Services Review</i>, 31, 1298-1306.</p>	<p>The data used for this study came from three Illinois state management information systems. The first system maintains data on the placement histories. The second system collects data on child maltreatment investigations. The third data system from which information was obtained is the state Medicaid Paid Claims database, which was used to obtain data on the mental health and substance abuse treatment.</p>	<p>Findings provide some guidance on how to best target runaway prevention efforts. Runaway prevention efforts should be directed at older youth. Efforts should also be focused on youth that have already run at least once. Efforts at reducing placement instability may also reduce the likelihood that youth will run away from care. Placement type appears to play a strong role - youth in more family-like settings are less likely to run from care than those in other placements.</p>
<p>Farmer, E. M. Z., Mustillo, S. A., Wagner, H. R., Burns, B. J., Kolko, D. J., Barth, R. P., Leslie, L. K. (2010). Service use and multi-sector use for mental health problems by youth in contact with child welfare. <i>Children and Youth Services Review</i>, 32, 815-821.</p>	<p>Data for this study were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW).</p>	<p>Results show elevated rates of mental health problems among youth who have been in contact with child welfare services. However, after 18 months, only one-quarter of the sample was receiving some type of mental health care. Results confirm the key role of schools in providing treatment for youth. Specialty mental health providers also played a large role, with the vast majority of youth showing involvement simultaneously with specialty mental health and school services.</p>
<p>Grogan-Kaylor, A., Ruffolo, M. C., Ortega, R. M., Clarke, J. (2008). Behaviors of youth involved in the child welfare system. <i>Child Abuse & Neglect</i>, 32, 35-49.</p>	<p>Data for this study were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW).</p>	<p>The current child welfare delivery system emphasizes provision of services to youth experiencing with serious problems and less on prevention. Findings suggest that preventive services for youth when they first enter care, which focus on enhancing caregiver skills in building positive relationships and increased monitoring of youth's activity may alter the pathway to delinquency.</p>
<p>Holden, E. W., O'Connell, S. R., Liao, Q., Krivelyova, A., Connor, T., Blau, G., & Long, D. (2007). Outcomes of a randomized trial of continuum of care services for children in a child welfare system. <i>Child Welfare</i>, 86(6), 89-114.</p>	<p>A randomized clinical trial which utilized data drawn from the following measures: the Descriptive Information Questionnaire (DIQ), the Child Behavior Checklist (CBCL), the Child and Adolescent Functional Assessment Scale (CAFAS), the Behavioral and Emotional Rating Scale (BERS), and the Restrictiveness of Living Environments Scale (ROLES-R).</p>	<p>The results of this study suggest two major implications for ongoing child welfare reform efforts. First, it is possible with case rate financing to provide cost savings by implementing a continuum of care for children with substantial mental health impairment. Second, implementation fidelity of these services (such as wraparound) continues to be a significant challenge and will likely require multiple</p>

		resources in any community to address ongoing technical assistance needs and regular monitoring of implementation fidelity.
Landsverk, J. A., Burns, B. J., Stambaugh, L. F., & Rolls Reutz, J. A. (2009). Psychosocial interventions for children and adolescents in foster care: A review of research literature. <i>Child Welfare</i> , 88(1), 49-69.	Literature Review.	This paper reviews evidence-based and promising interventions for the most prevalent mental conditions found among children in foster care. To increase the use of evidence-based interventions, agencies should (a) track the progress of dissemination studies of mental health interventions in foster care and clinical interventions relevant to foster youth, (b) learn from the challenges of intervention dissemination efforts prior to making policy decisions, (c) consider additional interventions for implementation within child welfare, in contrast to those more likely to be provided in the mental health system, and (d) develop partnerships between mental health and child welfare with simultaneous child welfare, mental health and Medicaid funding.
Lee, B. R., Shaw, T. V., Gove, B., Hwang, J. (2010). Transitioning from group care to family care: Child welfare worker assessments. <i>Children and Youth Services Review</i> , 32, 1770-1777.	Data for this study came from two sources: (1) baseline data were collected from child welfare workers through a survey instrument; (2) to track youth placement changes or system exit, records from the state child welfare administrative data system were assessed.	Workers should be thoughtful when considering where to place children. Practice techniques like a family group conference may be effective in improving placement decision-making. Once a youth is placed in group care, the worker and placement providers should assist youth's preparation for a return to a family setting. A worker's assessment of youth readiness for family care was strongly predictive of movement to a family setting. Hence, improving worker's perceptions about youth readiness may facilitate a move to family care. Youth who had significant connections to their school setting were more than twice as likely to be considered good candidates for family care, suggesting the importance of maintaining school connections for foster youth.
Maschi, T., Hatcher, S. S., Schwalbe, C. S., Rosato, N. S. (2008). Mapping the social service pathways of youth to and through the juvenile justice system: A comprehensive review. <i>Children and Youth Services Review</i> , 30, 1376-1385.	Literature Review.	The authors present literature which suggest a pattern of service needs and prior service usage that placed youth at risk of juvenile justice involvement. Extralegal factors, such as individual characteristics and social/environmental characteristics influence how youth travel across the sectors of care. The authors present a social justice systems model that depicts the varied service pathways that youth may concurrently or sequentially travel across the social and justice systems of care.

<p>Raghavan, R., Leibowitz, A. A., Andersen, R. M., Zima, B. T., Schuster, M. A., Landsverk, J. (2006). Effects of Medicaid managed care policies on mental health services use among a national probability sample of children in the child welfare system. <i>Children and Youth Services Review</i>, 28, 1482-1496.</p>	<p>Data for this study came from the National Survey of Child and Adolescent Well-Being (NSCAW), the Caring for Children in Child Welfare (CCCW) study, and the 1999 Area Resource File (ARF).</p>	<p>Children in counties with behavioral carve-outs under Medicaid managed care had lower odds of inpatient mental health service use. Restrictions on use of inpatient mental healthcare caused by behavioral carve-outs may disproportionately affect children in the child welfare system who have high rates of use. Careful adoption of carve-outs is necessary to assure appropriate care for these children.</p>
<p>Rosenthal, J. A., Villegas, S. (2010). Living situation and placement change and children's behavior. <i>Children and Youth Services Review</i>, 32, 1648-1655.</p>	<p>Data for this study came from the National Survey of Child and Adolescent Well-Being (NSCAW).</p>	<p>Findings provide perspective on how behavior problems, living situation and placement change interact to shape the movement of children into, within, and out of out-of-home care. Results affirm that: prior change predicts subsequent change; prior behavior predicts subsequent behavior; and behavior predicts change. Our findings contradict the notion that foster placement is inherently "bad." On the other hand, public policy supports the principle that, given sufficient safety, most children are better served when placement is avoided. The study's findings do not suggest otherwise.</p>
<p>Schelble, J. L., Franks, B. A., Miller, M. D. (2010). Emotion dysregulation and academic resilience in maltreated children. <i>Child Youth Care Forum</i>, 39, 289-303.</p>	<p>Data for this study came from a Florida community based care organization, an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) examination, and Child and Adolescent Functional Assessment Scale (CAFAS) scores.</p>	<p>Findings suggest that emotion dysregulation was significantly related to academic resilience where other factors commonly thought to have a negative impact on foster children's academic performance were not. Although placement stability was significantly related to academic resilience, the relationship between emotion dysregulation and academic resilience was stronger than the relationship between placement stability and academic resilience. Developing interventions for children with dysregulated emotion patterns and finding ways to prevent such difficulties from interfering with their academic work may contribute to the occurrence of resilience in maltreated children.</p>

MISCELLANEOUS

Citation	Description of Data	Major Findings/Implications
<p>Barth, R. P. (2008). The move to evidence-based practice: How well does it fit child welfare services. <i>Journal of Public Child Welfare</i>, 2(2), 145-171.</p>	<p>Literature Review.</p>	<p>Child welfare must strengthen the quality and quantity of evaluations. Developing policies that mandate the use of evidence-based practice should foster increased accountability as well as increase efforts for research and the incorporation of research into practice. Once these interventions are developed, child welfare workers must have the knowledge, skill, motivation, and time to make referrals to interventions that have been evaluated.</p>
<p>Courtney, M. E., McMurtry, S. L., & Zinn, A. (2004). Housing problems experienced by recipients of child welfare services. <i>Child Welfare</i>, 83(5), 393-422.</p>	<p>Data for this study came from three sources: surveys completed by principal caseworkers or attending supervisors; telephone or in-person interviews with the parents or other primary child caregivers; and records contained in the state's computerized case information system.</p>	<p>This study of families involved with Milwaukee's child welfare system provides support for the belief that child welfare agencies should pay more attention to the housing needs of their clients. The examination of housing problems among a population receiving child welfare services confirms prior research about the frequency with which families struggling to parent also struggle to maintain stable housing.</p>
<p>DeGue, S., & Widom, C. S. (2009). Does out-of-home placement mediate the relationship between child maltreatment and adult criminality? <i>Child Maltreatment</i>, 14(4), 344-355.</p>	<p>Information regarding the original maltreatment incident and the disposition of the case was gathered through a review of juvenile court, juvenile probation department, and adult criminal court records. Delinquency history was obtained from juvenile probation. Adult criminal history data were collected from official records of local, state, and federal law enforcement agencies in 1988 and 1994.</p>	<p>Findings bolster earlier indications that child welfare placement, per se, is not associated with an increased risk of criminality and may actually result in significant risk reduction in the absence of preexisting behavior problems. Our results also suggest that placement alone may be an insufficient intervention for preventing the continuation of delinquent behavior or the initiation of adult criminality for already-delinquent youth. The present findings also suggest that placement may have very different short- and long-term effects for males and females.</p>
<p>English, D. J., Graham, J. C., Newton, R. R., Lewis, T. L., Thompson, R., Kotch, J. B., Weisbart, C. (2009). At-risk and maltreated children exposed to intimate partner aggression/violence: What conflict looks like and its relationship to child outcomes. <i>Child Maltreatment</i>, 14(2), 157-171.</p>	<p>Data for this study were drawn from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) study in five US study sites.</p>	<p>Findings indicated that intimate partner aggression/violence (IPAV) primarily took the form of verbal aggression with differences in perpetrator gender for verbal, minor, and severe violence. Significant child behavior problems were found with all types of IPAV and both genders as perpetrators. Results suggest the need for comprehensive assessments of IPAV when assessing risk, safety, and harm issues for children reported as being at risk or victims of maltreatment.</p>
<p>Ertem, I. O., Leventhal, J. M., & Dobbs, S. (2000). Intergenerational continuity of child physical abuse: How good is the evidence? <i>The Lancet</i>,</p>	<p>Systematic Review.</p>	<p>The singular study in the review that met all eight methodological standards provided evidence for the intergenerational continuity of child</p>

356(9232), 814-819.		physical abuse. Another study, which met six standards, did not support the hypothesis. The authors suggest that use of their model and methodological standards should improve the scientific quality of studies examining the effects of risk factors for adverse outcomes that may continue across generations.
Glaser, D. (2000). Child abuse and neglect and the brain: a review. <i>Journal of Child Psychology and Psychiatry</i> , 41(1), 97-116.	Literature Review.	There is considerable evidence for changes in brain function in association with child abuse and neglect. Many of these changes are related to aspects of stress response for children. The neurobiological findings shed some light on the many emotional and behavioral difficulties which children who have been abused and neglected show. These difficulties include hyperarousal, aggressive responses, dissociative reactions, difficulties with aspects of executive functions, and educational underachievement.
Lester, B., LaGasse, L. L., Shankaran, S., Bada, H. S., Bauer, C. R., Lin, R., Das, A., & Higgins, R. (2010). Prenatal cocaine exposure related to cortisol stress reactivity in 11-year-old children. <i>Journal of Pediatrics</i> , 157, 288-295.	Subjects included children followed since birth in a longitudinal prospective multisite study. Saliva samples were collected to measure cortisol at baseline and after a standardized procedure to induce psychological stress. Children were divided into those who showed an increase in cortisol from baseline to post stress and those who showed a decrease or blunted cortisol response. Researchers also recorded information on birth weight, maternal pre and postnatal use of alcohol, tobacco or marijuana use, social class, changes in caretakers, maternal depression and psychological symptoms, domestic and community violence, and child abuse.	The combination of prenatal cocaine exposure and an adverse postnatal environment may down regulate the hypothalamic-pituitary-adrenal axis of children resulting in a blunted cortisol response to stress, possibly increasing risk for later psychopathology and adult disease.

BOOKS & REPORTS

Citation	Major Findings/Implications
Berrick, J. D. (2009). <i>Take Me Home: Protecting America's Vulnerable Children and Families</i> . New York: Oxford University Press.	Take Me Home reminds us that children need long-term caregivers who can help them develop and thrive. When troubled parents can't change enough to permit reunification, alternative permanency options must be pursued. And no reform will matter for the hundreds of thousands of children entering foster care each year in America unless their experience of out-of-home care is considerably better than the one many now experience. Take Me Home offers prescriptions for policy change and strategies for parents, social workers, and judges struggling with permanency decisions.
Golden, O., Macomber, J. E., Additional Authors. (2009). <i>Intentions and Results: A Look Back at the Adoption and Safe Families Act</i> . Retrieved from: http://www.urban.org/UploadedPDF/1001351_safe_families_act.pdf .	Twelve years after the Adoption and Safe Families Act (ASFA) law was enacted, the Center for the Study of Social Policy (CSSP) in partnership with the Urban Institute co-sponsored this series of papers to examine effects of the ASFA law and its implementation.
Schuerman, J., & Needell, B. (2009).	In this paper and issue brief, the authors look at the history of the Child and

<p><i>The Child and Family Services Review Composite Scores: Accountability off the Track.</i> Retrieved from: http://www.chapinhall.org/research/report/child-and-family-services-review-composite-scores-accountability-track.</p>	<p>Family Services Review (CFSR) process and the national standards that are central in that process. They review and critique the process methods used to derive the national standards, including the six numerical targets that state child welfare systems are expected to meet. The authors also discuss the variation among states and how that affects the quality and use of the data reported to the federal government for determining national standards. Finally, the authors critique the analytic approach that has been applied to these data; specifically the development of “composite scores” for four of the six standards.</p>
<p>Testa, M. F., & Poertner, J. (Eds.). (2010). <i>Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy.</i> New York: Oxford University Press.</p>	<p>Fostering Accountability presents a model of child welfare decision making that holds public officials answerable for the integrity and validity of the actions they take on behalf of the children and families in their care. It operationalizes the concept of results-oriented accountability, which demands that administrators and practitioners show valid evidence of their success in improving child and family outcomes, not merely demonstrate mechanical procedural compliance.</p>
<p>Webb, M. B., Dowd, K., Harden, B. J., Landsverk, J., & Testa, M. (Eds.). (2009). <i>Child Welfare and Child Well-being: New Perspectives from the National Survey of Child and Adolescent Well-being .</i> New York: Oxford University Press.</p>	<p>The landmark National Survey of Child and Adolescent Well-Being (NSCAW) study represents the first effort to gather nationally representative data, based on first-hand reports, about the well-being of children and families who encounter the child welfare system. NSCAW's findings offer an unprecedented national source of data that describe the developmental status and functional characteristics of children who come to the attention of child protective services. The NSCAW survey is longitudinal, contains direct assessments and reports about each child from multiple sources, and is designed to address questions of relations among children's characteristics and experiences, their development, their pathways through the child welfare service system, their service needs, their service receipt, and, ultimately, their well-being over time.</p>
<p>Wulczyn, F. (2007). <i>Monitoring Child Welfare Programs: Performance Improvement in a CQI Context.</i> Retrieved from: http://www.chapinhall.org/research/report/monitoring-child-welfare-programs.</p>	<p>This paper describes the continuous quality improvement process (CQI) as it might be applied to child welfare systems. The process begins with a set of core or mission-critical outcomes, which in child welfare involve child safety, permanency, and well-being. The second element of the continuous quality improvement process involves a statement of performance or a baseline, which refers to systematically gathered data that describes in current and historical terms how well the organization achieves the core outcomes. The baseline is related directly to the third element of the CQI process: setting goals and deciding on a theory of change. The hypotheses behind the CQI plan reflect the simple belief that changing the inputs will produce the intended impact on the outcomes. Monitoring provides a way to discern whether the intended changes are taking place, and feedback refers to the distribution of information back through the system to key actors as part of a systematic effort to keep the stakeholders informed of progress.</p>
<p>Wulczyn, F., Barth, R., Yuan, Y.-Y., Harden, B. J., & Landsverk, J. (2005). <i>Beyond Common Sense: Child Welfare, Child Well-being, and the Evidence for Policy Reform.</i> New Brunswick, NJ: Aldine Transaction.</p>	<p>Beyond Common Sense asserts that finding a place for well-being on the list of outcomes established to manage the child welfare system is not as easy as it first appears. The overall thrust of this argument is that policy should be evidence-based, and the available evidence is a primary focus of the book. Because policymakers have to make decisions that allocate resources, a basic understanding of incidence in the public health tradition is important, as is evidence that speaks to the question of what works clinically.</p>
<p>Wulczyn, F., Orlebeke, B., Haight, J. (2009). <i>Finding the Return on Investment: A Framework for Monitoring Local Child Welfare Agencies.</i> Retrieved from: http://www.chapinhall.org/research/report/finding-return-investment-framework-monitoring-local-child-welfare-agencies.</p>	<p>From year to year, child welfare directors allocate resources in the hope that their efforts will improve children’s outcomes. Recently, with the help of the federal government, states have invested significant resources in the sort of information technology needed to run a smarter, more accountable child welfare system. In addition, science has made real progress when it comes to measuring change in complex systems. In this paper, the authors present a framework that state and local child welfare agencies might use to monitor their return on investments in child welfare services. The focus is on outcomes within the traditional child welfare system, which covers child maltreatment and foster care. The goal is to burrow through the complexity that goes along with trying to understand whether system performance is improving and whether the improvements are connected to changes in how resources are invested.</p>

WEBSITES

<p>The Child Welfare Information Gateway: http://www.childwelfare.gov/</p>	<p>A service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, The Child Welfare Information Gateway provides access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice. The website features the latest on topics from prevention to permanency, including child abuse and neglect, foster care, and adoption.</p>
<p>The California Evidence-Based Clearinghouse (CEBC): http://www.cachildwelfareclearinghouse.org/</p>	<p>The California Evidence-Based Clearinghouse (CEBC) for child welfare was created through a collaboration between the Office of Child Abuse Prevention in Sacramento, CA and San Diego Children's Hospital. The CEBC has developed standards for evaluating evidence and for addressing the rigor of research evidence supporting specific interventions, much like the Cochrane and Campbell collaborations. The Clearinghouse also examines a programs' applicability to child welfare, and has identified select practices of greatest interest to child welfare directors and managers. In addition, the CEBC has developed an effectiveness scale for the included interventions from 1 - "Well-Supported by Research Evidence" to 5 - "Concerning Practice."</p>