



Building a 21st-Century Research Agenda: Using Evidence to Promote Better Outcomes for Families

Appendices and References

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Appendix A: Additional Overarching Research Gaps

OVR 16. Additional Workforce Gaps: Additional research gaps related to the workforce:

- To what extent does the current type and level of training and education of frontline workers adequately prepare them for entering the field of child welfare? How can we implement effective education and training that supports the workers, prepares them for the field, and reduces turnover? To what extent does hiring staff from the communities being served help lessen some of the staff training needs?
- What are agencies doing to better assist and prepare their workers? How can we replicate effective training across all agencies?
- How does a workforce that learns self-regulation, becomes trauma-informed, and is well supported help to avoid staff burnout and improve overall retention?
- What are the variables that make the difference in some workers achieving better outcomes than others (e.g., workload case complexities, supervision, organizational climate, their overall mindset)?
- How do the most effective workers engage parents around action-oriented case plans?
- How does systemic racism manifest within child welfare workplace structures? How does it impact worker effectiveness with families?
- How can we examine the ways to ensure that staff working within foster care are culturally aware? To what extent does hiring staff from the communities being served help address this?
- What tools are provided to the child welfare workforce to aid with self-care and self-regulation?
- What are the considerations concerning the development of the workforce? How do we expose state and county agencies to the importance of staff development that includes coaching and transfer of learning?
- What are the factors that contribute to employee turnover? Which maximize employee retention? How does frequent employee turnover impact children and families?
- In what ways does the workforce work through a DEI-informed lens and in what ways does it not? How does this impact families?
- How effective is it when workers partner with parents to assess what they need and encourage them to access the assets around them?
- How does the authority of the child welfare workforce and courts affect children and families?
- What does it look like to significantly shrink the child welfare system and how is the workforce preparing for that change?

OVR 17. Additional Rural and Tribal Gaps:

- What are the efforts that can reduce the turnover of those working in tribal communities?
- To what extent is education surrounding the Indian Child Welfare Act (ICWA) disseminated to those working with and within tribal communities?
- How would a better understanding of the system lead to better outcomes for Native American and other indigenous communities? To what extent is the occurrence of CPS entering a tribal community adversarial? Does poor understanding of the role of CPS influence the relationship? What factors would make families more comfortable with workers?
- To what extent is the language, history, and culture of tribal nations taught to those who work in tribal communities? How does a lack of pertinent knowledge impact the relationship between the system and tribal communities and affect outcomes for children and families?
- To what extent does child welfare workers' training adequately prepare them for dealing with important cultural aspects such as historical and generational trauma in tribal communities?
- How do the factors of location, a small workforce, and high caseloads affect outcomes and caseworker effectiveness in tribal communities?

OVR 18. Worker and System Collaboration Dynamics

- To what extent will focusing on continuous support rather than episodic services improve outcomes for children and families?
- To what extent are child welfare agencies partnering with community providers in a meaningful way, beyond the administrative processes of negotiating and monitoring a contractual/vendor agreement?
- How does an adversarial relationship among system partners impede the process of finding solutions and effectively helping children and families?
- How would a commitment from child welfare to collaborate with other state departments, agencies, and schools reduce inequity?

OVR 19. Policy Design and Stakeholder Involvement:

- How are current policy efforts addressing the resource constraints within communities?
- What has been the impact on the child welfare system of the Federal Government no longer hosting a White House conference on children and families every 10 years?

- What is our understanding of the unintended consequences of policies and practices on the outcomes of children and families involved in the system? I.e., to what degree are policy impact studies a common part of the child welfare system?
- To what extent are the voices of tribal children currently in or recently out of foster care involved in the process of implementing policies and practices?
- What do we need to know about the beliefs, degree of similarity, coherence, and focus of the various parts of the **child welfare advocacy community** and the unintended consequences for child welfare and ultimately for children and families?
- To what extent are federal policy decisions impacted by the desire to reduce funding?

OVR 20. Use of longitudinal data: Can data integration that begins with birth and combines information from an array of individual, family, community, and service-use sources guide us in better reaching and assisting families at the greatest risk of involvement with child welfare services? If so, how?¹

OVR 21. Use of technology: How can virtual solutions and technological innovations improve child welfare service quality and effectiveness? What about research that integrates technology into child welfare solutions? How can a 21st-century approach do more with technology-based and data-oriented solutions?

OVR 22. Implementation science as a framework for addressing disparities: We know very little about what will optimize implementation of strategies for mitigating the various services and outcome inequities. For example, what are the best strategies for reducing implementation barriers in service provision or preventative services for families of color, indigenous people, and LGBTQ youth and families? What are the best strategies to increase implementation of evidence-based practices among families of color and LGBTQ youth who are at risk or are already involved in the child welfare system?

OVR 23. How can legal services proactively support families to reduce maltreatment when framed by the social determinants of health (e.g., landlord advocacy, securing citizenship, debt consolidation, felony expungement)?

OVR 24. What are the most effective forms of legal representation for children and parents when they are involved in the child welfare system? How do the most effective legal representation strategies affect outcomes for ethnic groups with respect to diversity, equity, and inclusion?

OVR 25. How do different judicial approaches affect the quality and effectiveness of CPS investigation, child placement, and permanency planning in child welfare?

OVR 26. How is community geo-mapping used to understand the dearth of programs or overlap/oversaturation of programs/services or to address access needs?

OVR 27. How do we give families with lived expertise the best training and experiences so they can lead community-based organizations?

¹ Personal communication, Richard Barth, December 22, 2020.

- OVR 28.** What impact would an annual review of policies and revisions (nationally, statewide, and agency-specific) have on preventing the usage of antiquated policies and practices?
- OVR 29.** How are state and county agencies gathering data to inform their decisions, practices, and policies?
- OVR 30.** How can prevention, kinship care, family resource centers, and other innovations be funded more coherently so there is less haphazard braiding of such funding?
- OVR 31. *Policy design and involvement of families and other key stakeholders:*** How can families be meaningfully involved in creating and implementing policies, practices, supports, and resources? Would continuous family involvement improve outcomes nationally for children and families?
- OVR 32.** Which is most effective: Family Team Meetings or Family Group Decision-Making? Does this differ by race, family issues, level of need for the child, age of the child, etc.?
- OVR 33. *Military families:*** These families have some unique stresses and supports because of their frequent deployments away from family, base housing, modest pay, and special services available to military families. In relationship to family supports, out-of-home care, reunification services, and post-permanency services, this is a unique area of research.
- OVR 34.** While the disproportionate rates of foster care entry and some other child welfare performance indicators have improved for Black children, what do we know about the differences in service needs within the broad area of Black people living in the United States, based on income, country or region of origin, and other factors?
- OVR 35. *Families with multiple systems involvement:*** What does a 21st-century system of child and family services look like for families who already have multiple systems involvement when they come to the attention of child welfare because of the many needs that family members have?
- How could services be delivered differently for these families so that they do not also need to be served by child welfare?
 - What is the right combination of services and systems for particular groups of families?
- OVR 36. *Role of law enforcement:***
- What are the implications of the roles of police departments and law enforcement in child welfare?
 - To what extent do police return a child to a situation when they were not fully aware of what was going on in the family? To what extent do they follow up after these reunifications?
 - To what extent do various police responses escalate or de-escalate situations in child welfare?
- OVR 37. *Role of the media:***

- To what extent is public perception of child welfare impacted by the media? How does the portrayal of child welfare and CPS impact the perspectives of families who are involved in the system?
- To what extent does the depiction of CPS and child welfare in the media influence the attitudes and behaviors of frontline workers, children, and families? In what ways does that public perception affect outcomes for children and families?
- What efforts currently exist to educate the media about child welfare services and the roles and challenges of child welfare workers?
- How does the media consider and use are communication messages that suggest that child abuse and neglect are solvable and preventable? considered and used In what ways should this be addressed?

OVR 38: *Support of parents while incarcerated and upon release:*

- The rate of parent incarceration remains high in the United States,² which results in a large number of children being placed in out-of-home care. What sentencing and other reforms would decrease this phenomenon?
- What is the impact on access to child visitation and to education for parents who are incarcerated concerning child permanence and other case outcomes?
- Should we examine new alternatives to help ensure that people don't lose access to health care and other services once they are released from the criminal justice system?

OVR 39: *Refining the research process in child welfare:*³

- What benefits or insights would be gained if we conducted more kinds of “complex” systems dynamics research that focused on different “levers” impacting the child welfare system?
- What can we learn about population health management approaches, including using existing databases that can develop predictions regarding child maltreatment, and do this in a way that avoids embedded bias?
- What is the impact of having individuals involved in the child welfare system examine research questions, thus bringing primary consumers to the table and giving them a voice in the research process? This could include opportunities for broader stakeholder comment on RFPs, community members serving on proposal review groups, etc.
- What is the impact of community collaborative boards when they are used to shape research questions, data questions, data analysis, and presentations? Can such inclusion to engage the community in the entire process limit or reduce bias?

² The Sentencing Project. (2021). *Parents in prison*. Retrieved from <https://www.sentencingproject.org/publications/parents-in-prison/>

³Some have recommended that we do more naturalistic studies in communities about how the community actually becomes involved in research projects

- How do we hold institutions accountable to conduct and disseminate research that has an anti-racist lens in terms of their overall framework and approach?
- Can we train researchers on methodologies that minimizes racial or other biases? What are the best ways to define what racial bias looks like in research questions? Can metrics for this be developed?⁴
- What community-based participatory research methods need additional validation?
- Can some studies begin with an examination of what communities are already doing (e.g., child income accounts, mentors)?

⁴ There are no simple answers to these questions. This would require deep introspective work on the part of the researcher(s) to understand how they view communities of color and their depth of knowledge about the cultural practices and norms within communities that may differ from theirs.

Appendix B: Additional Community-Based Prevention Research Gaps

Note: These are listed in no particular order.

Access to Community Supports and Services

- CBP 12.** Given the highly localized and contextualized nature of community-based child maltreatment prevention, how can interventions be scaled to and replicated in different geographic and demographic contexts?
- CBP 13.** What can the child welfare field learn from other fields (e.g., public health) about prevention strategies?
- CBP 14.** How can community members be meaningfully engaged in developing and implementing community-based prevention strategies?
- CBP 15.** What are the prevailing theories of community change that are relevant to child maltreatment prevention, and are they reflected in program models?
- CBP 16.** Which community-based preventive interventions have the potential to produce and sustain reductions in child maltreatment or even lessen the most salient and chronic risk factors for child maltreatment at the community and family levels?
- CBP 17.** How can funding be redirected to community-based prevention organizations to develop a family-supportive response?
- CBP 18.** How can prevention and early intervention activities based in communities be systematically joined with efforts already underway in child welfare agencies (and with efforts of allied public agencies) to lessen disproportionality?⁴²
- CBP 19.** What programs or program components are sensitive to the ways in which racial and cultural differences relate to risks for child maltreatment within communities?
- CBP 20.** Why are families avoiding any contact with existing community-based prevention services? How do we change that?
- CBP 21.** How can efforts to mobilize communities around goals for child maltreatment prevention improve access to services, reduce racial disproportionality in child welfare reports and substantiations, and lessen disparities in child outcomes?
- CBP 22.** Will restriction-free emergency financial resources from a community-based organization prevent child maltreatment?
- CBP 23.** Can a community of residents developing a community-based prevention response change the mindset of families as well as of the child protection agency? When the community leads prevention work, how does that lead to culture change for families *and* child welfare workers?
- CBP 24.** Can volunteers in a school or community-based organization prevent maltreatment? Would having access to safety net programs (e.g., Medicaid, SNAP, TANF) via school-based settings increase access among eligible families ?

- CBP 25.** How does the lack of trust by the community and families impede the development of real community-based prevention? Conversely, where has community trust been developed and what does child welfare need to do to maintain community trust?⁴⁴
- CBP 26.** Can child maltreatment be prevented if community-based organizations are open on the weekends and weekdays, perhaps teaching, history, economics, racism?
- CBP 27.** How can cross-system collaboration prevent maltreatment?
- CBP 28.** How effective are family resource centers, including by family type and location?
- CBP 29.** How does children's enrollment in full-day early care and education and childcare programs contribute to reducing their maltreatment?
- CBP 30.** How can an integrated system of care be applied to other child age groups?
- CBP 31.** How can extant early childhood strategies be adapted to be more appropriate for specific cultural groups? What new strategies may need to be developed?
- CBP 32.** What recruitment sources are best for engaging parents of young children in a population-based initiative (e.g., the delivery hospital, pediatric clinics, TANF rolls and sites, WIC clinics)?
- CBP 33.** Which strategies (e.g., home visits, pediatric clinic supports) are most promising for explicitly reducing maltreatment?
- CBP 34.** What levels of service intensity and duration are best for reducing child maltreatment (e.g., intensity based on family needs, weekly vs. monthly, brief vs. long term)?
- CBP 35.** What elements of a triage system should be implemented to address maltreatment prevention on a population level (e.g., population-based screeners and assessments, identification of levels of risk for maltreatment and connection to service strategy)?
- CBP 36.** How does family engagement in infant/early childhood mental health services contribute to reducing child maltreatment? How do infant/early childhood mental health services increase meaningful family engagement?
- CBP 37.** How can the incorporation of trauma-informed services into an early childhood system of care contribute to reducing child maltreatment?
- CBP 38.** What child-serving agency represents the optimum "core" of an early childhood integrated system of care (e.g., Head Start)?
- CBP 39.** What strategies for neighborhood and community improvement can prevent child maltreatment and take into account the interplay of individual, family, and community factors?
- CBP 40.** How might the approach to supporting families look if families were assessed based on their protective factors: (1) individual, (2) relationships, (3). societal, (4) community, and (5) concrete supports?
- CBP 41.** Should risk and protective factors as predictors of child maltreatment be re-examined and revised taking into consideration historical racial inequities? This would affect how studies are conducted and how preventive and treatment services are selected. Have past predictors considered DEI?

- CBP 42.** How can churches or religious/spiritual institutions help prevent child maltreatment?
- CBP 43.** What role do hospitals, schools, fire and police departments, community organizers, and the labor department play in supporting communities and preventing child maltreatment? How do partnerships with child welfare support preventing child maltreatment?
- CBP 44.** Will building rapport with the community prevent maltreatment?
- CBP 45.** Will providing parents with access to self-development courses from a community-based organization prevent maltreatment?
- CBP 46.** How can organized sports support the prevention of maltreatment?
- CBP 47.** Can families who are civically active (e.g., who vote, volunteer in their communities) prevent child maltreatment?
- CBP 48.** Are parenting and home visitation programs similarly effective for children and families at different levels of risk for child maltreatment and child welfare involvement?
- CBP 49.** Which research methods are best suited to studying parenting and home visitation programs in different community contexts?
- CBP 50.** While some parenting and home visitation programs improve parent and child outcomes, research on the effects of these programs is inconsistent. Why?
- CBP 51.** Where and under which conditions are parenting and home visitation programs most effective? Most ineffective?
- CBP 52.** Which promising and effective home visitation programs have the most potential to lessen the intergenerational transmission of child maltreatment?
- CBP 53.** Given the strong association between teen pregnancy/fathering by youth in foster care and multi-generational child maltreatment, what more can be done to prevent youth placement in out-of-home care?

Delivery of Community Supports and Service

- CBP 54.** Given a history of disinvestment in communities and inequities in the distribution of resources and services to communities of color, how can changes that follow the implementation of community-based initiatives be sustained? ?
- CBP 55.** How effective are community-based approaches for comprehensive benefits advocacy such as “one-stop shops” where families can sign up for a number of different benefits and receive a variety of services all in one place? The Promise Neighborhoods included some level of this, with community workers going to individual households. How can these be implemented successfully in rural areas and (schools, for example)?
- CBP 56.** What methods used to document the implementation of community-based preventive interventions are most effective in establishing why and how changes occur or do not occur at the individual, family, and community levels? How can we improve the implementation of community-based interventions?

- CBP 57.** How do cultural and contextual factors shape the implementation of community-based interventions?
- CBP 58.** Is there a difference in outcomes when community-based interventions are supported by public health (i.e., not child welfare) and/or non-government entities?
- CBP 59.** How can population-based early childhood home visiting (e.g., Family Connects) that is delivered at scale contribute to reducing child maltreatment?
- CBP 60.** Would adding place-based preventive interventions in the context of public housing programs reduce the likelihood of child maltreatment?
- CBP 61.** Why do early prevention and intervention activities and services need to join with child welfare agencies?
- CBP 62.** How can school-based supports help prevent child maltreatment?
- CBP 63.** Which implementation and outcome assessment measures are best suited to documenting program activities and outcomes?
- CBP 64.** Which measures are most sensitive to the ways in which culture and context shape family engagement and sustained participation?
- CBP 65.** Does the current definition of neglect create barriers to community-based prevention?
- CBP 66.** Why are community-based prevention services funded by child protective services and established by foster care agencies?

Policy and Economic Supports

- CBP 67.** What is the effect of policy approaches for reducing poverty at the community level, such as neighborhood improvement strategies? What are the effects of gentrification on maltreatment rates?
- CBP 68.** What will it take to change the definition of neglect so that the community, community-based organizations, and parents trust that community-based prevention does not want to remove children?
- CBP 69.** How can we build policy and funding support for prevention strategies?
- CBP 70.** Would increasing eligibility for/enrollment in the Supplemental Nutrition Assistance Program (SNAP) reduce the likelihood of child maltreatment?
- CBP 71.** Would providing income supports above the TANF rates reduce child maltreatment (e.g., add-on to Greg Duncan's Baby's First Years study: www.babysfirstyears.com)?
- CBP 72.** Would increasing eligibility for and enrollment in childcare subsidies reduce the likelihood of child maltreatment?
- CBP 73.** Would reducing the poverty rate in communities and families reduce the child maltreatment rate?
- CBP 74.** What are the perceptions of families in poverty regarding strategies to reduce child maltreatment?

- CBP 75.** Would supporting families at risk for child maltreatment to obtain Earned Income Tax Credits reduce the likelihood of child maltreatment? To what degree do financial literacy programs lower the risk of child maltreatment?
- CBP 76.** Would increasing eligibility for and enrollment in Medicaid reduce the likelihood of child maltreatment?
- CBP 77.** How can public policy be harnessed to support community-level change?
- CBP 78.** Would financial supports tied to reducing risk factors prevent child maltreatment?
- CBP 79. *Poverty threshold:*** Will lifting the poverty threshold to the current year better prevent child maltreatment? How can advocates for laws that will promote changing the poverty threshold be most effective in achieving change? What would it take to change the poverty threshold? What would it take to reset the poverty line (including possibly revising how it is adjusted geographically based on differences in the cost of living)? How do we re-examine the poverty lines considering not only location (some are higher cost than others) but also considering DEI?
- CBP 80.** How can we address the criminalization of poverty?
- CBP 81.** Would providing a standard income (e.g., child allowance) to families prevent child maltreatment?
- CBP 82.** Would a brief intervention within the context of the WIC Program (e.g., Family Check-up) reduce the likelihood of child maltreatment?
- CBP 83.** Can earned income and subsidies throughout the year prevent child maltreatment?
- CBP 84.** How does the degree of comprehensiveness of packages of benefits affect outcomes?
- CBP 85.** Do states with higher minimum wages have lower rates of child maltreatment?
- CBP 86.** Would providing housing vouchers, subsidies prevent maltreatment?
- CBP 87.** Do states with paid parental leave have lower rates of child maltreatment?
- CBP 88.** Would adding case management (with cash emergency fund eligibility) to TANF programming reduce the likelihood of child maltreatment?
- CBP 89.** For places where the budget for police services has been reduced and more funds invested in community support services, what is the impact on child maltreatment reporting, investigation, substantiation?
- CBP 90.** Does federal and state legislature race/ethnic makeup correlate to more family friendly economic policies, reporting, substantiation, and out-of-home placement?
- CBP 91.** What does the evidence suggest about the effectiveness of reparations on outcomes? (See <https://www.minnpost.com/community-voices/2019/06/reparations-whatever-the-outcome-having-the-conversation-is-important/>)
- CBP 92.** Does educating policymakers such as legislators, governors, and first spouses result in changes to policy, program design, and funding?
- CBP 93.** Will extending the school day prevent child maltreatment? Does having access to after-school programs in schools prevent maltreatment?

- CBP 94.** Will maintaining consistent health coverage prevent child maltreatment?
- CBP 95.** How do child maltreatment rates in countries with universal health care compare to US rates?
- CBP 96.** Should mandated reporting be dismantled to begin building strategies for community-based prevention?

Cross-Cutting Questions

- CBP 97.** What specific strategies will address racial/ethnic disparities in the experiences and outcomes of young children at risk for maltreatment?
- CBP 98.** How do we change the stigma and bias towards those who use the welfare system and those who work within it?
- CBP 99.** How can being more intentional about the hiring of a new employee and the training of current employees concerning their knowledge about race prevent child maltreatment?
- CBP 100.** Can acknowledging families are doing the best they can but need supports prevent maltreatment?
- CBP 101.** Will a truth commission acknowledging that the systemic structural racism that has guided child welfare and torn families apart for almost 60 years help identify a new or revised set of strategies to strengthen vulnerable communities and families to prevent maltreatment?
- CBP 102.** How do we create a child welfare program that addresses racial inequities and differentiates disparities but does not appear biased by differing cultures?
- CBP 103.** Will acknowledging each person's culture, humanity, and understanding of a family's spiritual and religious rituals or parenting style prevent maltreatment?
- CBP 104.** To what degree can workforce training/education for parents reduce the need for child welfare services?

Appendix C: Additional Research Gaps Concerning Child Protective Services and Prevention of Foster Care

The list below needs a thorough review by workgroup members, a review of the empirical literature to confirm that there is a gap, further consultation with individuals with lived experience, and potentially, a discussion with practitioners. Following this process, additional research gaps and questions may be added to the list of high-priority gaps in this area.

Case Management in CPS

- CPS 11.** What approaches to case management are most in use by state and tribal child welfare organizations? What are the outcomes of these different approaches to case management, controlling for differences in resource availability?
- CPS 12.** Are there common skill-based elements (e.g., motivational interviewing, stop-breathe-think, problem-solving) that could be delivered by case managers in addition to referrals to other services that might enhance outcomes?
- CPS 13.** What is the relative impact of voluntary case management compared to intensive in-home services across differing policy environments (e.g., alternative response states, states that ration or screen services by substantiation)?

Community Collaboration and Systems Redesign

- CPS 14.** How do community collaborative efforts (including systems of care, use of parent coaches, and other strategies) impact family engagement in services and outcomes?
- CPS 15.** How can system and community collaborations affect change in how CPS systems operate to prevent and respond to child maltreatment? What existing collaborative efforts are engaging “unconventional partners” (e.g., public health, legal advocates, faith-based organizations, parents) in program development and delivery? Does family engagement vary by the composition and level of involvement of partners?
- CPS 16.** What are some of the unconventional partnerships we can form and how do we empower these partners and guide them into roles they never thought they could play in order to prevent children and families from CPS intervention?
- CPS 17.** How can a collective impact approach that brings together conventional and “unconventional” child welfare partners be implemented to reduce child maltreatment (this includes public health, housing, and community members)?

Culture and Disproportionality

- CPS 18.** What can we learn from tribes and other Indigenous communities about what an equitable, culturally specific, inclusive community approach could look like under a reimagined child welfare approach—including ICWA as a policy guide/example?

CPS 19. What does a child welfare program look like when it addresses racial inequities and differentiates between disparities but does not appear biased by differing cultures?

Data Management and Performance Measurement

CPS 20. Are there states, counties, or tribal child welfare organizations that capture sufficient detail in regard to services currently provided? If so, how do family engagement and family outcomes vary by service composition and population served?

Evidence-Based Practices and Other Services, Protective Supervision

CPS 21. What is the cost-effectiveness of evidence-based interventions when delivered within child welfare?

CPS 22. How do protective supervision outcomes differ when there is father engagement?

CPS 23. How do CPS investigation and protective supervision outcomes differ when family safety networks have been established as part of the casework process?

CPS 24. What is the effect of evidence-based parenting interventions provided in concert with or within child welfare, as compared to when those same interventions are provided by voluntary child welfare organizations or community agencies?

CPS 25. Does the impact of parenting interventions vary by child maltreatment type or family characteristics?

CPS 26. What is the rate of follow-through in referrals for families in voluntary services and how does this vary by community, culture, and maltreatment type?

CPS 27. How do outcomes differ when children vs. caregivers vs. both are referred to services to offset need or build capacity?

CPS 28. What community characteristics affect the trajectory of a family from CPS report through the decision to provide services? That is, what community factors interact with family demographics, resources, and family functioning that make it more likely that a CPS report will be accepted for investigation, substantiated, opened for service, or result in a child placement?

CPS 29. How does the involvement of fathers in the response to a CPS report and in-home services provision impact outcomes?

- How can more fathers be involved in collaboratives designed to impact the development and provision of services? How are fathers engaged early in the CPS investigation and services provision process?
- To what extent does the involvement of fathers lead to more successful outcomes? In what ways can fathers be better supported and encouraged to remain involved with their families?
- How do child support laws impact fathers' involvement?
- Do fathers with consistent employment have better engagement with service providers?

- How do agencies provide a neutral presence in engaging mothers and fathers who could co-parent to assist, educate, and provide ongoing supports?
- What role does legal marriage play in fathers' interactions with the child welfare system?

Juvenile Court and Drug Courts

CPS 30. What is the impact of drug courts on case decision-making and in-home service outcomes? What factors predict family drug court outcomes, such as maltreatment type or family characteristics?

CPS 30a. *Role of courts and the legal system:*

- What is known about the process of juvenile courts' decision-making? To what extent are children placed in foster care as a quick resolution without first using community services that could effectively support families?
- How does the siloed nature of the court affect the outcomes for children and families? In what ways can collaboration and partnerships be improved between the courts and other social service entities?
- How do courts follow up and enforce court-mandated services? How do mandated services impact families?
- To what extent do judges apply guidelines evenly when making determinations?
- Are judges and public defenders provided with sufficient information and education about the child welfare system and the impact they have on the lives of children and families?
- What proportion of juvenile and family courts receive adequate education around trauma recovery and trauma-informed care?
- What is known about judges and how they determine removal petitions from caseworkers?
- What are the emerging efforts for pre-petition legal advocacy/support for families to help prevent child welfare involvement or help prevent family separation? What outcomes are they achieving?

Mandatory Reporting and CPS Report Screening

CPS 31. Although there is not strong evidence of bias in reporting by race or class when looked at overall, is it possible this varies by policy context or practice environment (e.g., hospitals as compared to schools)? Have indicators of bias changed over time?

CPS 32. Should mandatory reporting to CPS be eliminated in order to begin developing and implementing community-based prevention strategies?

CPS 33. To what extent are permissive and mandated reporters to CPS aware of the exact definitions of what is reportable in their state? Does reporting behavior change when laws change?

- CPS 34.** How should *neglect* be defined so that the community-at-large, community-based organizations, and parents trust that community-based prevention efforts are not focused on removing children from their homes?
- CPS 35.** What do we know about the most effective models for training of mandated and/or permissive reporters (ie., voluntary reporter, non-mandated reporter)?
- CPS 36.** Does maltreatment type that is reportable in a given state matter in the likelihood of screening in a child abuse report? For example, what state laws and child maltreatment reporting guidance result in fewer inappropriate reports to CPS, such as for homelessness or truancy? What state laws and child maltreatment reporting guidance increase the proportion of reports to the CPS hotline that are accepted and/or substantiated? How are we examining “homelessness” and its connections to child welfare involvement including poverty?
- CPS 37.** Does the likelihood of screening in a CPS report vary by the type of CPS hotline screening approach? What structural components for a CPS hotline contribute to cost-effective and non-biased hotline performance (e.g., staff characteristics, training, supervision, workload, call handling, quality assurance)?
- CPS 38.** Does the organizational or broader policy/economic context in the state or local community affect the likelihood of screening in a CPS report?
- CPS 39.** To what extent are “informal” adjustments to screening-in affected by larger policy or funding constraints and do these adjustments change over time?
- CPS 40.** How does the child maltreatment report screening and decision-making process vary when operated through tribal child welfare organizations? Are there innovations or insights from that process that could be used to improve non-tribal CPS operations?
- CPS 41.** Beyond screening in a CPS report, what family and policy characteristics influence the decision to offer services following an assessment or investigation?

Placement Prevention, Including Income Supports and In-Home Services

- CPS 42.** What strategies are effective in preventing out-of-home care placement of very young children? Does the effectiveness of a strategy vary based on the race/ethnicity of the family served?
- CPS 43.** Income inequality and assets distribution are very much connected to child welfare usage patterns. To what extent do wealth-building or asset-restoration strategies (e.g., land restoration for Native peoples, reparations for Black communities for slavery and redlining) make a difference in income inequality?
- CPS 44.** What are the most effective and culturally appropriate approaches to placement prevention for those living on tribal reservations? For those American Indian/Alaska Native families living in urban areas? Are there differences in effectiveness based on tribal affiliation?
- CPS 45.** How does the success of in-home services vary by cultural, racial, or community characteristic?

Risk and Safety Assessment, CPS Investigation, Case Substantiation

- CPS 46.** How can technology be used to improve screen-in and substantiation decision-making (including the reduction of any biases)? Are more structured or computer-assisted assessment approaches better at diverting families from CPS that should not be served by that program (i.e., families could be assisted with early intervention resources that would prevent contact with or deeper engagement with CPS)? Are there differences in effectiveness based on race/ethnicity?
- CPS 47.** What approaches to safety and risk assessment have the greatest sensitivity and specificity in regard to predicting and preventing future recurrence of child maltreatment?
- What case management models have the greatest impact for predicting and preventing future recurrence of child maltreatment?
 - How are protective factors woven into these assessments? When protective factors are woven into risk assessments, what impact does this have for the family's involvement with child welfare, how the worker interacts with them, the case planning process and goals that are set, the services that the child and family receive, the outcomes for the child and family, length of time involved with child welfare, court involvement rates, TPR rates, reunification rates?
- CPS 48.** How do various risk assessment approaches result in greater or fewer referrals to other community services?
- CPS 49.** How do CPS investigation outcomes differ when there is father engagement?
- CPS 50.** How do child welfare policy and/or community characteristics (e.g., socioeconomic circumstances), influence the decision to substantiate?
- CPS 51.** Does bias in CPS report substantiation occur specific to certain types of maltreatment? Region of the country? Whether it is a state-supervised system or a county-administered system? Have these patterns changed over time (e.g., after system emphasis on cultural competency or specific trainings)?

Workforce Issues, Including Staff Retention

- CPS 52.** How does variation in child welfare workforce education (e.g., type and level of degree required) and training predict certain kinds of case decision-making and client engagement?
- CPS 53.** What approaches to training and supervision have the strongest impact in retaining child welfare workers (e.g., training plus ongoing coaching, team-based supervision)?

Child Removal Processes

- CPS 54.** How many removals are labeled *neglect* when in fact it is an issue of poverty? How can we better understand the motivation for removal?
- CPS 55.** How can we assess what is occurring in the home and family before a removal? What are the factors that constitute an unnecessary removal of a child from the home?

- CPS 56.** What is the role of the judge in removals and what do we know about the reasons behind the removals?
- CPS 57.** To what extent do the tools used to make decisions about removing a child from their parents affect the outcomes for children and families?
- CPS 58.** Is the traumatic event of removing a child from their home more or less traumatic than the child remaining in a chaotic home environment?
- CPS 59.** How often are infants placed in foster care when substances are found in their system or if they have a serious disability? How many of these placements would have been prevented by additional or different parentt education, training, and support? To what extent is the parents' ability to take care of the child involved in the court's decisions?
- CPS. 60.** Are children from rural communities removed from their homes because resources are not available to support families? Do children from rural communities remain in abusive or neglectful situations because resources are not available to support their families?
- CPS 61.** What is the result of children from rural communities being placed in foster care in urban centers? What is the result of children from urban communities being placed in foster care in rural areas? What are the long-term outcomes for rural vs. urban out-of-home care?
- CPS 62.** How does the removal of children from their tribes impact their families and tribal communities?

Appendix D: Additional Out-Of-Home Care Research Gaps

These research gaps are listed in no particular order.

Court and Legal Issues: As discussed more in CPS 1, CPS 30a, and earlier sections, juvenile court judges, guardian ad litem, court-appointed special advocates, and other court-related staff can have a powerful impact on how children and their families are treated and what kinds of services are provided to them.

OOHC 14. How can judicial values training, “benchcards” and other factors improve the treatment and outcomes of children when they are placed in out-of-home care?

OOHC 15. How can specialized court systems such as drug courts and Baby Courts minimize the number of children and youth being placed in out-of-home care while helping to ensure child safety?

Ethnic-Racial Patterns: What are ethnic-racial patterns of out-of-home care (e.g., type, quality, restrictiveness), what factors drive these patterns, and how do they impact child well-being?

OOHC 16. What do administrative data reveal about ethnic-racial patterns in out-of-home care with regard to type, quality, or level of placement restrictiveness across groups? Do these patterns change over time? (Note that in many areas of child welfare, there are major differences across county or community lines so many of these dynamics vary by community.)

OOHC 17. How do ethnic-racial differences in the application of out-of-home care influence the experience of foster care (and its outcomes) for children and their biological parents?

Marginalized Groups: How do youth in foster care who identify with one or more marginalized identities experience out-of-home care? In what ways are their experiences similar or dissimilar to their majority group peers? Note: Each of these gaps could be addressed with respect to individual and intersecting identities based on (1) ethnicity or race, (2) sexual orientation/gender identity and expression, (3) ability status, (4) immigration status, (5) parenting status, (6) juvenile justice status, and (7) age.

OOHC 18. What are the optimal recruitment and screening procedures for identifying resource parents who are best suited to support positive development for marginalized youth in out-of-home care? What are the best ways to support these resource parents?

OOHC 19. What strategies support voice (Nybell, 2013) and self-determination (Powers et al., 2018) among youth from marginalized groups in foster care ?

OOHC 20. Do peer mentors offer positive support and impacts for youth in out-of-home care? Do these mentors offer better or different impacts for youth who identify with one

or more marginalized groups? What elements of mentoring are most salient or impactful for youth from specific marginalized groups?⁵

- OOHC 21.** What are the most severely unmet service needs for marginalized youth in foster care (e.g., immigration legal services, transgender-specific medical services, other health care services, teen parent supports)?
- OOHC 22.** How can we meet the unique needs of sexually trafficked youth? In particular, how should we balance the goal of keeping sexually trafficked youth with family vs. providing them with treatment structure and supports they may need?
- OOHC 23.** What services are effective for families seeking support for their child who has a disability? To what extent do services and resources ineffectively address the needs of children and families with disabilities?
- OOHC 24.** How often are youth who identify as LGBTQ+, transgender, and non-binary receiving effective and specific support in out-of-home care? What are the current services and programs that are effectively helping these youths? How are they effective? How can effective programs for these specific populations be replicated and adapted in different states?
- OOHC 25.** What is the reason for the number of children and youth with a disability who enter the juvenile justice system?
- OOHC 26.** How are youth who are pregnant or parenting receiving effective support in out-of-home care? In what ways can we improve services and support for these specific populations? What is the evidence on peer mentoring from other mothers who are of similar age?

Reunification: What child welfare policies and interventions are effective in promoting safe, stable, and timely reunification?

- OOHC 27.** What service or combination of intervention models/programs and services can claim an evidence base for promoting family reunification? Which evidence-based services best match the needs of families with different characteristics? How, if at all, are these evidence-based services culturally and linguistically responsive?
- OOHC 28.** What is the optimal amount of time that should be given to parents to successfully reunify while minimizing negative effects on children, and how might this vary across the developmental continuum?
- OOHC 29.** What are effective strategies that can increase the involvement of biological parents when their children are in out-of-home care?
- Does increased parental involvement improve outcomes?

⁵ Test new models for helping children adapt to a new school system, peers, CPS system, etc. Especially attend to testing new mechanisms to finance a mentor. These mentoring interventions could be implemented as a preventive matter and/or set up after a child has a problem and they become qualified to have a mentor.

- What would be the outcomes if increased parental involvement were on a much larger scale rather than only at the community level?
- How does parent well-being correlate with child well-being when children are placed in out-of-home care?
- What role does parent-child visitation play in the reunification process? Are there inequitable barriers to visitation that should be closely examined?

Resource Parent Recruitment: How can we develop evidence-based recruitment, screening, and matching practices to engage highly effective resource parents for children in out-of-home care?

OOHC 30. What are the characteristics of approved resource parents, what are their interests and capacities for serving children with unique needs, and how do they match the sociodemographic characteristics of children in need of care?

OOHC 31. What unique strategies are most effective in recruiting resource parents from Black, Indigenous, and People of Color (BIPOC) communities? How often are BIPOC individuals involved in the recruitment and retention process? Would the use of more agencies based in communities of color be an effective strategy to promote the recruitment of BIPOC families? What are the ways in which we are exploring how states/agencies are being held accountable for their efforts to recruit and retain resource families from minority communities?

OOHC 32. What are the effective strategies by which resource parents can be trained to support birth parents and relatives? This includes support for both birth and resource families before and after child visitation. How can we scale these interventions up to impact more families?⁶

OOHC 33. How can we recruit, train, and support resource parents to accept youth who have either been in congregate care or who would otherwise be sent to congregate care?

OOHC 34. How welcoming is the resource parent recruitment process to low-income families across different agencies?

OOHC 35. Given that we have effective strategies by which resource parents can be trained to help prevent placement disruptions (e.g., [KEEP, Attachment and Bio-Behavioral Catch-up](#)), how can we scale these interventions up?

⁶There is a small but growing literature in this area. And the *Fostering Lifelong Connections* project in Australia has developed practical strategies for supporting this work. See references below:

- Gerring, C. E., Kemp, S. P., & Marcenko, M. O. (2008). The Connections Project: A relational approach to engaging birth parents in visitation. *Child Welfare*, 87(6), 5-30.
- <https://www.sydney.edu.au/arts/our-research/centres-institutes-and-groups/research-centre-for-children-and-families/resources-and-publications.html>
- <https://rccf-fostering-connections.sydney.edu.au>

Infants and Toddlers (0–5): What are effective strategies to promote permanency outcomes for very young children in out-of-home care?

- OOHC 36.** What are developmentally appropriate visitation practices to promote attachment security and timely reunification for infants in out-of-home care? How can advances in neuroscience help inform practice in this area?
- OOHC 37.** What are effective strategies to promote positive parenting and successful reunification for substance-involved and interpersonal violence-involved families with very young children?⁷ How effective are the whole-family substance use treatment programs?
- OOHC 38.** What are effective strategies to recruit non-kin resource parents who can work in partnership with the biological parents toward safe and stable reunifications?
- OOHC 39.** What are effective and culturally sensitive strategies to determine when adoption is the appropriate case plan? What is the role of specialized courts (e.g., Safe Babies Court Team Approach⁸) in determining best placements for infants and toddlers?
- OOHC 40.** To what extent does a lack of a consistent caregiver support during infancy impact outcomes for that child?

Group Placements/Congregate Care/Residential Treatment: How can child welfare and behavioral health address the emotional and behavioral health treatment needs of children and youth so that they do not need to be placed in group homes or residential treatment centers?

- OOHC 41.** What are effective, sustainable, trainable strategies to respond to child and youth behavioral challenges that reduce reliance on physical restraints, psychotropic medication, and/or seclusion in group placements? For example:
- What is the evidence for collaborative problem-solving?
 - How do we improve services use by Black, American Indian/Alaskan Native, Latinx, and SOGIE minority youth and children?⁹
 - What is the evidence for policies that require careful monitoring and limited use of psychotropic medication?
 - How can advances in neuroscience help inform practice in this area?
 - How effective is child welfare-related congregate care for youth with disabilities, adoption disruption, aggressive behaviors, or traumatic

⁷The effectiveness of many program strategies for substance-involved families with young children and families impacted by intimate partner violence is hindered by co-dependency among parents. Often, reunification is unsuccessful because one parent is not willing to part ways with the parent that poses a risk to the child.

⁸ See, for example, <https://www.zerotothree.org/resources/services/the-safe-babies-court-team-approach>

⁹ Decades of research now show that BIPOC and LGBTQ youth are less likely to utilize mental health services than their Caucasian counterparts. To some extent, we know the underlying casual mechanisms that contribute to these racial inequities. However, little to no attention has been devoted to developing, tailoring, and evaluating the effectiveness of implementation strategies to address the underlying factors that contribute to these disparities. Personal communication, Antonio Garcia, December 24, 2020)

experiences? How powerful are the alternatives, such as Multi-Systemic Therapy, Functional Family Therapy, Homebuilders, treatment foster care, and wraparound services?

- To what extent does the lack of culturally responsive community-based services and supports impact the length of time a youth is in out-of-home care, especially in congregate care? Which youth and family treatment needs? For which ethnic groups?

OOHC 42. What are the ramifications of the Family First Prevention Services Act in its restrictions on the use of congregate care and the required changes to practice components and safeguards for youth in group placements? (Note: FFPSA exempts some groups from the new QRTP rules including out-of-home care for pregnant and parenting teens and special rules for residential care for victims/potential victims of sex trafficking.)¹⁰

OOHC 43. What is the relationship between congregate care placement and involvement in the juvenile justice system?

Kinship Care: What are the child and family experiences and outcomes associated with kinship care, and how do these compare to other forms of foster care?¹¹

OOHC 44. Is the permanent placement of a youth with a relative equivalent to a permanent placement with a non-relative? Some experts argue that maintaining kinship bonds is a critically important outcome that should be prioritized.

OOHC 45. What is the effectiveness of co-parenting models between biological parents and kinship caregivers? What do we know about the complexity of the relationship between birth parents and their relatives as it relates to kinship care decisions? To what extent is having a child with kin, especially when there is a lot of tension between the birth parent and the kin caregiver, the best option for the child?

OOHC 46. What kinship care preparation services help caregivers to be the most effective and contribute the most to positive child well-being. (e.g., what are the best health promotion models for children and their relative caregivers)?

OOHC 47. How do we improve well-being and permanency of children in kinship care?

OOHC 48. At the policy level, what pathways to GAP for informal care need to open for children who transition from stable voluntary or private kinship care directly to permanent legal guardianship. We need studies that look at eliminating removal and placement requirements.

¹⁰ A new study by Zhou et al. (2021) represents a timely analysis of group care usage and some of the parameters of the Family First Act.

¹¹ By *kinship diversion* we mean that children are placed with relatives, but the relatives are not licensed as foster parents. Consequently, these relatives receive limited financial and other supports for caring for these children.

OOHC 49. How do we promote a culture of kinship care and have all 50 states expand kinship placement rates by mandating it as a first placement option when viable? What would it take so that 90% or more of the out-of-home care placements are with kin?¹²

Distributive Equity: How can we promote distributive equity (i.e., the provision of comparable services to children with similar needs) in out-of-home care?

OOHC 50. What evidence-based strategies promote educational access, equity, and success among children in out-of-home care? What effective strategies promote access and success in higher education for foster care alumni, and does this vary across sociodemographic groups?

OOHC 51. What are barriers to physical health equity in the context of foster care, and how can we mitigate them?

OOHC 52. What are barriers to equitable access to early intervention services in the context of foster care, and how can we mitigate them?

OOHC 53. What are distributive inequities in the termination of parental rights across sociodemographic groups?

OOHC 54. If and how do patterns of juvenile justice involvement among current and former foster youth vary across sociodemographic groups? If they do vary, what factors contribute to these disproportionalities?

Child and Youth Outcomes: On balance, what are the positive and negative child and youth outcomes associated with one or more episodes of out-of-home care?

OOHC 55. To what extent do various out-of-home placement types meet the level of intensity and type of need(s) of the child?

OOHC 56. What are the benefits and harms of out-of-home care to Black and Native American/Alaska Native children in particular? *We emphasize these two groups given robust evidence that they are disproportionately more likely to be placed in out-of-home care and experience longer stays in care.*

OOHC 57. What are the actual rates of physical and sexual violence against Indigenous children and youth in out-of-home care?

OOHC 58. What are the ways in which the well-being of youth in out-of-home care is being defined?

¹² The field needs a national data system or repository on kinship care containing longitudinal tracking, monitoring, and follow up with kinship families. (Personal communication, Ramona Denby-Brinson, December 17, 2020)

Shared Family Care: How can we strategically use programs that include placing parents and children together into foster homes and family care homes (e.g., residential campuses), such as the FFPSA authorizes for substance abuse treatment?

OOHC 59. Shared family care has been used extensively in other countries and offers the benefits of child protection and family preservation. What would make its development, testing, and expansion possible in the United States?

Immigration: What are the unique out-of-home care needs and experiences of immigrant and refugee children?

OOHC 60. How can we modify intake and database practices to garner accurate information about the numbers and experiences of immigrant children in the child welfare system? In particular, how can we gather this information without placing immigrant families, particularly those with undocumented members, at undue risk?

OOHC 61. How have the numbers and experiences of immigrant families, particularly those of Latinx descent, been impacted by the current anti-(Latinx)-immigrant political agenda?¹³

OOHC 62. What are the primary barriers to effective child welfare service implementation with immigrant families (e.g., limited translation services, limited access to culturally relevant services and supports, mistrust of government services, curtailed federal funding for undocumented immigrant children in out-of-home care)?

OOHC 63. What are the unique needs of unaccompanied migrant children in foster care and what are evidence-based practices to meet those needs?¹⁴

OOHC 64. What are the challenges in placing immigrant children with immigrant foster parents (relatives and non-relatives)?

Adult Outcomes: What are the long-term effects of out-of-home care and what are best practices for supporting positive adult outcomes for foster care alumni?

OOHC 65. What are specific protective factors that have documented positive impacts on adult adjustment outcomes among adults formerly placed in out-of-home care? What programs provide these protective factors effectively? E.g., what are the active ingredients of placement disruption prevention strategies? Of the successful mentoring programs for youth in and beyond foster care?

OOHC 66. What can we learn by assessing long-term child adjustment data across regions and as a function of regional variation in child welfare policy and practice?

¹³ We recognize that there is not firm consensus about the value of using the term Latinx in place of Latina or Latino.

¹⁴ For a summary of recent research in this area, see https://www.acf.hhs.gov/sites/default/files/opre/descriptive_study_of_unaccompanied_refugee_minors_urm_program_2017.pdf#:~:text=Unaccompanied%20Refugee%20Minors%20Program%20BACKGROUND%20The%20Office%20of%20child%20welfare%20services%20and%20benefits%20provided%20through%20the

- OOHC 67.** Given the negative educational, employment, behavioral health, unplanned pregnancy, and other outcomes of youth who age out of care relative to other youth, what are specific or additional challenges to achieving positive adult adjustment outcomes (including emotional/behavioral health, employment, and postsecondary educational achievement) for the subset of youth who ultimately age out from foster care?
- OOHC 68.** What are the possible cumulative effects of biased decision-making in the child welfare system that may lock certain children in foster care into a long-term path of marginalization and disadvantaged opportunities above and beyond issues related to race/ethnicity? In other words, drawing on what we know about life-course literature, what might be consequential decision points in the system that, if tainted by bias, result in negative "turning points" across a child's life course?
- OOHC 69.** How do youth with a history of out-of-home care fare during middle and older adulthood?¹⁵
- OOHC 70.** What are the most effective components of mentoring programs for youth in foster care (and youth aging out of foster care)?

Long-Term Foster Care: Who are the children subject to long-term foster care (Alternate Planned Permanent Living Arrangement; APPLA)?

- OOHC 71.** Are there disproportionalities in long-term foster care in terms of race/ethnicity, gender, sexual identity, or other characteristics?
- OOHC 72.** What are the odds of experiencing long-term foster care today, depending on the age of entry? What community, agency, or other factors predict high rates of long-term foster care?¹⁶
- OOHC 73.** What are the long-term effects of long-term foster care? Do these vary by child characteristics?¹⁷
- OOHC 74.** What is the impact of eliminating APPLA as a foster care case plan option, as has been done in some communities?

¹⁵ The Midwest, NYC (Festinger), Northwest, Michigan, Texas and Casey national foster care alumni studies addressed this question, but it would be useful to replicate these studies in other states and with more recently served youth and foster care alumni. For example, the Casey National Foster Care Alumni Study interviewed foster care alumni from 16 states — some as old as 51 years of age to identify predictors of adult success— but additional studies are needed.

¹⁶ Child welfare outcomes vary substantially across counties and states for many areas. Understanding what factors account for those differences will help promote more effective policies and practice strategies.

¹⁷ While many foster care alumni studies have documented the negative outcomes associated with long-term foster care, such as a high number of placement changes, disruptions in education, behavioral health problems and insufficient resources upon leaving foster care, there may be differences by age, race/ethnicity, gender, and other characteristics that additional research studies can explore.

Adolescents: What are unique out-of-home care needs and experiences associated with adolescent entry into out-of-home care?

- OOHC 75.** What are the primary factors associated with adolescent placement in out-of-home care? What changes would be needed in order to more effectively address the needs of youth who are older and their families to avoid child welfare involvement? What is missing from the community-based serving systems (behavioral health, family supports, education, etc.) that results in youth who are older when placed?
- OOHC 76.** What intervention strategies are most effective for achieving timely relational and legal permanency for adolescents?¹⁸ What type of services should be implemented to achieve improved outcomes for older youth?
- OOHC 77.** In what ways can organizations and resource parents best prepare youth with the essential life skills to transition from foster care to living in the community as young adults? Are we doing our best to prepare older youth and the community to support these youth?¹⁹ How are extended foster care programs improving youth functioning, life skills development, and post-foster care outcomes?
- OOHC 78.** How can advances in neuroscience help inform practice in this area?
- OOHC 79.** How does the "aging out" process affect youth in the long term?
- OOHC 80.** What information and assistance are provided during transition periods for older youth?
- OOHC 81.** Is the voice of older youth included in the service planning and delivery related to their transition process?
- OOHC 82.** What factors impact older youth that result in incarceration or mental health difficulties?
- OOHC 83.** What plans can be put in place to avoid youth moving from foster care to homelessness or the adult criminal system?

¹⁸ See Rostad et al. (2020) for data that confirms that irrespective of the level of the child's emotional and behavioral functioning, spending time with family to increase relational permanency can help quicken the achievement of legal permanency.

¹⁹ Note that it is important to be clear how and against what control group outcomes should be measured. For example, measuring outcomes for youth who have transitioned out of foster care against the outcomes for youth in the general population may not be an adequate comparison if key demographics, life circumstances and child maltreatment history are not included in the study for both groups.

Placement Instability: What are effective strategies to reduce placement instability for children in out-of-home care?

- OOHC 84. Are there disproportionalities in placement instability in terms of race/ethnicity, gender, sexual identity, or other characteristics?
- OOHC 85. Besides [KEEP](#) and [Functional Family Therapy](#), what intervention strategies are most effective for maximizing placement stability?
- OOHC 86. How can agencies use research about the effects of placement instability, as well as the system changes that might promote placement stability, more effectively?

Re-Entry: — What strategies are effective in preventing re-entry to care? [Note: This topic has research gaps that overlap with gaps in the CPS section.]

- OOHC 87. Are there disproportionalities in placement re-entry in terms of race/ethnicity, gender, sexual identity, or other characteristics?
- OOHC 88. What service approaches prevent rapid re-entry following reunification?
- OOHC 89. What service approaches prevent re-entry following extended stays at home?
- OOHC 90. What service approaches to prevent re-entry can be tailored for children of different ages?
- OOHC 91. Are different service strategies needed for children with disabling conditions or certain kinds of emotional or behavioral health needs?
- OOHC 92. How can re-entry prevention strategies be culturally tailored to families' needs?

Resource Parent Retention: What are evidence-based strategies to support and retain highly effective resource parents for children in out-of-home care?

- OOHC 93. What are effective approaches to reducing caregiving strain among resource parents (e.g., childcare support services; out-of-home respite care services, peer mentoring programs for resource parents, parent-agency collaboratives and advisory boards), and what are the costs and benefits for children and parents, respectively? *We emphasize the paucity of research on respite and alternate childcare options and impacts in the context of foster care as compared to caregivers for children with special needs and caregivers for the elderly.*
- OOHC 94. What are strategies to support the “vital few,” approximately 20% of all resource parents who care for 80% of the children in out-of-home care?
- OOHC 95. How does racial bias in the retention and closure of foster homes, as experienced by resource parents and other caregivers, impact care? What specific support efforts improve retention among BIPOC resource parents?
- OOHC 96. What specific supports can promote retention for resource parents caring for children with disabling conditions?

Children with Disabilities: What are unique out-of-home care needs and experiences of children with disabilities?

- OOHC 97.** How can we accurately screen all children entering the child welfare system for developmental disabilities?²⁰
- OOHC 98.** What factors contribute to the overrepresentation of children with disabilities in out-of-home care and their (mis)treatment once in care? For example, if communities were able to meet the basic needs of families and provide them with high-quality training when disabilities are identified, how would this impact the number of youth with disabilities entering the system?
- OOHC 99.** What are effective strategies for facilitating open and disability-competent communication among practitioners, child welfare workers, out-of-home care providers, and educators in support of children with disabilities?
- OOHC 100.** To what extent have the National Council on Disability's (2008) recommendations regarding youth with disabilities in the foster care system been implemented, and what are the major ongoing barriers to implementation?

Worker Characteristics: What are the effects of caseworker characteristics on child welfare outcomes?²¹

- OOHC 101.** Does participation in specialty training (e.g., Title IV-E) improve child welfare outcomes?²²
- OOHC 102.** What organizational strategies are most cost-effective for ensuring reasonable worker caseloads?
- OOHC 103.** How can workers be better supported to work with children and families? Some things to consider include effective models of supervision, monetary and non-monetary incentives to increase retention, and training. I.e., we need research related to supporting child welfare workforce post hire.²³

²⁰ Collaboration among the child welfare system and education system (schools) is often delayed, which means the child's unique needs are not being met as quickly as they should be. One way to ensure their needs are being met is to collaborate with schools immediately upon the child's placement. While a school may already be aware of what the child's needs are through past or current IEP's, it's extremely important to question how accurate IEP's are for that youth, especially youth of color. Misdiagnosing and under diagnosing youth of color in foster care has been documented as a challenge for child welfare and education.

²¹ Worker characteristics have direct effects on case outcomes, and there appears to be considerable variation in how workers approach the work. Worker preparation and ongoing coaching are key. Who is doing the training? Are family representatives consulted or employed as trainers? Are DEI considerations and people with lived experience used to help orient, train and coach line staff? Are workers being evaluated on relationship skills and family development skills, with a focus on equity and culture? How can child welfare agencies support their staff even more, such as by providing on-site childcare that is run by parents with lived child welfare experience embarking on a career on early childhood education?

²² This can be a complicated area to research. For example, other factors are not randomly distributed across worker training characteristics in that Title IV-E workers may receive a different kind and/or quantity of cases, which would confound training effects on outcomes.

²³ The current investments in workforce are focused on pre-service child welfare workers enrolled in BSW and MSW programs. We also need to closely review in-service training. Since child welfare workers are not required to be

OOHC 104. What are the best practices for recruiting and retaining BIPOC child welfare staff? Does a more diverse workforce correlate with a decrease in bias in child welfare practice decision-making?

Agency and Funding Auspices: How do processes and outcomes from out-of-home care (including family reunification, guardianship, and adoption) differ based on agency auspices (i.e., public agency, private non-profit agency, private for-profit agency) and/or reimbursement models (e.g., fee-for-service, fee-per-client, performance-based)?

OOHC 105. Do youth and family outcomes vary by agency auspices, if other factors are considered/controlled for in the analyses? For example, do adoptions happen more quickly or differently depending upon agency auspices? Unless incentivized by contract provisions and rigorous performance assessment, do private providers focus more on process and service delivery than achieving outcomes?²⁴

OOHC 106. Do children of color experience different outcomes compared to White children, depending on agency auspices?

Adult Peer Mentors: Can peer mentors be incorporated into child welfare practice as an evidence-based model?

OOHC 107. At what stages in the child welfare process are peer mentors most effective for parents (e.g., at pre-petition, time of the petition, case plan adjudication)?

OOHC 108. What can we learn from the creation of “new” extended-family systems that are introduced and implemented by peer parents and those kinds of partnerships?

International Approaches: What evidence-based aspects of child welfare practice from other countries might be incorporated into U.S. systems (besides Family Group Conferencing,²⁵ the Three Houses,²⁶ and Signs of Safety²⁷)?

OOHC 109. How are children protected in deregulated systems (i.e., systems with few national guidelines and broad legislation), and what aspects of those systems might be incorporated in the United States?

licensed social workers in most states, it's not clear how to ensure that the workforce is utilizing the latest best practices.

²⁴ Some of the national research agenda reviewers commented that they believe that some states and counties are privatizing foster care services as the ‘answer’ to systemic problems. This raises the question of how well systems hold private foster care providers accountable for outcomes. We need to know more about how public child welfare agencies work with private contractors effectively.

²⁵ Connolly, M. (2006). Fifteen years of family group conferencing: Coordinators talk about their experiences in Aotearoa New Zealand. *British Journal of Social Work*, 36(4), 523–540.

²⁶ Connolly, M., & Smith, R. (2010). Reforming child welfare: an integrated approach. *Child Welfare*, 89(3), 9–31.

²⁷ Turnell, A., & Edwards, S. (1999). Signs of safety. *A solution-oriented approach to child protection casework*.

OOHC 110. How does parent and child involvement differ internationally? Specifically, how do other countries successfully engage families in developing and implementing plans to keep children safe?

Case Plans: How can service (case) plans be better designed to support improved safety and permanency for children?

OOHC 111. Can service plans be better designed to showcase changed parent and child behavior/functioning rather than just compliance with services?

OOHC 112. Are concurrent or sequential services more effective in eliciting change? If so, which combinations are the most feasible and impactful?

OOHC 113. To what extent are services aligned with need as identified by the caregiver/family?

OOHC 114. To what extent do culturally congruent case-planning practices and services contribute to reunification?

Siblings: To what degree is the importance of sibling co-placement and/or visitation moderated by the quality of the sibling relationship?

OOHC 115. Research tells us that sibling bonds are important bonds that should be maintained, yet many youth tell us that contact with siblings and other extended family members does not always occur during and after state custody. How are we examining sources of support and familial strength for children involved with the foster care system? How can workers effectively assess the quality of the sibling relationship?

OOHC 116. How can workers promote positive and stable sibling relationships?

Termination of Parental Rights (TPR): What are the effects of TPR on children and parents when alternative parents have not been identified?

OOHC 117. What is the impact of TPR on children, parents, and kinship caregivers?

- What is the decision-making process related to TPRs, — especially the roles of the judges and the child welfare worker?
- What is the impact of bypassing the 15-month TPR requirement?
- What role can workers play in supporting healthy relationships between parents and children post-TPR?
- Are TPR timelines ideal for each family's dynamics?
- How can these timelines be better adapted to address the differences between family systems?
- How would sustained contact after TPR between parents and children improve outcomes?

OOHC 118. How do policies terminating parental rights discriminate against certain groups of people, and how can those policies be rewritten?²⁸ To what extent is TPR an unintended outcome of the lack of accessible services and supports for parents struggling with substance use or mental health issues?

OOHC 119. How often and under what conditions are parental rights reinstated? What can be learned from reinstatement to prevent unnecessary terminations? How would the ability to reverse TPR increase successful outcomes and promote reunification?

Adoption

OOHC 120. What new or renewed strategies will help children become adopted more quickly and successfully, when family reunification efforts have not been successful and adoption has been set as the case goal?

OOHC 121. What kind of strategies help make transracial/ethnic adoptions successful in terms of positive ethnic identity and other aspects of child development? Although a body of qualitative research considers these issues, there is a need for large-scale quantitative studies addressing this question.

OOHC 122. How are youth who have been adopted by a parent of a different race or ethnicity functioning as they age and enter young adulthood compared to children who were adopted by a parent of the same race or ethnicity? How do youth feel about their adoption? How might these patterns vary across ethnic-racial subgroups?

OOHC 123. How are youth who have been adopted from a country other than the United States functioning as they age and enter young adulthood?

OOHC 124. What kind of strategies help make inter-country/international adoptions more successful in terms of positive ethnic identity and other aspects of child and youth development?

OOHC 125. What new or renewed strategies will help *sexual and gender minority youth* become adopted more quickly and successfully, when family reunification efforts have not been successful and adoption has been set as the case goal?

OOHC 126. What new or renewed strategies will help *children with disabilities* become adopted more quickly and successfully, when family reunification efforts have not been successful and adoption has been set as the case goal?

OOHC 127. Do workers with Adoption Competency Certificates arrange adoptions that are more satisfying, lasting, or stable?

OOHC 128. What is the impact of adoption on children, parents, and kinship caregivers?

OOHC 129. How do the time limits of adoption support affect sustaining adoptions?²⁹

²⁸ As of 2016, only four states prohibited termination of parental rights when poverty is the only reason the parent has not provided adequate care. Child Welfare Information Gateway. (2017). *Grounds for involuntary termination of parental rights*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

²⁹ Young adults who were adopted from foster care have shared situations where adoptions "fail" when the financial adoption supports to the family end. AFCARS doesn't track failed adoptions very well, especially when the adoptee turns 18 and the family no longer receives adoption subsidies. Alumni of care have also shared experiences of

OOHC 130. How do states and tribes define post-adoption services? What are the most effective post-adoption services for which populations, and in which situations are they most needed?

adoptions failing before they turn 18, mostly due to the lack to post-adoption supports and expectations (Personal communication, Jenny Gentry, December 21, 2020).

Appendix E: Planning Process Overview and Workgroup and Consultation Group Members

Previous Child Welfare Research Agenda Publications

In Table E1, we present a cross-section of publications that have identified key research issues and gaps for child welfare and related fields.

Table E1. A Sample of Publications and Commissions That Have Identified Research Gaps in Child Welfare

Document	References
<ul style="list-style-type: none"> ▪ American Academy of Social Work and Social Welfare Grand Challenges papers 	<p>https://grandchallengesforsocialwork.org/#the-challenges</p>
<ul style="list-style-type: none"> ▪ Campbell Collaboration and the Cochrane Library for Systematic Reviews (and other systematic research reviews or meta-analyses) 	<p>See, for example:</p> <ul style="list-style-type: none"> ▪ Valentine et al. (2019) ▪ Winokur et al. (2014)
<ul style="list-style-type: none"> ▪ Evidence-based clearinghouses 	<p>See, for example:</p> <ul style="list-style-type: none"> ▪ Blueprints for Healthy Youth Development: https://www.blueprintsprograms.org/ ▪ California Evidence-Based Clearinghouse: https://www.cebc4cw.org/ ▪ Crime Solutions: https://crimesolutions.gov/default.aspx. ▪ FFPSA Clearinghouse: https://preventionservices.abtsites.com/ ▪ HomVEE: https://homvee.acf.hhs.gov/ ▪ Social Programs That Work: https://evidencebasedprograms.org/ ▪ What Works Clearinghouse: https://ies.ed.gov/ncee/wwc/
<ul style="list-style-type: none"> ▪ ENDCAN paper series 	<p>https://endcan.org/</p>
<ul style="list-style-type: none"> ▪ Federal government commissions and reports 	<p>See, for example:</p> <ul style="list-style-type: none"> ▪ Centers for Disease Control and Prevention (2016, 2017) ▪ Commission to Eliminate Child Abuse and Neglect Fatalities (2016) ▪ Administration for Children and Families and Office of Program Research and Evaluation's research agenda (2021): https://www.acf.hhs.gov/opre
<ul style="list-style-type: none"> ▪ First-person accounts from consumers (people with lived experience in receiving child welfare services) 	<p>See, for example:</p> <ul style="list-style-type: none"> ▪ Cross (2014) ▪ PBS Utah (2016)
<ul style="list-style-type: none"> ▪ Indigenous nations' writings and storytelling 	<p>See, for example:</p> <ul style="list-style-type: none"> ▪ Cross (2014) ▪ Echo-Hawk (2018)

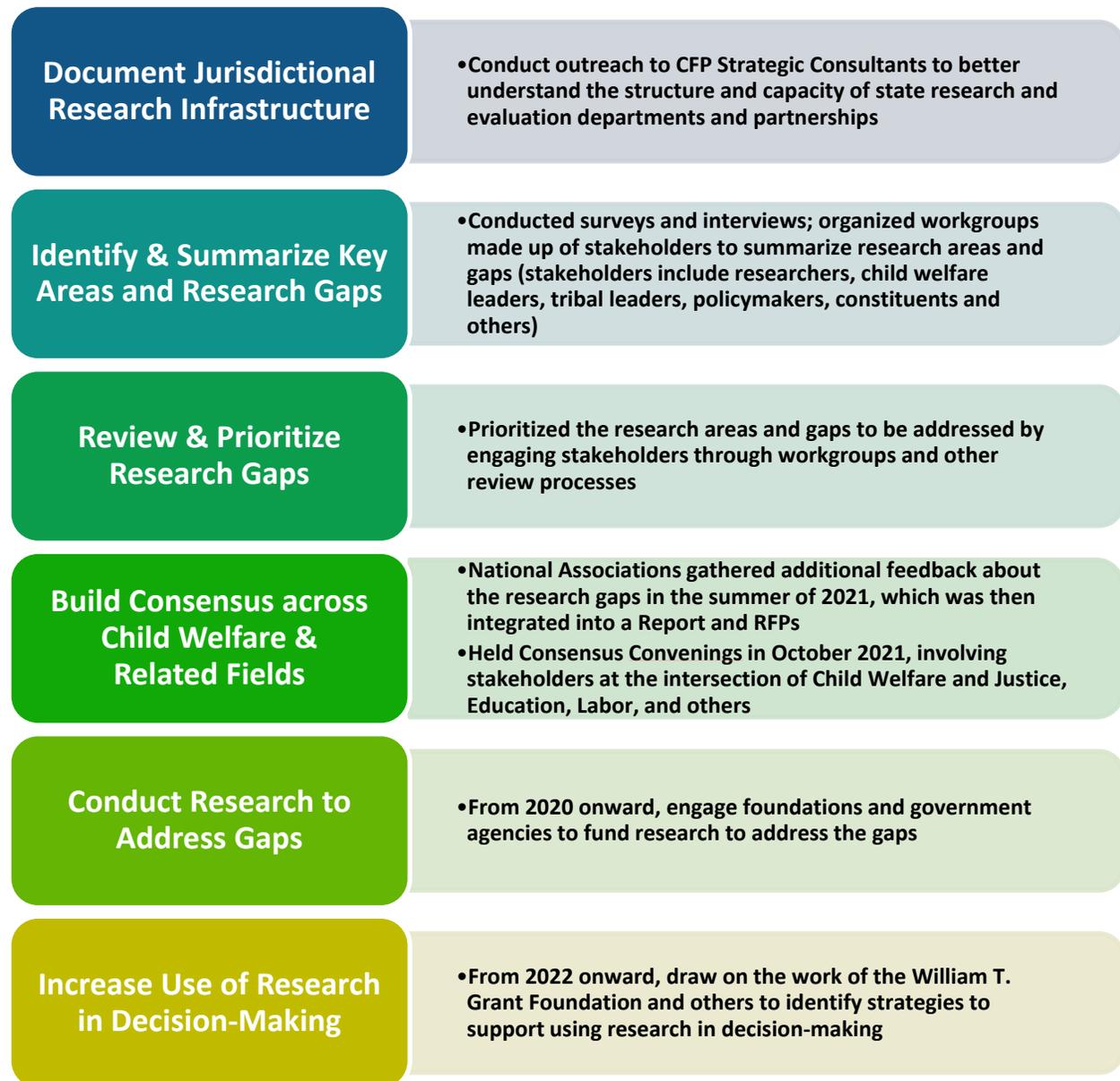
Document	References
<ul style="list-style-type: none"> ▪ National Academies of Science/Institute of Medicine reports 	<p>See, for example:</p> <ul style="list-style-type: none"> ▪ Institute of Medicine and National Research Council (2014) ▪ National Academies of Science, Engineering and Medicine (2020) ▪ O'Connell, Boat, & Warner (2009) ▪ Shonkoff & Phillips (2000)
<ul style="list-style-type: none"> ▪ National Association Reports 	<p>See, for example:</p> <ul style="list-style-type: none"> ▪ Child Welfare League of America Leadership Council's national research agenda published in 1994 (e.g., Curtis, 1994; Simms & Halfon, 1994) ▪ National Association of Public Child Welfare Administrators (1999, 2001, 2012)
<ul style="list-style-type: none"> ▪ State research agenda reports 	<p>See, for example:</p> <ul style="list-style-type: none"> ▪ California Social Work Education Center (CalSWEC), Child & Family Policy Institute of California, California Welfare Directors Association, and California Department of Social Services (2008) ▪ Gamble-Skogmo Land Grant Chair in Child Welfare & Youth Policy In cooperation with the Minnesota Department of Human Services, the Center for Advanced Studies in Child Welfare, and the Children, Youth and Family Consortium (2003) ▪ Johnson, Wells, Testa, & McDonald (2003)
<ul style="list-style-type: none"> ▪ Other research agendas and reviews, including special journal issues 	<p>See, for example:</p> <ul style="list-style-type: none"> ▪ Chahine et al. (2013) ▪ Children's Home Society of America and the UNC School of Social Work, Jordan Institute for Families. (2014). ▪ Gamble-Skogmo Land Grant Chair in Child Welfare & Youth Policy In cooperation with the Minnesota Department of Human Services, the Center for Advanced Studies in Child Welfare, and the Children, Youth and Family Consortium. (2003). ▪ CWLA 2019 special issue on "The Intersection of Immigration and Child Welfare," <i>Child Welfare</i>, 96(5-6) ▪ CWLA 2020 special issue on "Twenty Years after the Foster Care Independence Act of 1999 ('Chafee'): What we know now about meeting the needs of teens and young adults," <i>Child Welfare</i>, 97(5-6). ▪ Slack et al. (2017)

Source. Adapted from Pecora, P. J. (2019). *What works in child welfare and where we need more research*. Presentation for the Southwest Philanthropy 21st-Century Child Welfare Meeting, Dallas, TX, Casey Family Programs.

Building a Research Agenda

The steps taken by this project to build a research agenda are depicted in Figure E1 and described in more detail in the following sections.

Figure E1. Steps to Building a Research Agenda



Document research infrastructure in state and county child welfare organizations. To better understand the environments in which research and evaluation are conducted, the project team worked with CFP strategic consultants, many of whom are former child welfare leaders, to

document the research and evaluation infrastructure in jurisdictions.³⁰ Specifically, we documented whether states and large counties have a research or evaluation department, whether they conduct and/or contract research studies, and whether there is a current contact we can work with to identify research gaps in their jurisdiction.

Identify and summarize key research gaps. To identify key areas of research needs, we engaged in a four-step process. First, we surveyed a large stakeholder group of more than 300 people—including researchers, child welfare leaders, tribal leaders, policy-makers, and constituents—and these respondents identified research needs from their perspectives. Second, we interviewed a cross-section of 19 representative stakeholders who participated in the survey to flesh out research ideas generated as part of the survey, including how the stakeholders would prioritize gaps. Last, we commissioned six university-based researchers in child welfare to identify what they thought were 30 or so of the highest-priority research needs in three key areas: (1) community-based prevention; (2) child protective services and prevention of foster care; and (3) out-of-home care. These child welfare research experts also summarized the existing research for the initial high-priority areas and what would need to be conducted to fill these gaps. (This material was later used as the foundation for the rationale statements for the final set of high-priority research gaps.)

This initial list of about 100 research gaps was then reviewed, revised, and added to by a diverse, carefully selected group of experts, including those experts with lived child welfare experience. While workgroup member roles were assigned for general responsibility and clarity, each member was invited to provide input on any and all aspects of the workgroup’s charge. (See Table E2.) Building on the initial national survey findings, the workgroups developed a draft list of over 300 key areas of research needs: a research agenda for a 21st-century approach to supporting child and family well-being. These gaps were then re-prioritized into a list of the 19 most urgent research gaps. The partners and their roles for this part of the effort are summarized in Table E2.

Review and prioritize research gaps. In 2021, through a collaboration with three national associations, the draft research gaps were reviewed by convening stakeholders from a cross-section of national associations of public and private providers, people with lived experience, the U.S. Children’s Bureau, other federal agencies, and other experts:

- *Associations and membership organizations:* for example, APHSA/NPCWA, Black Administrators in Child Welfare, CWLA, Foster Care Alumni of America (FCAA), Unidos-US and other Latinx CW organizations, NASW, National Association of Black Social Workers, NICWA.
- *Federal agencies:* U.S. Children’s Bureau and other federal agencies (for example, ASPE, OPRE, CDC, NICHD, NIMH, SAMSHA)
- *Academia:* for example, the American Academy of Social Work and Social Welfare, the Council on Social Work Education, Group for the Advancement of Doctoral Education in Social Work (GADE), the Society of Social Work Research (SSWR).

³⁰The Casey Family Programs Strategic Consultants provide technical assistance and other supports to child welfare agency leaders in all 50 states, D.C., Puerto Rico and the Virgin Islands to help them safely reduce the need for foster care.

Following these listening sessions, the report was revised as reading material for three national consensus convenings held in October 2021 with more than 200 stakeholders from across the U.S. After these discussions, the final 19 highest-priority research gaps were identified.

Conduct research to address gaps. We have analyzed what foundations and the federal government have funded over a recent five-year period regarding studies in child welfare.³¹ We will align this research with the research gaps identified by the three workgroups. For those research gaps that are not being addressed, we will reach out to potential funders to address them.

Increase use of research in decision-making to promote better family outcomes. A critical aspect of this work concerns how we can support jurisdiction leaders and policy-makers (including legislators) to use research in shaping policy, program design, and practice to improve child and family well-being. This work will concur with other steps described above so that we can support decision-makers as key gaps in the research base are filled. We will rely heavily on existing knowledge about research use and a partnership with the William T. Grant Foundation.

Table E2. Workgroup Members and Their Roles

Workgroup Member Type (Number of representatives of this type in each workgroup)	Role
Child welfare agency leader who is known for innovations in the subject matter area (1)	Use their experience and wisdom in leading child welfare or related agencies to help identify key research questions and knowledge gaps.
Constituent consultants who have lived experience with child welfare services such as birth parents, foster care alumni, kinship caregivers, or adoptive parents (2)	Use their experience and wisdom to help identify key research questions and knowledge gaps.
Diversity, equity and inclusion (DEI) expert (1)	Use their knowledge of DEI issues in policy, practice, and research to help identify key research questions and knowledge gaps Meaningfully and consistently name and prioritize race equity and other forms of equity including gender, SOGIE, age, ethnicity in the workgroup
Information analyst (IA) (1)	Use their experience and wisdom to help identify key research questions and knowledge gaps Serve as primary, ongoing chronicler for the workgroup, tracking, recording, and synthesizing the information discussed Contribute critical information to complete the products although workgroup members are expected to take notes to support their contributions
Note-taker from Casey Family	Take and clean notes for each workgroup session and save the chat from

³¹ Simon, J., Hong, J., Pecora, P.J., Cloepfil, G., Gillespie, T., Parker, E., Klein, R., Garcia, T., & Hardy, M. (2020). *Federal government and philanthropic funding for child welfare research: A national scan of recent investments*. Seattle, WA: Casey Family Programs, Research Services.

Workgroup Member Type (Number of representatives of this type in each workgroup)	Role
Programs	each session. Uploads both documents to the workgroup SharePoint. Coordinate with the IA, as needed, to ensure that notes meet the needs of the workgroup and the IA.
Policy-maker (1)	Use their experience and wisdom in designing policy to help identify key research questions and knowledge gaps
Project representative from the Annie E. Casey Foundation and/or the William T. Grant Foundation (1–2)	Use their experience in grant-making and other areas to help identify key research questions and knowledge gaps Serve as workgroup co-lead
Research services representative from Casey Family Programs (1)	Serve as workgroup lead Help ensure that the intended process for the workgroup is followed and that the products are high quality
Subject matter experts (2)	Use their specialized knowledge to help identify key research questions and knowledge gaps
Technical Assistance Unit (TAU) facilitator from Casey Family Programs (1)	Help co-design and co-lead each in-person work session and phone call of the group so that the meetings are well designed and the members are freed up to more fully participate in the wor.
Expert with experience in the Juvenile Court for the Out-of-Home Care Workgroup	Use their specialized knowledge to help identify key research questions and knowledge gaps

Members of the Community-Based Prevention Workgroup³²

Alli Schisler Allison Holmes Brenda Jones Harden Catherine Roller White Geoff Cloepfil	Jamie Lee Justin Scott Kathryn L. Maguire-Jack Keith Fanjoy Kirk O'Brien	Marla McDaniel Norma Hatfield Sandra Killett Todd Herrenkohl Whitney Rostad
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³² The initial set of research gaps and a rationale for most of them for this workgroup were compiled by two subject matter experts: Brenda Jones Harden and Todd Herrenkohl.

Members of the Child Protective Services and Prevention of Foster Care Workgroup³³

Suzanne Barnard Jessica Brown Paul Buehler Anne Comstock	Jessica Elm Michael Huesca Trish Kohl Brittany Mihalec-Adkins	Elizabeth Parker Melissa Jonson-Reid Alli Schisler Doug Steiger
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Members of the Out-of-Home Care Workgroup³⁴

Kristine Andrews Erin Baluyot Jill Duerr Berrick Matthew Claps Laura Hughes	Giza Lopes Peter J. Pecora Barbara Pryor Robyn Robbins	Catherine Roller White Cynthia Weaver Tuppett Yates Michelle Ziko
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Dave Atkins (Lyssn in Seattle)	Brett (Francis) Drake (Washington University),	Tina Rzepnicki (professor emerita, University of Chicago)
Celia Ayón (University of California, Riverside)	Tony Garcia (University of Kentucky)	Vivek Sankaran (University of Michigan Law School)
Andy Barclay (data expert)	Markell Harrison Jackson (special education teacher)	Valerie Shapiro (University of Southern California)
Rick Barth (University of Maryland)	Jacquelyn McCroskey (University of Southern California)	Deborah Daro Tuggle (University of Chicago)
Stephanie Cosner Berzin (Boston College)	Michelle Johnson Motoyama ³⁵	Anne Marie Ambrose, Frank Alexander, Zeinab Chahine, Eric Fenner, Sara Munson, Kimberly Ricketts, Joan Smith, Ann Stanley, (Systems Improvement Managing Directors, Casey Family Programs)
Mark Courtney (University of Chicago)	Abigail Echo-Hawk (AI/AN consultant)	Daniel Webster (University of California-Berkeley)
Angelique Day (University of Washington)	Brittany Mihalec-Adkins (doctoral student, Purdue University)	
Ramona Denby Brinson (Arizona State University)	Nancy Rolock (Case Western Reserve University)	
	Joseph P. Ryan (University of Michigan)	

³³ The initial set of research gaps and a rationale for most of them for this workgroup were compiled by two subject matter experts: Trish Kohl and Melissa Jonson-Reid.

³⁴ The initial set of research gaps and a rationale for most of them for this workgroup were compiled by two subject matter experts: Jill Duerr-Berrick and Tuppett Yates.

³⁵ Dr. Johnson heads up the SSWR Child Welfare Special Interest Group. Stephanie Cosner Berzin, Jon Singer and Chitlat Chan wrote the following Grand Challenges working paper: Practice Innovation through Technology in the Digital Age: A Grand Challenge for Social Work

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